

Healthy Horizons Outlook 2003-2007

A framework for improving the health of rural, regional and remote Australia

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HEALTHY **horizons**

**A Framework for Improving
the Health of Rural, Regional
and Remote Australians**

Outlook 2003 – 2007

**A Joint Development of the Australian Health Ministers' Advisory Council's
National Rural Health Policy Sub-committee
and the National Rural Health Alliance**

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The final document will be available on the Internet at www.ruralhealth.gov.au and www.ruralhealth.org.au.

The **National Rural Health Policy Sub-committee** is a Sub-committee of the Australian Health Ministers' Advisory Council (AHMAC) and comprises senior officers from the Commonwealth, State and Territory governments. The task of the Sub-committee is to provide advice to AHMAC on rural and remote health policy issues at a national level and oversee progress against the Healthy Horizons Framework to improve the health of rural, regional and remote Australians.

The **National Rural Health Alliance** is the peak, multi-professional, non-government body working to improve health in rural, regional and remote Australia. There are 24 Member Bodies, representing consumers and the major health professional groups working in those areas.

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Troy Sinclair, cover and page iv.

Stuart Roper (NRHA), page 21

NSW Health Department, pages 4, 10, 19, 30

Commonwealth Department of Health and Ageing, pages 33, 36

HEALTHY **horizons**

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**A Joint Development of the Australian Health Ministers' Advisory Council's
National Rural Health Policy Sub-committee
and the National Rural Health Alliance
For the Australian Health Ministers' Conference**

The health of people living in rural, regional and remote Australia is as varied as the landscape and environment of Australia itself. In many cases, rural, regional and remote Australians experience levels of injury, disease and overall health that are substantially worse than for the general population. In particular, the health of Aboriginal and Torres Strait Islander peoples is very much poorer than that of other Australians.

The challenge for rural, regional and remote Australians and the governments that serve them is to address the highest priority health issues while dealing with the difficulties presented by distance, isolation and a highly dispersed population.

This challenge is further complicated by the widely differing health needs of diverse communities, which include Aboriginal communities, mining communities, tourist centres and traditional farming communities. Each has a unique range of health issues and health risks and no single service approach or strategy can easily suit them all.

New social demands and changing economies and environments mean that the health needs of people in rural, regional and remote areas may change over time. The health system needs to be flexible to meet these emerging issues.

Contending with these issues requires innovation, commitment and a preparedness to work in collaboration with others to get the best possible outcome. These are characteristics synonymous with the spirit of rural Australia. With government support, professional advice and the means to draw on local solutions to local problems, there is confidence that these challenges can be met and overcome.

A key challenge for us all is that people have traditionally viewed hospitals as the basic building block of their health care service. While access to hospital care is fundamental to the health needs of a community, there has been an increased focus on the development of illness prevention measures, long-term care and readily available services before and after hospitalisation.

It is necessary to continue this reform approach to our health service delivery mechanisms so that broader health care services required for monitoring and improving the health of the local population can be developed. This is a difficult task and has to be done in close consultation with local communities while retaining safe emergency and urgent care services. Striving for safety and quality in health care must remain a primary aim and guide all decisions.

It is in the context of community diversity and the need for reform that the Commonwealth, State and Territory governments sought development of a national framework for the delivery of health services and the coordination of effort. The resulting report, *Healthy Horizons – A Framework for Improving the Health of Rural, Regional and Remote Australians 1999–2003* was endorsed by Australian Health Ministers in 1999.

Four years later, we have seen considerable activity through Commonwealth, State and Territory governments and national health organisations, including those in the National Rural Health Alliance.

FOREWORD

Accountability was built into the initial Framework through a requirement for a progress report to the Australian Health Ministers' Advisory Council. The report was completed and submitted in June 2002. It represents an important resource that recognises efforts across Australia to improve the health of rural, regional and remote Australians. The report shows that commitment at all levels of government already exists, and that rural and remote health is being recognised as an important component of the Australian health system.¹

While Australians can be justifiably proud of these achievements, the challenge remains for us to achieve the vision first stated in the *Healthy Horizons* Framework in 1999:

“People in rural, regional and remote Australia will be as healthy as other Australians and have the skills and capacity to maintain healthy communities”

The Framework set seven goals and associated principles to guide the actions of governments and coordinate efforts. It has been a very useful guide for all levels of government and has also harnessed the effort of other health-related agencies to improve health services, the health workforce and research in rural, regional and remote areas.

However, while the health disadvantage experienced by Australians living in rural, regional and remote areas exists, there is a continuing need for a guiding framework for government action.

For these reasons, and to sustain effort so far, the Australian Health Ministers' Advisory Council concluded that the Framework needed to be revised.

The goals and principles of the *Healthy Horizons* Framework continue to be relevant, but the revised Framework gives emphasis to contemporary issues, challenges and emerging priorities.

These issues and priorities can change quite quickly. For example, the severe drought conditions faced across pastoral areas have a devastating and lasting impact on social, emotional and psychological well-being. The financial impact alone has a multiplier effect throughout our rural communities.

Medical indemnity premiums for medical practitioners have risen sharply and are having an impact on the provision of health services. This issue emerged quite quickly. While measures have been put in place to address rising medical indemnity insurance premiums and to ensure a viable and ongoing medical indemnity insurance market, there is a need for ongoing changes such as tort reform.

More positive changes can also emerge, such as developments in medical knowledge and technology, understanding of disease trends and associated

¹ The full progress report can be obtained from the Department of Health and Ageing, Rural Health website at www.ruralhealth.gov.au and at the National Rural Health Alliance website at www.ruralhealth.org.au. A summary of the report, *Summary of Progress against the Healthy Horizons Framework 2002*, is included as Part 2 of this document.

risk factors, gene therapies and improvements in basic infrastructure. Individual States and Territories are often faced with specific and unique issues and priorities. The Framework avoids being prescriptive to allow emphasis and action in accordance with Commonwealth, State and Territory priorities.

A significant change has also occurred in the culture of our health system. This change has focused on the way in which health services and health professionals interact with the wider community.

The emphasis on community participation in health planning and decision making and the willingness to enter into partnerships and collaborative arrangements is assisting communities to adapt to changing commercial and environmental conditions. This sharing of information has seen development of strategies based on local leadership, local adaptations of ideas which have been successful elsewhere and working across industries, services and governments.

Primary industries, environmental programs, local government, social services, sports, arts and tourism are all part of efforts to develop innovative and sustainable communities. This broader approach to health issues recognises the importance of collaboration to address the underlying causes of poor health, rather than simply providing the means for treatment of a presenting health condition by a health professional.

This primary health care approach means working collaboratively with communities to keep healthy people healthy, improve the health of others and respond quickly and appropriately to ill health. This method of working complements the methods used by many community organisations and other sectors of government involved in developing rural services and economies.

While *Healthy Horizons: Outlook 2003–2007* focuses on the special needs of rural, regional and remote Australians, it must not be forgotten that the health system requires effective service networks and supports. This means that partnerships with metropolitan-based services, support, expertise and systems are essential.

This relationship with metropolitan services and the development of national strategies and partnerships needs to be based on better information about the special needs and circumstances of people living in rural, regional and remote Australia, in order to respond more effectively.

It is also recognised that much of the evidence for improved health status will only emerge over the longer term. The Australian Institute of Health and Welfare has been engaged by the Office of Rural Health to provide monitoring of progress towards the Healthy Horizons goals.

The vision, principles and goals of the Framework have the support of Commonwealth, State and Territory governments and the National Rural Health Alliance.

Healthy Horizons: Outlook 2003–2007 — A Framework for Improving the Health of Rural, Regional and Remote Australians is commended to all.

Australian Health Ministers 2003

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PURPOSE

The purpose of *Healthy Horizons: Outlook 2003–2007* is to provide a banner under which Commonwealth, State and Territory governments develop strategies and allocate resources to improve the health and well-being of people in rural, regional and remote Australia.

The revised Framework builds on the work of Commonwealth, State and Territory governments over the period 1999 to 2002. This work has been documented in a report on progress against the Healthy Horizons Framework as at June 2002 which is available on the National Rural Health Alliance and Commonwealth Department of Health and Ageing, Rural Health websites. The progress report represents a snapshot of action at varying stages of development occurring across Australia.

While the primary aim is to continue to provide a current Framework for action by governments, *Healthy Horizons: Outlook 2003–2007* will be a useful reference and resource for non-government organisations, communities and educational institutions, with an interest in rural health, in their endeavours to improve health outcomes.

HOW THE FRAMEWORK WILL BE USED

Healthy Horizons: Outlook 2003–2007 contains seven goals. These goals have been designed to provide for coordinated response and action in areas that will either directly or indirectly improve the health of people living in regional, rural or remote areas.

The national goals in turn become the goals of Commonwealth, State and Territory governments in their allocation of resources and development of policies and plans. This approach allows room for variations in emphasis according to the priorities and circumstances in each State and Territory.

The National Rural Health Alliance remains a key partner in the development of the Framework and commits itself and its 24 member bodies to the implementation of the Framework across Australia.

REPORTING

Accountability for implementation of the Framework will occur through a specific report at Commonwealth, State and Territory government level, against the actions contained under each of the seven goals. The report will be submitted to the Australian Health Ministers Advisory Council (AHMAC) in 2005.

The progress report will include actions taken directly by governments together with actions undertaken in collaboration or partnership with other government and non-government bodies, to improve the health of rural, regional and remote communities.

