

10th National Rural Health Conference

Priority Recommendations

1. This Conference believes that the time is right for **major changes to the structure of the Australian health system**. The range of issues covered in the interim report of the National Health and Hospitals Reform Commission, and their complexity, should not distract from the overriding urgency of improving health governance. Whichever of the options the Commission favours, the new system should be based on the following principles:
 - a national health system, with a regional focus for fund holding and service delivery;
 - genuine community engagement at the regional level in the design, implementation and evaluation of regional and local health services;
 - governance based on appropriate regional areas, which in more remote areas will be relatively small populations determined by natural communities of interest;
 - funding equivalence between all regions, moderated by health need; and
 - delivery of health and related services in an integrated manner.
2. To help meet rural and remote health workforce shortages and to improve care, the Conference emphasises the need to speed the rate of development of **new health professional roles** (eg physician assistant, nurse practitioner and advanced allied health practitioner) and the **expansion of existing roles** (such as ambulance officers, paramedics and Aboriginal and Torres Strait Islander Health Workers) as appropriate. This will require the establishment and funding of additional positions as well as structural change in the professions and further consideration of revised models for funding health services. These changes will enable the implementation of the innovative service models needed in rural and remote areas and must be driven by patients and their needs.
3. Conference called for the early investment in the adoption of **individual electronic health records** so that people in rural and remote Australia have their health information where and when they need it. It is critical that people and health services in rural and remote Australia begin to build their capacity using the technologies currently available so they can participate in the improvements in broadband connectivity and adoption of NEHTA standards as health applications improve. The experience of e-Health-NT provides a working example.
4. The Conference recognises the great improvements to health which would be made through **implementation of existing national strategies** related to health. For example, the National Indigenous Education Strategy includes a number of evidence-based and potentially effective initiatives for this urgent and critical issue. The priority must be on implementing these policies at the local level.
5. The Commonwealth, State and Territory governments, in conjunction with the NRHA, should develop a **national rural health plan** to succeed *Healthy Horizons*, the strategic framework which lapsed in 2007. The new plan will incorporate benchmarks, targets and programmatic elements along the lines of those already included in State and Territory rural health plans. This national plan should:

- have strengthened emphasis on the social and economic determinants of health;
 - reflect genuine national partnerships relating to Aboriginal and Torres Strait Islander health;
 - for the first time, consider the impacts of climate change on health and prepare the rural and remote health sector for these impacts; and
 - draw on the demonstrated capacity of rural Australia to develop innovative and effective services that are underpinned by community ownership and resources that are focused on local needs.
6. The 10th National Rural Health Conference calls for greater **equivalence of incentives** for education, training, recruitment and retention of rural and remote health professionals across all disciplines.
 7. Those at the Conference welcome the commitment to a new national health workforce agency and the substantial resources allocated to it including for rural placements. Conference delegates call for **ongoing tracking** of undergraduate, post-graduate, training and practice trends in rural areas for all disciplines .
 8. The Conference recommends that **climate change** be recognised as a core issue for health, and that its impact on health policy, planning and service delivery be considered in all health priorities and initiatives. This should encompass:
 - proactive mitigation strategies;
 - enhanced environmental literacy;
 - incentives for renewable energy generation and energy conservation (an economic opportunity for rural and remote Australia);
 - health infrastructure (eg hospitals) using best practice renewable energy and energy-efficient design; and
 - a national conference on climate change and health.
 9. The Conference welcomes the Budget commitment to establish ten regional **cancer care centres** in rural areas. This initiative needs to be supported by funding for adequate staffing and by effective relationships with smaller communities.
 10. The new **National Men's Health Strategy** must include specific measures for rural and remote areas.
 11. As part of a comprehensive primary health care system, the Conference delegates call on the Commonwealth to take responsibility for ensuring that adequate **oral health care** is available for people in rural and remote areas. This care should include screening, education and preventative care within routine health checks, acute care where necessary and regular preventative oral health care. Aboriginal and Torres Strait Islander Health Workers should have a key role in the development, management and delivery of services in their communities
 12. Given the particular challenges that **mental illness** poses in rural areas, one area in which increased resources and attention would be effective is in prevention and early intervention in the school systems. This would include additional effort through school counsellors, school nurses, mental health professionals, other allied health professionals and general practitioners.

13. Conference delegates call for targeted funding for Aboriginal and Torres Strait Islander **community controlled health services** for initiatives such as smoking cessation and oral and dental health programs.
14. That the Australian Health Ministers' Council agree on the means by which **patient assisted transport schemes** (PATS) will be better funded, more available and more uniform.
15. Conference calls on the NRHA to develop a position paper on the important role played by **arts-in-health** in health promotion and community engagement. This paper will help make the case to funding agencies for support of arts-in-health activities.
16. **Natural Disaster policy** should include ongoing elements for community capacity building.
17. **Improving food security** in remote areas offers a positive focus for investment in community infrastructure, transport, personal health, nutrition, child education, community education, social cohesion and physical and commercial activity.
18. The Conference calls on the Australian Government to permanently **reinstate the Racial Discrimination Act** for the Northern Territory.
19. Governments should **publish the results of analytical and evaluative studies** it undertakes or commissions relating to the health sector.