

Investing in health in regional and rural Australia: a pathway to wellbeing

Building Wellbeing into Policy and Action
in Australia Workshop 22 November 2022

Susi Tegen

CE, National Rural Health Alliance



National
**Rural Health
Alliance**



Who?

The peak body for rural health – 46 members

What?

- Evidence-Informed policy and advocacy
- Conferences and events
- Communication – the Australian Journal of Rural Health; The Bushwire; Inside Word; Partyline

Why?

To drive rural health reform to achieve equitable health outcomes for rural, regional and remote communities

How?

- Representation on national committees
- Submissions; hearings
- Policy documents and data analyses



NRHA Members



Allied Health Professions Australia
(Rural and Remote Group)

Australasian College for Emergency Medicine (Rural,
Regional and Remote Committee)

Australasian College of Health Service Management
(Regional, Rural and Remote Special Interest Group)

Australasian College of Paramedicine

Australian and New Zealand College of Anaesthetists
and Faculty of Pain Medicine
(Rural Special Interest Group)

Australian Chiropractors Association

(Aboriginal and Torres Strait Islander Rural and
Remote Practitioner Network)

Australian College of Midwives
(Rural and Remote Advisory Committee)

Australian College of Nurse Practitioners

Australian College of Nursing
(Rural Nursing and Midwifery Faculty)

Australian College of Rural and Remote Medicine

Australian Dental Association
(Rural Dentists' Network)

Australian General Practice Accreditation Limited

Australian Healthcare and Hospitals Association

Australian Indigenous Doctors' Association

Australian Nursing and Midwifery Federation
(Rural members)

Australian Paediatric Society

Australian Physiotherapy Association (Rural group)

Australian Primary Health Care Nurses Association

Australian Psychological Society
(Rural and Remote Psychology Interest Group)

Australian Rural Health Education Network

Carers Australia

College of Intensive Care Medicine of Australia and
New Zealand (Rural Committee)

Council of Ambulance Authorities

CRANApplus

Exercise & Sports Science Australia

Federation of Rural Australian Medical Educators

Isolated Children's Parents' Association

National Aboriginal Community Controlled Health
Organisation

National Association of Aboriginal and Torres Strait
Islander Health Workers and Practitioners

National Rural Health Student Network

Optometry Australia (Rural Optometry Group)

Pharmaceutical Society of Australia
(Rural Special Interest Group)

Regional Medical Specialists Association

Royal Australasian College of Medical Administrators

Royal Australasian College of Surgeons
(Rural Surgery Section)

Royal Australian and New Zealand College of
Obstetricians and Gynaecologists

Royal Australian and New Zealand College of
Psychiatrists (Section of Rural Psychiatry)

Royal Australian College of General Practitioners
(Rural Faculty)

Royal Far West

Royal Flying Doctor Service

Rural Doctors Association of Australia

Rural Health Workforce Australia

Rural Pharmacists Australia

Services for Australian Rural and Remote Allied Health

Society of Hospital Pharmacists of Australia

Speech Pathology Australia
(Rural and Remote Member Community)

Rural Australia's contribution to GDP

As at 2020, 7,111,203 people were spread across 12,670 rural, regional and remote localities, spanning 99.3% of Australia's land surface and contributing two-thirds of Australia's export earnings, including \$400 billion yearly in resources and agricultural exports.





Economic contribution of rural Australia

Earnings attributed to different industries in Australia:

- Mining \$6,436 million earnings growth in 2020-21
- Agriculture, forestry and fishing earnings growth in 2020-21 \$5,711 million
- Mining the highest earning industry in 2020-21
- Mining and AFF both within the five highest earning industries in the country in 2020-21

Reference: Australian Bureau of Statistics. Australian industry 2020-21. 2022 May 27 [cited 2022 Nov 21].

<https://www.abs.gov.au/statistics/industry/industry-overview/australian-industry/latest-release>



THE CASE FOR BETTER HEALTH CARE:

The rural health deficit is estimated to be **\$4 billion** today



Rural areas have up to **50% fewer** health providers* than in major cities (per capita)