The progress report against actions will be supplemented by information and activity undertaken by the Australian Institute of Health and Welfare (AIHW), funded by the Office of Rural Health, Commonwealth Department of Health and Ageing. This work will underpin and support the collaborative effort by the Commonwealth, State and Territory

governments in implementing the actions contained in *Healthy Horizons: Outlook 2003–2007*.

The AIHW publication *Health in Rural and Remote Australia*, released in October 1998, provided a benchmark analysis of the health status of Australians living in rural and remote communities. Since that report was published, the AIHW has been engaged to provide a range of reports on rural health performance indicators and selected rural health issues.

Work on this project is progressing well and it is anticipated that a number of reports will be released by early 2003, including:

- a framework for rural health information — based on the National Health Performance Framework and incorporating a set of indicators for rural health information;
- a report against agreed health indicators;
- a report on mortality in rural, regional and remote Australia; and
- a specific issues paper on injury in rural areas.

The vision that “rural, regional and remote Australians will be as healthy as other Australians” is by necessity very broad. Measuring progress will focus on a composite index of key population groups and conditions. This acknowledges the importance of comparisons in key areas in demonstrating progress towards health improvements in rural and remote communities.

The AIHW has also developed a specific rural health website, which will include the new series, and this will be available at www.aihw.gov.au/ruralhealth/index.html.

The AIHW will provide a strong support base of data and performance information to report on the effectiveness, efficiency and appropriateness of rural health programs.

Each State and Territory government also produce reports and information about the health of their rural, regional and remote communities, which can be accessed through their websites. Website addresses are given on page 39.

The commitment to accountability under the Framework is an important means of demonstrating action to address health disadvantages in rural, regional and remote communities.

VISION

A VISION FOR THE HEALTH OF RURAL, REGIONAL AND REMOTE AUSTRALIANS

People in rural, regional and remote Australia will be as healthy as other Australians and have the skills and capacity to maintain healthy communities.

This means:

- people being involved in decisions about their own health, their local health services, and social and economic developments that may affect their health;
- agencies informing people of risks and benefits to health and the actions which individuals, communities and other agencies can take to maintain and improve health;
- community members, health professionals and others who work in rural, regional and remote communities working together to determine priorities for local action; and
- improvements in health and social well-being for rural, regional and remote communities being sustained as people and issues change.

THE VISION WILL BE ACHIEVED WHEN

- There is improvement in the health of rural, regional and remote Australians when compared with other Australians;
- People in rural, regional and remote Australia have access to appropriate levels of health care; and
- Areas of high need in rural, regional and remote Australia have access to adequate resources.



Jacarandas - Grafton

It is important that the goals and actions of the Framework are implemented in a manner that responds to local circumstances and conditions.

The AHMAC National Rural Health Policy Sub-committee and the National Rural Health Alliance have agreed that there will be stronger emphasis on two over-arching principles, *Public health* and *Community participation* in implementing *Healthy Horizons: Outlook 2003–2007*.

In addressing the goals under *Healthy Horizons: Outlook 2003–2007* the Commonwealth, State and Territory governments will apply these principles and six others in the development of strategies. The principles are an important checklist for any organisation wishing to improve the health of rural, regional or remote communities.

Primary health care

The Primary Health Care approach is supported as it provides the opportunity to keep people healthy within the community setting and to intervene at the earliest possible stage to support and maintain good health.

Primary health care services encompass active treatment, screening programs, health education on individual health risks, and more broadly, efforts to address health concerns for the entire community. Primary health care service delivery is largely community-based and supported by broader public health programs.

The philosophy of primary health care is to promote and support the maintenance of good health, including equipping people with the skills to manage and maintain their own health. It might consist of care and advice from general practitioners, community nurses, Aboriginal health workers, allied health care professionals, pharmacists, home visiting services and family carers.

Primary health care approaches can also include broad community health or disease prevention programs. These can range from delivering screening and immunisation programs through to education and understanding about health risks associated with smoking, obesity and lack of exercise.

Primary health care services are often the first point of contact people have with the health system. If services are performed well and in a timely manner, primary health care can reduce or even eliminate the need for further treatment or care.

Primary health care approaches in rural, regional and remote communities can also focus on alleviating the impact of specific health risks associated with local industry or environment. Activities like improving farm safety, screening of abattoir workers, first aid programs, substance abuse programs, asthma management and education can all be classified as primary health care programs.

PRINCIPLES

Providing information to people about health issues and risks allows the community as a whole to participate in social and political action to address individual and local health issues. For example, the comprehensive primary health care model used by Aboriginal Community Controlled Health Services is built around self determination and responsiveness to special needs within the Aboriginal community.

Public health

Public health forms the basis of improvements in health outcomes and is essentially about activities and programs directed towards prevention. In recent years the term “population health” has been used as a way to more clearly describe prevention at the population level and encompassing broader determinants of health.

The public health approach is important as a basis for a range of actions, such as deciding the location and number of services, informing and educating people about changes needed in their services to meet changing health priorities, and fostering innovation in service delivery and facilities to achieve optimum health outcomes.

Australian Health Ministers have approved the definition of public health as “the organised response by society to protect and promote health, and to prevent illness, injury and disability. It aims to control the determinants of disease and reduce public exposure to risks encountered as part of lifestyle or in the environment”.

The value of a public health approach is that it can help to identify causes and risk factors associated with illnesses and diseases at their source and assist communities to respond to them. Public health research and investigation methods can be used to monitor the health of the whole population to see if strategies to reduce risks are working and to provide feedback to the community.

Public health interventions cover:

- health protection activities (eg risk assessments, environmental health which encompasses housing, water and sanitation issues, food regulations, surveillance of communicable diseases, immunisation and managing disease outbreaks);
- health promotion initiatives (such as programs designed to reduce injury, road accidents and trauma and change behaviours to promote better health in areas such as nutrition, physical activity, alcohol abuse and tobacco smoking); and
- preventive health services (for example cancer screening programs, family planning services and chronic disease self management).

Public health measures also encompass environmental and social issues that have an impact upon health outcomes. For example, overcrowded dwellings increase the risk of respiratory and communicable diseases. Similarly, social issues such as rural homelessness and interpersonal and family violence have an impact on physical and mental well-being. These social and environmental factors contribute to the health of rural, regional and remote communities and must be addressed through joint responses

by public health units, health professionals and non-government organisations in partnership with community leaders and members.

There is a wide body of evidence that shows that a focus on reducing the major risks to health has the best potential to significantly reduce the overall burden of ill health. It requires involvement and action by health and other government agencies at all levels of government, non-government organisations and by communities themselves.

Capability of communities

Social capability and the physical capacity to plan and implement local programs are required for communities to improve and maintain their health.

The purpose of this principle is to encourage communities to consider their social capital and its importance in contributing to health outcomes. It is no coincidence that communities with the highest need have the greatest difficulty articulating their health context and aspirations.

Similarly, it is important for health planners and managers to provide help and assistance to communities that are experiencing dysfunction or lack of leadership in the response to health issues and the basic determinants of health. Measures to improve housing, employment, education, water quality and sanitation are all heavily reliant on effective local community management and leadership.

The capability to manage assets, deliver services and monitor performance across a range of programs is a firm basis for a community to become stronger and more effective in improving the health of residents. It is at the local level that the integration of health, aged and community services with local infrastructure and support systems can be most effective.

Communities that are able to articulate their needs and demonstrate a cohesive community spirit are better able to manage programs that are responsive to their health needs and also attract health professionals to their community.

Community participation

Community participation by individuals, communities and special groups in determining their health priorities should be pursued as a basis for successful programs and services to maintain and improve their health.

For community participation to lead to strong partnerships, the input of all groups needs to be valued. Both the process and information need to be relevant to local people and involvement must not be burdensome.

To be meaningful, participation should include:

- good access to information about health and health services;
- participation in the development phase of planning, involvement in decisions and influence about how the health system operates; and
- ongoing means of receiving feedback on progress and results.

Community participation in New South Wales

Consumer and community members have been involved in the public health system in New South Wales for many years. Over the past decade NSW Health has implemented a more systematic approach to creating sustainable participation in the health system and culture change.

Area Health Services now have to identify a process or structure for consumer/community participation in planning, policy development, priority setting and evaluation of health services. There are currently 69 health councils (or similar), guidelines for consumer/community participation have been developed, and 16 of the 17 Area Health Services have a designated staff member to support consumer/community participation.

In addition to these Area-based structures, the Health Participation Council was established in March 2002. This Council was established as a Ministerial Advisory Committee to provide consumer and community input into policy decisions at a State level.

Considerable work in consumer and community participation has also been carried out in areas including Aboriginal health, mental health and public health.

PRINCIPLES

Participation does not mean taking over management decisions of services, nor is it a passive process of providing comment against already established plans. It means gathering serious input from all groups for setting priorities on which services and the community can act.

Community participation may take many forms ranging from structured and formal community participation processes across health systems, services and communities, through to special purpose groups focusing on specific issues. The range of participation techniques may include advisory groups, special purpose meetings, opinion canvassing and local research.

An important part of effective community participation is recognising the real costs involved with participation and the importance of allowing adequate time, resources and notice for involving people in rural, regional and remote communities.

Access

Ensuring appropriate access to comprehensive health services that are culturally sensitive is fundamental for all people in rural, regional and remote Australia.

The Australian health care system is based on the premise that access to health services is fundamental, regardless of geographic location.

Access to health services for rural, regional and remote Australians has special significance because travelling long distances is often involved.

The intent of this principle is for services to allow the easiest possible access to the largest number of people, wherever it is clinically safe and viable to do so. The problems associated with isolation, poor economies of scale and the maintenance of skills are a significant challenge, particularly for acute and highly specialised forms of care in rural, regional and remote areas.

The development of clinical standards must preserve a balance between minimising clinical risk and ensuring access to acute services, and this must be based on evidence. The development of standards must involve rural clinicians and hospitals to achieve this balance. The reality for many rural hospitals is that they rely on highly skilled general practitioners for their procedural work. This must be acknowledged and recognised within clinical standards.

Access not only means physical access or availability of locally based services but also the use of broader networks supported by larger regional or metropolitan centres. In these circumstances it is equally important that the principle of access is supported by an understanding of cultural diversity and the various settings in which people live.

This might include accommodating travel times for improved access, recognising family and work commitments, improving access to suitable transport, promoting people's safe return home following treatment and improving availability of local follow-up care or treatment.

Improved telecommunication services are offering better access to many specialised health care services. While this is enhancing access to services and improving quality, travelling for direct treatment of acute conditions continues to be the primary means of access to services for many rural and remote Australians. As a consequence it must be recognised that transport systems in rural, regional and remote Australia remain a key obstacle to improved access to health services.

Sustainability

The ability to sustain good health and a system of care is a necessary part of sustaining rural, regional and remote communities.

Sustainability describes a dynamic system of interdependence where changes in one element are accommodated by changes in others to ensure balance.

It is increasingly understood that the health of the population, the welfare of communities, the viability of the economy and the biological resilience of the environment are all interdependent.

Sustainability is a state in which health and related knowledge and expertise of the workforce and the community are not diminished over time. As the requirements of a community change, resources must be able to adapt to the change in a planned way. As the workforce changes, the knowledge and skills required to address local needs need to be passed on and maintained. Sustainability requires good planning, flexible and highly skilled professionals, communities with a commitment to achieving good health and certainty on how services can be maintained over time.

While the principle of sustainability is deliberately broad it also has significant implications for the delivery of acute health services in an environment of financial constraint and increasing emphasis on safety and quality. Acute services must be able to offer safe, high quality care, as close as possible to the people who need it.

Partnerships and collaboration

The establishment of effective partnerships in the delivery of services and collaboration for the benefit of communities are essential ingredients in successful implementation of health improvement programs.

Many of the actions detailed under *Healthy Horizons: Outlook 2003–2007* require partnerships and collaboration between government and non-government agencies for success.

Coordination of effort and integration of services in rural, regional and remote areas help to overcome poor economies of scale and make more effective use of limited infrastructure and resources. The sharing of knowledge, skills and resources between health service providers can enhance the service available to the community. While this can sometimes challenge ownership and control of services the ultimate focus should be towards community benefit rather than organisational benefit.

PRINCIPLES

The New South Wales Regional Coordination Program is a targeted approach to improving outcomes in regional areas. It provides infrastructure for the management of issues and projects. It offers agencies a 'forum' or 'venue' where they can manage issues and projects that need multi-agency approaches. The NSW Government has articulated a clear commitment to using cross-sector resourcing arrangements to improve services. The Government has supported numerous initiatives where local or regional pooling of funds by government Departments has enabled the development of creative, flexible and effective services.

Frontier Services is the largest provider of aged care in remote areas, providing not only traditional high and lower care facilities in major centres, but also a range of innovative support services providing respite options and support for carers and those in remote communities.

PRINCIPLES

Government responses to community concerns increasingly involve collaboration across government agencies. This can be demonstrated by the action of the NSW Government in the establishment of the Regional Coordination Program. All agencies involved in this program are directed to invest in the regional coordination network and prioritise specific issues, services and communities that require strategic and collaborative interventions to produce positive economic, social and/or environmental outcomes.

Collaboration between government and non-government agencies is also essential to achieving lasting changes in health outcomes. It is important that plans and programs to improve health are reviewed and evaluated regularly to ensure they achieve the desired outcomes.

Information gathered on the success or failure of initiatives should be made readily available across services and jurisdictions to advance our understanding of what works best in regional rural and remote areas.

Safety and quality

There will be no compromise on the safety and quality of health services provided to people living in rural, regional and remote Australia. Safety and quality are paramount in the development and implementation of health services and programs.

The emphasis on safety and quality requires action to develop accreditation and quality improvement programs that are appropriate to different environments and settings. For example, one of the four strategies of the National Medicines Policy on quality use of medicines requires that where medicines are used, strategies should be in place to ensure that the use is judicious (alternatives are considered), appropriate, safe and efficacious. These quality requirements must be addressed within the development of sustainable services in every rural, regional and remote setting.

This will also require a focus on the skills and capability of health professionals providing health services as well as the facility design, equipment and staffing.



Priority Health Care Program Team, Northern Rivers Area Health Service

The seven goals introduced in *Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians 1999–2003* have been widely accepted as an effective means of focusing national attention and planning on issues of high priority for the health of rural, regional and remote Australians.

In developing *Healthy Horizons: Outlook 2003–2007* Commonwealth, State and Territory governments and the National Rural Health Alliance have agreed that the seven goals remain relevant and that they require continued emphasis and support to realise long-term health benefits.

The goals have been structured to focus attention on health issues where there is potential to improve health outcomes through primary care and public health interventions. While these are largely structured around the National Health Priority Areas, they also identify risk factors and particular causes of disease and ill health, which are highest in rural, regional and remote communities.

The health of Aboriginal and Torres Strait Islander people is a goal in its own right in recognition of the higher burden of disease and chronic illness experienced by the Aboriginal and Torres Strait Islander communities in almost every health indicator. This goal is designed to channel special effort on specific health issues and draw attention to the importance of working with Aboriginal and Torres Strait Islander communities.

Respect for culture, community control and holistic approaches to health care must underpin the way in which health services work with and for Aboriginal and Torres Strait Islander peoples. This goal highlights the framework currently being developed by the National Council on Aboriginal and Torres Strait Islander Health and commits to implementing the Framework once it is finalised.

The remaining goals seek to remove systemic obstacles to improving health and health services. Attention is directed towards actions governments can take towards removing these barriers through collaborative work and by coordinating funding, planning and delivery systems. The concept of flexible and coordinated services is a major theme throughout the goals as these allow local solutions to be developed.

The importance of applied research to underpin decisions on services and help to develop effective health interventions is highlighted, together with a continued focus on the difficulties associated with developing and maintaining a highly skilled and available workforce. The importance of working closely with metropolitan health and education providers recognises that changes to rural, regional and remote health cannot occur in isolation from the rest of the system. Better understanding by these major stakeholders will help them fulfil their responsibilities to people living in rural, regional and remote centres.

GOALS

INTERACTION OF GOALS AND PRINCIPLES

Healthy Horizons: Outlook 2003–2007 presents a matrix for use by governments and health-related organisations in the development of strategies and initiatives. The goals guide the direction of effort, while the principles inform and influence the manner in which goals are pursued.

While the progress report by Commonwealth, State and Territory governments will focus on required actions within each of the goals, it is the principles that will often determine the acceptance and ultimate success or failure of the strategy.

The eight principles have been developed to describe the critical success factors associated with delivering services in rural regional and remote Australia.

For example, diabetes is one of the national health priority areas under Goal 1. It has been the subject of a significant national effort and a nationally agreed strategy to address and reduce key risk factors for all Australians. The Framework provides principles that will enhance the effectiveness of the strategy in rural, regional and remote areas.

The National Diabetes Strategy incorporates many of these principles, by:

- focusing on a primary health care approach to detect and intervene as early as possible in the disease process;
- developing safe and high quality services;
- focusing on preventive measures by educating and informing the wider community of the risk factors associated with diabetes and for those with diabetes, to prevent or delay the onset of diabetes complications;
- considering access, sustainability and collaborative arrangements in the implementation of services; and
- community participation and careful consideration of the physical and social capability of communities to support and maintain effective diabetes services.

As demonstrated by this example, the importance of the principles in guiding and assisting the formation of strategies and initiatives for application in regional rural and remote areas cannot be overstated.

While the seven goals of the Framework will continue to allow the governments to work flexibly within their own priorities, the Commonwealth, State and Territory governments and the National Rural Health Alliance have agreed that specific future directions are needed for collaborative work at a national level. These specific directions are identified under each goal and will be highlighted in future progress reports under *Healthy Horizons: Outlook 2003–2007*.

Special areas of emphasis include:

- an increased emphasis on child and youth health services (Goal 1);
- a stronger focus on the health of older people and a continued focus on access to aged care services and improved provision of rehabilitation services (Goal 1);
- resource strategies for those with special needs, particularly Aboriginal and Torres Strait Islander people (Goal 2);
- development of a national rural health research agenda and focus on applied research (Goal 3);
- development of further innovative service delivery models (Goal 4);
- focus on safety and quality within rural, regional and remote acute health services (Goal 4);
- while maintaining appropriate access to hospital care, a continuing shift of emphasis from ill health and acute care to prevention, early intervention and alternatives to hospital care, including focus on health risk factors such as smoking, nutrition, alcohol and low levels of physical activity (Goal 4);
- continuing work to monitor and enhance the health workforce with special emphasis on nursing and allied health workforce information (Goal 5);
- an increased focus on Aboriginal and Torres Strait Islander employment, education and training programs within health services (Goal 5);
- consideration of whether indicators of need other than population numbers and/or distance from an urban centre would be more effective and whether collaborative planning by Commonwealth and State and Territory governments, based on regions might lead to improved delivery of integrated health services (Goal 6); and
- continuing development of multidisciplinary approaches to education and research through University Departments of Rural Health and Rural Clinical Schools (Goal 7).