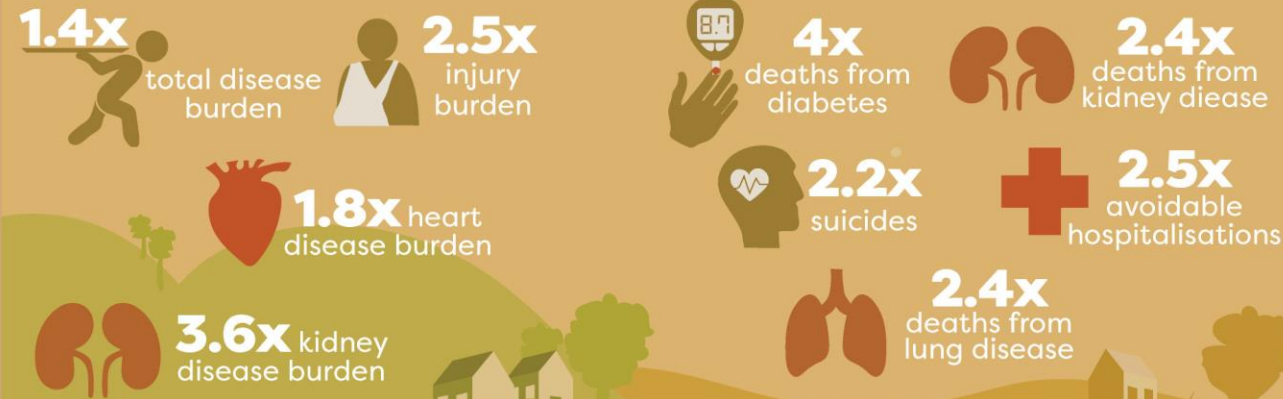
RURAL MAJOR CITIES

* E.g. GPs, physiotherapists, psychologists, dentists, pharmacists, optometrists, podiatrists

Burden of disease increases with remoteness

Compared to major cities, remote areas have:

Compared to major cities, very remote areas have:



Rural doctors have lower bulk billing rates and are not catching up with major cities



Life expectancy goes down with remoteness



North Sydney: 86.6 years vs Outback NT: 74.3 years

= **12.3 years**

People in remote and very remote areas have lower rates of bowel, breast and cervical cancer screening



National Rural Health Alliance

ruralhealth.org.au

What is the answer to the rural health dilemma?

- Continued tinkering around the edges will mean more of the same
- Need to commit to new models of care and new ways of funding
- New models of care must be bottom up/not top down – developed in consultation with rural communities
- Need to address key issues of access to services, staffing and funding



rural
area
community
controlled
health
organisations

Principles of the rural area community controlled health organisation model

1. Place-based model of health care

- **Flexibility** to meet community need and adaptable to fit with state jurisdiction health delivery models

2. Funding – block funding arrangements and additional funding to support operations e.g. MBS, NDIS

- Acknowledging **thin markets** in rural contexts – financial viability challenges

3. Employment model

- advances multi-disciplinary team-based care that offers attractive employment conditions e.g. Annual, long service and parental leave

4. Local Governance – both clinical and business

- Flexibility to reflect local needs and situations
- Co-designed by existing health providers and community

Rural area community controlled health organisations



- Employ a range of health care professionals: GPs, nurses and midwives, physiotherapists, psychologists, other allied health.
- Close links to community pharmacies, dentists, paramedics, multipurpose services and local hospitals
- Train health professional students with rural placement opportunities.
- Scope for supporting visiting specialists and accessing telehealth
- Scope for building research partnerships with regional universities.
- Tangible improvements to wellbeing.
- **Note that wellbeing measures for rural are not necessarily the same as metro**

Rural area community controlled health organisations cont...



Issues to consider:

- Single employer
- Block funding
- Other sources of government services, e.g. NDIS
- Ownership in region, local government, local community, industry.
- Two-way governance model
- Working with PHNs, local area health services, local GPs and health workers.
- THE ALLIANCE HAS INTEREST IN OUR MODEL FROM ACROSS AUSTRALIA – GENERAL PRACTICES, LOCAL GOVERNMENT, PHNS, UNIVERSITIES. COMMUNITY GROUPS PLUS STATE GOVERNMENT



Some examples of State government recommend- ations

In 2022:

NSW Govt response to INQUIRY INTO HEALTH OUTCOMES AND ACCESS TO HEALTH AND HOSPITAL SERVICES IN RURAL, REGIONAL AND REMOTE NSW, P11, Recommendation 10:

- That the NSW Govt work with the Aust government to establish a rural area community controlled health organisation pilot with a view to evaluating and refining it for rollout in all areas of NSW where existing rural health services do not meet community needs

TAS Legislative Council Government Administration Report on Rural Health Services in Tasmania:

Recommendation 2:

Working with the Australian Government, establish collaborative and innovative funding models to meet the specific needs of individuals living in rural and regional areas particularly the:

- a. consideration of a dedicated rural health fund;
- b. active support of multi-disciplinary models of care; and
- c. avoidance of duplication of services and/or costs in areas where health services attract both state and Australian Government funding.

More information?

ruralhealth.org.au

susanne.tegen@ruralhealth.org.au



National
Rural Health
Alliance



National Rural Health Alliance
[@NRHALliance](https://twitter.com/NRHALliance)



National Rural Health Alliance
[@NRHALliance](https://www.facebook.com/NRHALliance)