A Strategic Policy Framework for Children's and Young People's Health 2002–2007

In response to growing evidence that maternal health and well-being in the antenatal period and effective nurturing in the early years and during the psychosocial transitions to young adulthood have significant and lasting effects on health and well-being in later life, Queensland Health has developed A Strategic Policy Framework for Children's and Young People's Health 2002–2007.

The Policy Framework emphasises the importance of effective health interventions that commence before birth, progress in partnership with communities and involve health providers working collaboratively with young people, families and carers at critical points along the development pathway.

The Policy Framework focuses on improving the health and well-being of children and young people by:

- *giving children the best start and supporting the nurturing role of families;*
- *promoting healthy growth and development in safe, supportive environments;*
 - *ensuring high quality treatment, management and monitoring.*

The Policy Framework describes the actions to be initiated, priority outcomes to be sought and the associated reorienting and enhancing of health services to achieve improved health for children and young people in Queensland.

GOAL 1

Growth Assessment and Action Program in the Northern Territory

The Growth Assessment and Action Program is an innovative Territory-wide initiative that aims to improve the growth of children aged 0–5 years through regular monitoring of growth and early action if growth falters.

Regular feedback on growth assessment at an individual and community level is provided to parents, care-givers, communities, service providers and policy makers. A focus of the Program has been the collection and feedback of data on child growth at a community level. Extensive consultation was undertaken with Aboriginal health workers to determine the best means to report back to communities. A variety of graphs and diagrams are used to provide clinic staff and community councils with information in an appropriate format.

This has been a very important step in involving communities through the sharing of health information. District level reports provide feedback to managers and allow prioritisation of service delivery and monitoring and evaluation of child health programs.

IMPROVE HIGHEST HEALTH PRIORITIES FIRST

The health status of people across rural, regional and remote Australia is poorer than in metropolitan areas. The highest level of health disadvantage is in remote areas of the nation and health status progressively improves with increased population density and infrastructure.

Overall, age-standardised death rates are higher in rural, regional and remote areas than in metropolitan areas. Death rates are higher in remote areas than in rural and regional areas. This is mainly due to the higher proportion of Aboriginal and Torres Strait Islander peoples in remote areas, who carry a significantly higher burden of disease and illness. In response to the significantly poorer health status of Aboriginal and Torres Strait Islander people, initiatives and actions have been described within a separate goal (see Goal 2). However, death rates for both males and females have decreased in all areas over the period 1992-1999 (see figure page 16). This data will be more fully examined in AIHW reports being prepared for the Office of Rural Health.

Despite the diverse nature of communities in rural, regional and remote areas there are many shared health concerns and issues, but often a preference for different ways of managing specific health problems and health risks.

There are seven National Health Priority Areas that reflect the burden of disease and illness across Australia:

Mental health	Injury prevention and control
Diabetes	Cancer control
Cardiovascular health	Asthma
Arthritis and musculoskeletal conditions	

In a number of instances rates of prevalence and service gaps are most severe in rural, regional and remote settings. However current information suggests that rates of cancer in rural, regional and remote areas are similar to rates in metropolitan areas.

There has been significant investment in improving access to mental health services across all States and Territories. However, mental health is recognised by people from rural, regional and remote areas as a major cause of illness, individual and family distress and long-term care problems. Efforts to address suicide and attempted suicide of young people have also been a major focus of health services. They continue to be a major concern in many rural, regional and remote communities. The difficulties associated with attracting and retaining mental health workers in rural, regional and remote areas inhibit the pace of development of mental health services.

An increasing focus on supporting general practitioners and remote area nurses to develop management plans for those suffering mental illness, and providing a first point of contact, has been used to enhance mental health services and improve access to them.

More people in rural, regional and remote areas than in metropolitan areas are hospitalised for diabetes and its complications. Aboriginal and Torres Strait Islander peoples have high and increasing rates of diabetes.

Death rates and hospitalisation from injury are significantly higher in rural, regional and remote areas than in metropolitan areas. Programs such as Farmsafe have been developed and trial strategies have been implemented to prevent accidents and reduce the severity of injuries.

The impact of stroke, heart and vascular disease is significant in more remote areas. Key issues include the lack of access to timely treatment in emergency situations as well as a lack of access generally to specialised services providing acute care, rehabilitation or secondary prevention interventions. Rates of rheumatic fever and rheumatic heart disease are very high among Aboriginal and Torres Strait Islander people. There are also difficulties in instigating prevention programs in communities with poor access to fresh food.

Arthritis and musculoskeletal conditions comprise the most recent National Health Priority Area. These conditions affect around 2.6 million Australians. Commonwealth, State and Territory governments will be working collaboratively to develop a national approach to improve care for people with arthritis and musculoskeletal conditions, focussing on osteoarthritis, rheumatoid arthritis and osteoporosis.

Rural, regional and remote communities have other health concerns that are not national health priority areas. Issues of healthy ageing, support for children and young people, addressing substance abuse, oral health and the increasing trend in relation to overweight and obesity in the community have been identified as needing special attention. The National Public Health Partnership Framework is assisting in developing strategies to improve health across many issues and population groups in rural, regional and remote Australia.

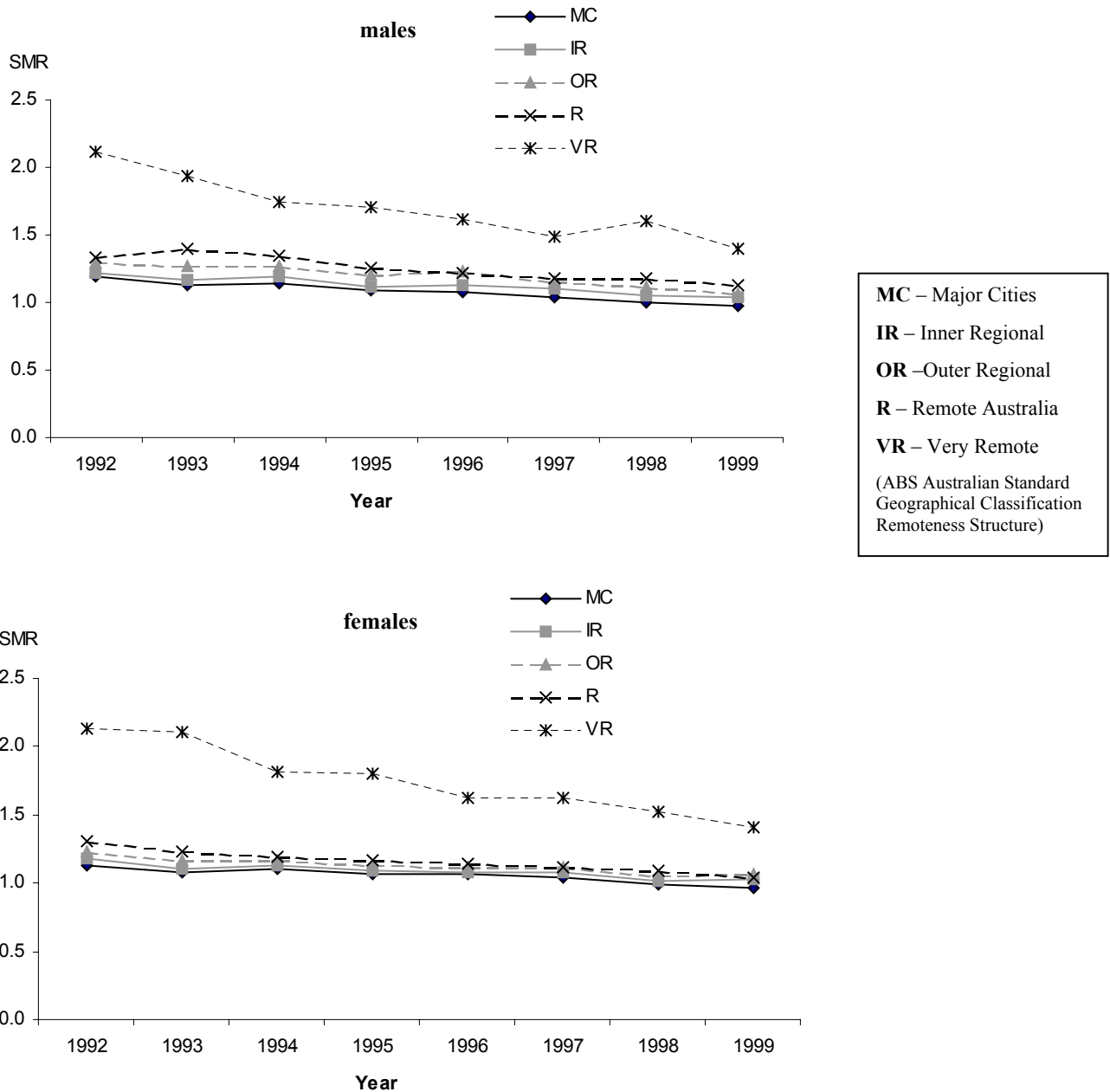
The research that brought about the establishment of the National Advisory Committee on Oral Health under the auspice of AHMAC identified a range of issues in the oral health sector. These require a comprehensive response and include:

- poor oral health among pensioners and other low income earners;
- a lack of focus on prevention and early intervention in dental care, particularly for low income earners;
- poor oral health among nursing home residents;
- unequal standards of children's oral health;
- higher costs to Medicare stemming from symptoms and complications of poor oral health;
- an emerging shortage in the dental workforce demonstrated by problems of supply and retention of dentists;
- a lack of basic data for the planning of dental services; and
- a lack of coordination of dental research.

GOAL 1

Trends in Death Rate*, All Causes, Males and Females, 1992 -1999

(Source: AIHW unpublished analysis of ABS mortality data)



SMR – Standardised Mortality Ratio

A ratio of 1.2 indicates that there were 1.2 times as many deaths as expected in that area that year (ie. 20% more deaths than expected).

*Changes in death rates are illustrated by a comparison of the ratio (SMR) of observed deaths to the number of deaths expected, if age-specific rates for males and females from major cities in 1997-99 had applied in each area in each year.

The following priorities are being actioned by the Commonwealth, States and Territories as described in part 2 of this report, *Summary of Progress against the Healthy Horizons Framework 2002*. Implementation of these actions is also informed by the National Health Priority Action Council and the National Public Health Partnerships.

Reports have been provided on several of the National Health Priority Areas and these are aligned with the Chronic Disease Initiatives:

- **Mental health** outcomes will be improved by the continued implementation of the National Mental Health Strategy and the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health.
- **Suicide and attempted suicide** will continue to be addressed through the National Suicide Prevention Strategy. While focusing on young people as an important priority the Strategy also seeks to address other at-risk groups, including rural residents and Aboriginal and Torres Strait Islander people. The risk associated with suicide and attempted suicide has been shown to increase with severe drought conditions and other hardships facing rural communities.
- **Diabetes detection and management** will continue to be actioned through the National Diabetes Strategy 2000–2004 with a focus on working with general practitioners through the National Integrated Diabetes Program. This Program is targeted towards prevention, early diagnosis and self-management for people living with diabetes. It will integrate the work of general practice, develop best-practice protocols and engage consumers to improve diabetes education and services in rural, regional and remote areas. Additionally, a new initiative, the National Diabetes Improvement Project seeks to trial evidence-based strategies and ideas in practical health settings and targets high need groups, including rural and remote and Aboriginal and Torres Strait Islander communities.
- **Heart, stroke and vascular disease** — strategic action is being developed to improve prevention, treatment and management programs to reduce the impact of heart, stroke and vascular disease in rural, regional and remote Australia. Processes are also being developed to facilitate self-management. Strategies will focus on:
 - primary prevention activities in nutrition, tobacco smoking and physical activity;
 - secondary prevention and integrated rehabilitation; and
 - treatment interventions.
- **Cancer** — a particular focus is women diagnosed with breast cancer living in rural, regional and remote areas. This focus will take the form of support, information and services.
- The **chronic disease initiatives** are being actioned across Australia and will assist people in rural, regional and remote areas to prevent

ACHIEVING GOAL 1

Looking after older people — different experiences of ageing for women in urban, rural and remote areas

As part of the Commonwealth Women's Health Australia initiative, a study comparing three-year changes in health outcomes for older women living in urban, rural and remote parts of Australia was undertaken. A secondary aim was to identify the proportion of women who move to urban areas during this period and the factors associated with the change.

The study found that:

- *perceived health access to health care decreased with increasing remoteness;*
- *satisfaction with general practitioner services was significantly higher for women in capital cities and other metropolitan areas;*
- *women in rural and remote areas used more community services than women in capital cities and other metropolitan areas;*
- *women who moved had a greater reduction in their level of social support than women who remained in rural areas; and*
- *women who remarried and moved had poorer health, had less social support, lower neighbourhood satisfaction and used fewer services — these women may constitute a group at high risk of poor longer-term health outcomes.*

Based on research by A/Prof Julie Byles and Dr Gita Mishra

and better manage chronic diseases such as diabetes, asthma, heart disease, stroke, cancers, depression and to manage injury.

- **Injury prevention and control** will continue to be addressed through the National Injury Prevention Plan. The Plan recognises that rural, regional and remote communities are at higher risk. The Plan aims to reduce the risk of falls, poisoning, drowning and child safety. Specific activity is to be directed towards safety on farms, interpersonal violence, road safety and the higher rates of accidents and injuries within Aboriginal and Torres Strait Islander communities.

Primary producers and farm workers are known to be one of the highest risk groups for occupational injury and illness and disease. This is compounded by loss of well-being, pain and suffering caused by occupational injury and illness. Agricultural enterprises are facing increasing worker's compensation costs as a result of their poor claims performance, relative to all other industries. Until recently farmers and farm managers had not had access to relevant training in developing skills of risk management or the tools to implement the approach to health and safety. To address this issue the Managing Farm Safety Course is being piloted across Australia.

- **Arthritis and musculoskeletal conditions** will receive specific attention through its inclusion as the seventh National Health Priority in July 2002. This will help to focus collaborative efforts of Commonwealth, State and Territory governments on the development of a national strategy to improve arthritis care and treatment.
- **Child and youth health** will receive special attention including early child and maternal health such as infant nutrition, support for families and communities through positive parenting advice and addressing abuse and neglect, and early learning and care including promoting health within schools and identifying and treating early development and learning difficulties.
- **Older people** will be the focus of attention through the Commonwealth, States and Territories Strategy on Healthy Ageing. This strategy includes a Task Force with representation from the Commonwealth and each State and Territory to develop, implement and review the Strategy. The actions within the Strategy will include initiatives targeting community attitudes; health and well-being; work and community participation; sustainable resourcing; inclusive communities; appropriate care and support; and research and information.

The Strategy will also continue the emphasis on community care and continue to ensure equitable distribution of resources and ensure that population data are used for the planning of residential and community care.

ACHIEVING GOAL 1

- **Substance abuse** will receive special attention to minimise harm and provide health information and education on the health and social impacts of substance abuse. Access to counselling and support groups linking with community organisations and interest groups will continue to be supported to prevent, manage and respond to substance abuse at a local level.
- **Oral health** — access to dentists and dental services is problematic and poor oral health has proven links to poor nutrition and other health conditions. Action is required to improve the poor state of oral health within Aboriginal communities and for older people across rural, regional and remote Australia. Action to develop a comprehensive response to this issue in association with professional bodies and State and Territory governments is required, together with analysis and action to improve access to dentists.



Clinical Pharmacist Linda Sparkes counselling a patient in Lismore Base Hospital

GOAL 2

IMPROVE THE HEALTH OF ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES LIVING IN RURAL, REGIONAL AND REMOTE AUSTRALIA

Building solid families in Western Australia

The Building Solid Families Program established in Western Australia has complemented the Link Up service model established under the Bringing Them Home Report. Western Australia experienced difficulties in applying the national approach due to the size of areas to be serviced and geographic isolation of many of the families.

A joint initiative of the Department of Health, Department of Community Development, Indigenous Affairs Department and the Aboriginal and Torres Strait Islander Commission developed a strategy to address these issues on a regional basis.

Seven regional services have been established employing 12 Aboriginal community controlled service providers. These services complement and extend existing and planned services such as counselling services funded by the State and Commonwealth governments.

Australians are one of the healthiest populations of any developed country and have access to a world-class health system. Aboriginal and Torres Strait Islander Australians, in general, are the least healthy of all Australians and have a significantly lower level of access to appropriate health care than non-Indigenous Australians.

A number of inter-related factors affect the health status of Indigenous Australians, including socioeconomic status, employment, education, environmental issues (eg lack of access to safe water, housing, power, roads or sewerage) and limited access to health providers who are equipped to provide culturally appropriate services. It is essential for all of these factors to be addressed across government if sustained improvements in the health status of Indigenous Australians are to be realised.

Attention is being given to developing and funding new models of care and adapting existing models to improve the responsiveness of the whole health system to the needs of Aboriginal and Torres Strait Islander peoples. Comprehensive primary health care systems comprise a range of service providers working collaboratively to provide access to clinical/medical care, illness prevention services, population health programs, outreach services, secondary and tertiary care and client support and advocacy.

Aboriginal Community Controlled Health Organisations deliver health services to communities in a holistic (embracing the physical, cultural, spiritual and social concepts of health) and culturally appropriate way. Consultation needs to be undertaken so that mainstream services can also provide culturally sensitive services to Aboriginal and Torres Strait Islander people.

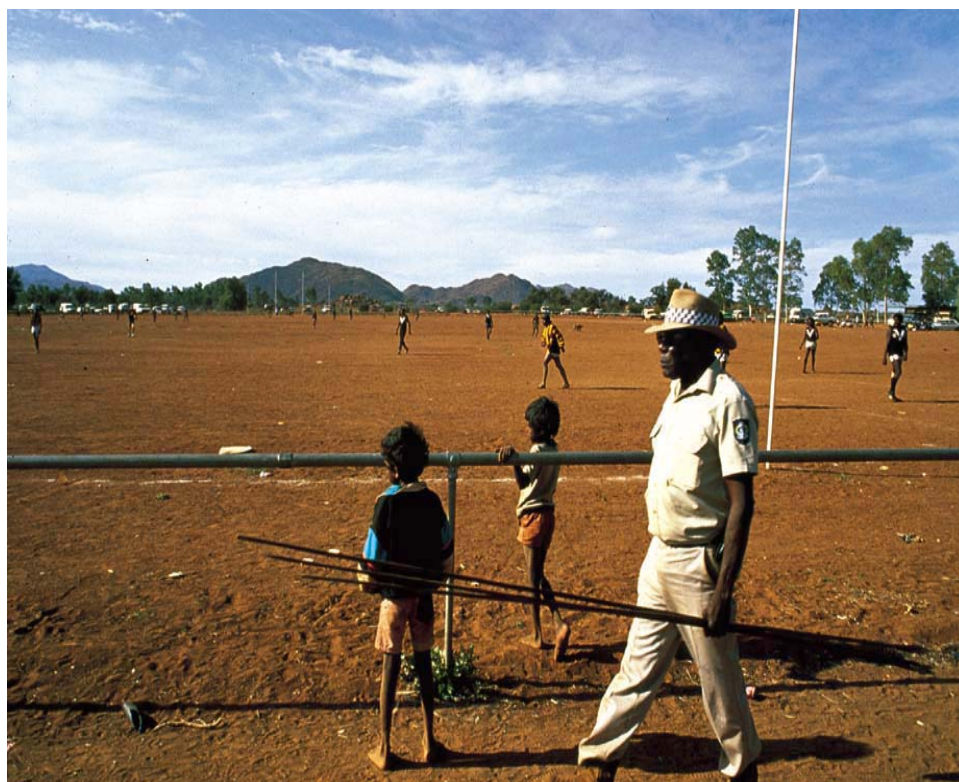
Partnerships have been established under the Agreement on Aboriginal and Torres Strait Islander Health (Framework Agreements) developed between the Commonwealth, State and Territory governments, the Aboriginal and Torres Strait Islander Commission and the community controlled health sector. The Agreements commit signatories to increasing resources to reflect the higher level of need, improving access to mainstream and community controlled services and programs, joint planning processes and improving data collection and evaluation. Under the Agreements, partnership forums have undertaken regional planning that has identified service gaps, health needs and priorities.

The National Aboriginal and Torres Strait Islander Health Council is in the process of finalising the National Strategic Framework for Aboriginal and Torres Strait Islander Health, a ten-year agenda for action by all governments in directions supported by Aboriginal and Torres Strait Islander health stakeholders. The Framework is a cross-portfolio approach to improving the health of Indigenous Australians. It will detail aims, priorities and specific actions.

GOAL 2

To assist the National Health and Medical Research Council (NHMRC) in its substantial commitment to support research which is relevant to the needs of Indigenous Australians and ensure that research outcomes are of practical value, the NHMRC's Aboriginal and Torres Strait Islander Research Agenda Working Group has recently completed a consultative process to identify and gain consensus on national research priorities in Aboriginal and Torres Strait Islander health. The outcomes of this consultation will form the basis for the NHMRC's future commitment to increasing Indigenous health research and capacity.

To contribute to government and community efforts to address Aboriginal and Torres Strait Islander health disadvantage, *Healthy Horizons: Outlook 2003–2007* targets Indigenous Australians living in rural, regional and remote Australia through a range of specific actions.



Football match – Central Australia

ACHIEVING GOAL 2

South Australia's Unique Centre of Learning at Pika Wiya

The Unique Centre of Learning is situated at the Pika Wiya Aboriginal Health Service in Port Augusta, South Australia. It aims to provide a culturally appropriate learning facility for Aboriginal people training as registered nurses, enrolled nurses, Aboriginal health workers, allied health professionals, and other human service professionals.

An Aboriginal coordinator is located within the Centre to support and facilitate local Indigenous students to overcome the variety of barriers to successful study by providing tutoring, counselling, access to support networks, role modelling, advocacy, access to information technology and library resources and promotion of a culturally safe environment.

The long-term outcome of the Centre is for the greater participation of Aboriginal people in decision-making positions within human services and as a result improved service delivery and health and well-being outcomes for the local Aboriginal community.

A range of National, State and Territory government initiatives will be implemented to address the health needs of Aboriginal and Torres Strait Islander people in rural, regional and remote areas:

- continue work under the Agreements on Aboriginal and Torres Strait Islander Health to:
 - increase the level of resources allocated to reflect the level of need;
 - undertake joint planning;
 - improve both mainstream and ATSI specific health and health related services; and
 - improve data collection and evaluation.
- implement the *National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action*, following endorsement and signing by Commonwealth and State and Territory governments;
- develop specific strategies for Aboriginal and Torres Strait Islander peoples in the health priority areas outlined under Goal 1;
- focus attention on enhancement and improved access to primary health care programs in partnership with Aboriginal and Torres Strait Islander peoples;
- continue implementation of the recommendations of National, State and Territory reports on improving the health and well-being of Aboriginal and Torres Strait Islander peoples including:
 - The Royal Commission into Aboriginal Deaths in Custody;
 - *Bringing them Home*, a report on the National Inquiry into the separation of Aboriginal and Torres Strait Islander children from their families; and
 - *Ways Forward*, the report on the National Consultancy on Aboriginal and Torres Strait Islander mental health;
- support local health improvement strategies undertaken by Aboriginal and Torres Strait Islander communities;
- support links between partnership forums established under the Agreements on Aboriginal and Torres Strait Islander health and mainstream agencies to ensure optimal physical and cultural access for Aboriginal and Torres Strait Islander peoples;
- implement the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework* to further develop the health workforce capacity in its response to the needs of Aboriginal and Torres Strait Islander peoples; and
- continue to support relevant health and medical research initiatives which will provide a sound knowledge base to inform the implementation of evidence-based health care interventions and health services reform to improve the health and well-being of Aboriginal and Torres Strait Islander peoples.

UNDERTAKE RESEARCH AND PROVIDE BETTER INFORMATION TO RURAL, REGIONAL AND REMOTE AUSTRALIANS

Good information is critical to making good decisions. Information needs to be in a form relevant to the user and to reflect their circumstances. To improve the health of people in rural, regional and remote Australia, information and research outcomes are required at a number of levels:

- individuals require information about their own health and the health risks they may face to better inform their own decision-making about lifestyle behaviours, health care and treatment;
- communities require information and research outcomes to guide responses to health issues and priorities;
- health professionals need information and research to guide their practice and provide understanding of the health of the community in which they work;
- health services require information and research to assist in planning and development of services so they are able to improve access to care and treatment or provide effective models of service that are safe, sustainable and improve health outcomes; and
- governments need research and information to inform the allocation of resources and policy development.

It is important that this information is developed from a range of sources and is based on research undertaken in rural, regional and remote Australia. There is an expectation that research funded by government will adopt this approach.

The past five years have seen a rapid increase in research capacity within rural, regional and remote areas. This has been mainly through the development of University Departments of Rural Health across Australia and more recently through the development of rural clinical schools.

In order to harness this additional research capacity and to better coordinate and disseminate research outcomes, the NHMRC has established the Strategic Research Development Committee (SRDC). Among other initiatives, the SRDC has worked to improve the evidence base that underpins health interventions and has investigated ways to translate research findings into policy and practice. The SRDC has established five priority areas:

- ageing;
- mental health;
- systems of care for chronic disease;
- Aboriginal and Torres Strait Islander health; and
- oral health.

Within each of these priority areas the SRDC has encouraged a focus on key areas, one of which is rural health. AHMAC has also established the Priority Driven Research Program with rural and remote health as a priority area.

Providing access to information on rural health

The Commonwealth maintains a targeted rural health website outlining Commonwealth rural health policy, programs and services. A particular focus is to assist communities in accessing information to support the development of community health services, for example, through initiatives such as the Regional Health Services and Multipurpose Services programs.

The website includes information on rural workforce programs and current funding rounds for scholarships and grants programs, including information on the Rural Health Support Education and Training Program and reports from completed projects.

For students who are studying, or thinking of studying medicine, nursing or pharmacy and are interested in gaining experience in a rural area, information is provided on the range of Commonwealth government scholarships and financial incentives that are available plus more places to study rural medicine at universities and clinical schools.

The website is at www.ruralhealth.gov.au

GOAL 3

The Rural Health WebRing was established with funding from the Department of Human Services, Victoria. It is maintained by the Rural Health Web Consortium coordinated through Yarram and District Health Service.

The WebRing has been operating for four years. It currently has 38 member sites, ranging from small Victorian rural health agencies to State-wide, interstate, national and international organisations, government departments and health agencies.

Membership of the WebRing is a great way for small to medium websites to increase traffic to their sites and to share ideas. It is free to rural health websites that do not promote or advertise any approach, method or corporate business.

For more information, visit www.rural-health.org.au

The Better Health channel, created as part of the Victorian government's commitment to reduce inequalities in health and well-being, is the pre-eminent Victorian internet site for community-oriented, quality assured health information. During its second year of operation its usage has soared to 2 million hits per month.

Quality improvement continues to be a major priority through the site. The site includes service directories with over 25,000 services and health practitioners and there is a trial involving 130 public access terminals in health settings across Victoria.

This will mean that the major research organisations and funding bodies have a clear focus on developing approaches to research, disseminating research outcomes and responding to the unique needs and circumstances of rural, regional and remote communities.

The Health Advisory Committee, a principal committee of the NHMRC, recently identified violence in rural communities as an important priority, especially the need to provide evidence-based advice to health workers in these areas. In October 2002, the Committee launched the NHMRC manual *When it's Right in Front of You: Assisting Health Care Workers to Manage the Effects of Violence in Rural and Remote Australia*.

In addition, the NHMRC has released draft guidelines for health research involving Indigenous people, *Values and Ethics in Aboriginal and Torres Strait Islander Health Research*. The purpose of the guidelines is not to provide a prescriptive checklist, but to demand of researchers conscious thought and engagement with Aboriginal and Torres Strait Islander people and communities and respect for values.

It is also critical that information is made available to allow health comparison based on epidemiological information between rural, regional and remote communities and metropolitan areas. This comparative approach will help to identify health inequalities and ensure that interventions are based on local needs. Such information can also be used to monitor progress on a broader level.

The AIHW has been engaged by the Office of Rural Health to provide ongoing monitoring of progress through analysis of health information and statistics. This information will be progressively released and will be available on the AIHW and Commonwealth Department of Health and Ageing, Rural Health websites.

While these broad activities are occurring it is equally important that detailed research and information is made available to local community groups, so they are then able to advocate for local changes and develop successful interventions based on local circumstances. This means that researchers will be required to ensure the result of their work is disseminated to the communities involved. It is equally important that information and communication strategies allow for sharing of information between governments, across services and service providers as well as between universities and other academic institutions.

Research becomes the basis for health care decisions by service providers and individuals. The focus of applied research on medical science and human biology remain important but another perspective is gained through research into the social determinants of lifestyle and environment. Ultimately health involves a degree of personal responsibility, so research directed towards better understanding of individual decision-making on critical health behaviours where individuals are able to exercise control is essential for improving future health outcomes.

Undertaking research and providing better information will require the following:

- the NHMRC will continue to have a coordinating and initiating role in advancing rural health, with attention directed towards the evidence base for health interventions and ways of translating health research into policy and practice;
- research funded and supported by governments will be directed towards areas identified under the AHMAC Priority Driven Research program;
- Commonwealth, State and Territory governments will develop a rural health research agenda to assist researchers to direct applied and practical research into key health and service delivery issues. This will include research on innovative models of primary health care, workforce related issues, health risk factors and encourage regular community health assessments and incorporate qualitative as well as quantitative approaches;
- indicators of health status and related risk factors are to be developed by the AIHW, at a national level, with funding support from the Department of Health and Ageing and based on the National Health Performance Framework include:
 - Health Status and Outcome – indicators of mortality and burden of disease;
 - Health Determinants – indicators of health risk factors and environmental factors; and
 - Health Systems Performance – indicators of sustainability, workforce and access issues;
- broad level research by the AIHW to be conducted in order to better understand the status of rural, regional and remote health and the social, economic, environmental, and political factors that cause the differences in health status;
- good quality research about local health issues to be conducted by communities and health professionals. This will ensure that studies concentrate on local health impacts and evaluate the success of local interventions;
- information, research and models of health care which are developed in rural, regional and remote areas to be widely disseminated through:
 - presentation at conferences;
 - publication in journals;
 - media releases;
 - the Internet; and
 - distribution to those participating in surveys; and
- adequate representation of each state and territories' non-metropolitan populations in national health surveys.

ACHIEVING GOAL 3

NHMRC Aboriginal and Torres Strait Islander health research

With the drive toward evidence-based clinical practice, opportunities for research to inform changes in health care services and delivery for Aboriginal and Torres Strait Islander people are increasing. As part of a strong commitment to improving Aboriginal and Torres Strait Islander health through research, the NHMRC has undertaken several initiatives.

These include the development of a Centre of Clinical Research Excellence in Aboriginal and Torres Strait Islander Health. The Centre's activities will focus on clinical research, the training of clinical researchers, and the translation of research findings into improved health outcomes for Aboriginal and Torres Strait Islander people.

In addition, earlier in 2002, the NHMRC in conjunction with the Cooperative Research Centre for Water Quality and Treatment, conducted a workshop which brought together policy makers, practitioners and consumers to identify the water needs of remote communities, and the impact of water availability and quality on public health in regional and rural Australia, including the impact of these factors on Indigenous people.

GOAL 4

DEVELOP FLEXIBLE AND COORDINATED SERVICES

Governments have recognised that metropolitan solutions and rigid program guidelines cannot always be successfully applied to rural, regional and remote communities. Therefore health providers and communities must be able to develop local solutions and service models that reflect their own needs and circumstances.

The Multipurpose Services Program is a joint Commonwealth and State initiative aimed at providing a flexible, coordinated and cost-effective approach to health and aged care service delivery to small rural communities where stand-alone aged care or other health services would not be viable.

The defining features of a multipurpose service are:

- *the pooling of former separately identified Commonwealth and State/Territory program funds;*
- *the integration of all or most health and aged care services provided within a community, often under the one roof, with the opportunity for others to be involved (eg child care, domestic violence etc); and*
- *the capacity to respond to sporadic demand for services that would otherwise threaten service viability.*

The program was piloted in 1993 and raised considerable interest across the country. There are now 66 sites operating with many others under development.

The principle of local solutions to local problems informed and supported by participation from health professionals, community representatives, research and evidence is an important basis for developing flexible services. Networked health and community services and models based on local conditions also allow opportunities for improved access to a broader range of services.

The Regional Health Services Program (see also margin of page 34) and the Multipurpose Services Program are good examples of flexible models of service delivery. The Regional Health Services program aims to support community-identified primary health care priorities relating to the prevention and treatment of illness in small towns. To date 114 Regional Health Services and 75 Regional Health planning projects have been approved for funding. The Multipurpose Services Program's capacity to coordinate elements of health and aged care within a community, including provision of residential aged care, while sharing infrastructure and overheads has been welcomed in more than 60 locations across Australia.

Although the Multi Purpose Service Program has been highly successful at integrating health and aged care services in many communities, it was developed to provide a response to the health and aged care needs of a particular type of rural community. Therefore, as it does not suit all small rural communities, further work is required to develop additional health and aged care models for rural and remote communities with different requirements and needs. This will continue the process of addressing gaps in the provision of residential aged care, particularly in smaller communities. Part of this process may involve examining the benefits of collaborative planning between levels of government on a regional basis to address coordination and flexibility at a broader level.

These efforts may include considering integration of primary care, community-based regional services and the application of technology solutions to improve access for dispersed populations. While integration of health services within State and Territory governments has been pursued across Australia, the challenge remains to achieve a similar level of action in the integration between, Commonwealth, State/Territory and local government programs and services.

An important consideration in this process is the integration and networking of services between metropolitan service providers, particularly specialist services, and rural, regional and remote communities and providers. Collaboration between all parties, including metropolitan counterparts, is one of the keys to developing flexible and coordinated services.

GOAL 4

The challenge of responding to changing medical practice, broader reforms, technology-driven changes to hospital services and increased standards for facilities together with the realities of recruitment and retention of key health professionals has often forced communities to reassess their services. It is important that this process is planned and organised to include community participation and full understanding of the rationale for changes.

In this process the development of rigid national clinical standards has the potential to restrict the ability to provide an accessible clinical service in rural, regional and remote communities. Best clinical practice standards must achieve a balance between minimising risks for patients and retaining access to services. The reality is that many of the acute services in rural, regional and remote Australia are provided by highly skilled proceduralist general practitioners. This must be acknowledged and recognised in the development of clinical standards.

Many rural, regional and remote communities are developing greater capabilities when faced with change and are looking for innovative ways of combining services or expanding roles to meet local needs rather than reducing services.

Communities expect and demand their health services respond to emerging health issues in a timely way. A good example is the severe drought being experienced across Australia's rural areas. This drought has major implications for the health and well-being of the rural community well into the future.

To respond in an appropriate manner requires empathy and understanding of the implications of the drought and collaboration with other agencies and community organisations so that the health response is well coordinated. This may mean an emphasis on counselling services for families and individuals, linked with financial counsellors and organisations such as the Country Women's Association, Pastoralist and Graziers Association and Church groups.

Being in a position to anticipate community needs and to fully participate in the development of new medical technologies and practices is essential to innovation and responsiveness. The future holds many opportunities for rural, regional and remote health services. The development of telehealth applications, gene therapies and new treatment options all present the means to expand and strengthen health services. This sense of purpose and direction needs to be harnessed and acted upon to provide confidence and reinvigorate health services.

Within this context the strategies to provide infrastructure for internet and other telecommunications are important. Telehealth can encompass a broad array of technologies that vary in sophistication. Determining the options that are appropriate for particular communities should be guided by factors such as needs, resources and expertise.

The Mid North Coast Aboriginal Coordinated Care Trial in New South Wales offers an exciting opportunity for community and health reform in NSW, improving access to quality health services. It will test a model of care for Indigenous communities building on partnerships between community controlled Aboriginal Medical Services, mainstream health service delivery and private providers.

The model has the flexibility to work across agency boundaries and is strongly influenced by the existing infrastructure within each community. It embraces the notion of holistic health — the underlying philosophy of service and program delivery in Aboriginal Health Services.

The model will explore the benefits of coordinated care for both a complex and chronic cohort and for up to 8,500 Aboriginal people. It will include an increased commitment to education, health promotion and early intervention. The population health focus will embrace the key elements identified in the Mid North Coast Aboriginal Health Plan (1999–2005), which was developed in consultation with local communities and organisations.

The Trial has two funding streams — funds pool and infrastructure — which will support Trial operation and evaluation and flexible service planning and delivery.

ACHIEVING GOAL 4

The Royal Flying Doctor Service (RFDS) provides health services to people who live, travel and work in rural and remote Australia. An extensive infrastructure incorporating 22 bases, 45 aircraft and some 500 staff throughout the country enables the RFDS to cover a geographical area of 7,150,000 square kilometres.

Helped by funding from Commonwealth and State/Territory governments, the RFDS provides a 24-hour a day emergency service, medical transfers, field clinics at remote sites, radio and telephone consultations by doctors with people at remote outposts, and over 2,500 medical chests held by remote communities.

In the tradition first established by the Reverend John Flynn, the RFDS continues to explore innovative ways to ensure the people of the 'outback' have the best possible health services. The recently introduced Rural Women's GP clinics, for example, aims to improve access to primary care and secondary health services for women in rural Australia who currently have little or no access to a female general practitioner.

During 2001–02 the RFDS transported over 22,000 patients, conducted a total of 8,861 clinics, which treated a total of 108,657 patients, and provided approximately 57,000 remote consultations.

Greater collaboration, improvement of flexibility and coordination of services require actions that:

- agree roles and responsibilities between Commonwealth, State/Territory and local governments, educational institutions, services, professional groups and community organisations in the development of flexible models of service;
- remove barriers to collaboration between agencies, partnerships, and networking, particularly where flexible funding and models of care have clear benefit to communities;
- assess and develop opportunities for alternative models of flexible and coordinated care beyond health and aged care services;
- consider regional approaches to coordination, planning and integration of services across government and community groups for regional services and services networked and supported by metropolitan service providers;
- ensure the development of evidence-based clinical standards that represent a balance between safe clinical practice and access, and acknowledge and support the provision of acute services through proceduralist general practitioners;
- establish mechanisms that allow new medical technologies and practices to be of benefit to the health of rural, regional and remote Australians; and
- develop innovative models of primary health care to respond to emerging health issues, particularly where there are limited service options, supported by:
 - management and training practices that support quality service provision;
 - flexible funding arrangements to meet changing health issues; and
 - strategies developed to address national health priority areas.

MAINTAIN A SKILLED AND RESPONSIVE HEALTH WORKFORCE

GOAL 5

One of the major obstacles to improving the health of rural, regional and remote communities is the difficulty experienced in attracting and retaining a competent and highly skilled work force. Effective implementation of strategies and use of funds requires skilled health professionals in sufficient numbers, including nurses, doctors, allied health, Aboriginal health workers, support staff and health service managers.

A significant amount of effort and funding has been directed towards improving recruitment and retention of health professionals by Commonwealth, State and Territory governments. Responses have ranged from short-term measures (eg recruitment of overseas-trained doctors to fill gaps in medical coverage) to long-term measures that encourage and promote rural students to consider health careers (such as development of medical schools and outreach programs in regional locations).

The University Departments of Rural Health and Rural Clinical Schools based in regional Australia are playing a very significant role in the development and promotion of the rural health workforce. This has included encouraging students from all health disciplines to be exposed to rural practice during their undergraduate and postgraduate years, promotion of health careers to rural students and support for the professional development and research involvement of rural health workers.

While there is often a long lead-time before improvements are evident, these initiatives mean that capacity is continuing to develop in rural, regional and remote areas. Reliance on distance education institutions to supply workforce needs is reduced and health professionals are better prepared for the challenges of rural practice.

These approaches are designed to maintain a skilled and responsive health workforce across all disciplines rather than concentrating on particular segments of the health workforce. The attention directed towards improving recruitment and retention of doctors and nurses has been in response to clear shortages demonstrated through workforce analysis and data as well as advocacy from communities and health professional groups. While there has been anecdotal evidence of shortages and difficulties in the recruitment and retention of allied health workers, there has not been a similar detailed analysis of workforce supply and demand measures. This will be a focus of attention in future years.

The participation of Aboriginal and Torres Strait Islander people in the health workforce is a very important part of addressing the health disadvantage experienced by Aboriginal and Torres Strait Islander peoples. As a consequence, health services will promote education and employment opportunities for Aboriginal and Torres Strait Islander peoples across all occupational categories and levels.

The Commonwealth funded University Departments of Rural Health Program is a long-term strategy aiming to increase recruitment and retention of rural health professionals and to improve appropriateness and quality of health care in rural and remote communities.

The Program encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice. It also supports health professionals currently practising in rural settings.

The Program is underpinned by a strong population health focus. This involves partnerships between health care providers in a targeted region and the university sector as well as improving health service development, especially in public health, in the region.

Strategies to achieve this goal include increasing infrastructure and intellectual capital in rural and remote regions, establishing relevant teaching and support environments, enhancing opportunities for student placements in rural and remote settings, encouraging experienced academic staff to spend time in the bush and fostering coalitions of interest and partnerships across research and development organisations.

Ten university departments of rural health have been established across Australia.

GOAL 5

The Midwest Health Service Integrated Therapy Assistant Program in Western Australia, initiated in 1999, involved development of guidelines and a competency-based training manual, plus recruitment and training of integrated therapy assistants to support the allied health services who visit communities monthly.

Changes are continuing, particularly in relation to use of videoconferencing. This is allowing 'testing' of evidence on enhancing individual and group allied health interventions that are suitable to areas where recruitment and retention have an impact on services. This will help to ensure continuity of programs within small communities and reduce the need for people to travel for treatment.

The New South Wales Institute of Rural Clinical Services and Teaching will be established in 2003 to provide vocational training, academic opportunity and career path development. It aims to be a 'centre of excellence' for rural health.

The Institute will reduce professional isolation by providing peer support and increasing ongoing educational opportunities. It will link with Area-wide clinical departments to form State-wide faculties in all major medical, nursing and allied health disciplines.

The Institute will also be able to assist in the identification of opportunities for linking Commonwealth, State and non-government institution efforts and funding.

Teamwork is also essential to working effectively in rural, regional and remote communities. In a team the opportunities available for multidisciplinary approaches to health issues and working collaboratively with community members, other health professionals and interest groups are more apparent and effective. Recognition of advanced and complex work within small communities will enhance the value of a career in rural, regional and remote Australia.

The sharp increase in medical indemnity premiums in recent years has raised issues relating to the medical workforce in rural areas, particularly for specialists and procedural general practitioners. The Commonwealth Government recently announced a package of reforms aimed at addressing rising medical insurance premiums and designed to ensure a viable and ongoing medical indemnity insurance market. The package aims to ensure key private medical services, including in rural and regional areas, are maintained. The important role of procedural general practitioners in rural and remote areas is recognised with specifically targeted premium subsidies.

In a broad sense, steady recognition and improvements have been made to terms and conditions of employment and support for professional development as well as support and sponsorship of undergraduate and postgraduate programs. There is also a growing recognition that rural health careers are professionally rewarding and offer advantages over specialised jobs within metropolitan areas. An important feature is the variety of work available within a given discipline and the satisfaction involved with being able to follow through with patients and their families. These closer links with the community allow for more enhanced clinical practice and a sense of belonging.



Lismore Base Hospital

ACHIEVING GOAL 5

A workforce planning approach is vital to ensure agencies have the right mix of people and skills to achieve the agency's aims and objectives, now and into the future.

A workforce planning framework provides for the adoption of supply and demand analysis, forecasting, gap analysis, priority setting, strategy development and communication linkages. This approach ensures that an informed, coordinated and targeted approach is developed based on evidence and informed planning.

As a result, the right people are in the right place at the right time to respond to community need. Within this workforce planning framework the following actions are required to maintain a skilled and responsive workforce in rural, regional and remote Australia:

- continue action to remove legal and professional barriers to practice for health professionals in rural, regional and remote Australia to promote flexible practice;
- Commonwealth, State and Territory governments will consider the additional costs associated with education and training in rural and remote areas;
- implement Aboriginal and Torres Strait Islander education and employment strategies to encourage greater participation of Aboriginal and Torres Strait Islander people in health services;
- provide cultural awareness training to skill the health workforce to ensure cultural respect and provide appropriate services to Aboriginal and Torres Strait Islander people;
- undertake workforce analysis of supply and demand for allied health workers across regional rural and remote communities;
- continue efforts to address the need to reduce professional isolation, provide peer support, locum support and increased educational opportunities. Ensure that the work programs of relevant committees focus on these issues;
- ensure there is ongoing reform to achieve resolution to the medical indemnity issues facing the medical workforce, particularly in the area of tort reform; and
- continue to increase numbers of students across all health disciplines undertaking rural preparation courses and choosing careers in rural, regional and remote areas by:
 - continuing local programs that encourage rural, regional and remote secondary students to take up careers in health care;
 - supporting sponsorships for rural students;
 - supporting and encouraging rural student clubs in all health disciplines; and
 - expanding State and regional programs that introduce tertiary students to rural, regional and remote practices and encourage multidisciplinary learning environments.

*The **Bush Crisis Line**, funded by the Commonwealth through the Council of Remote Area Nurses of Australia, provides vital psychological debriefing support to health professionals working in remote and rural areas. Each year 300 to 400 calls are received and 24-hr telephone confidential support and debriefing provided.*

The service also offers self-care workshops, discussion papers and self-help booklets to assist health professionals to manage stress associated with remote practice.

The Bush Crisis Line has recently been recognised for innovation and excellence by Emergency Management Australia. It was also awarded the Safer Communities Award and a "highly commended" national award for post-disaster response.

For more information about the Bush Crisis Line & Support Services Ph: 02 6686 8711.

*To use the 24-hr Bush Crisis Line, ring **1800 805 391** toll-free from anywhere in Australia.*

Supporting professional development for rural nurses
Professional development is an important part of the career plan of any registered or enrolled nurse. Unfortunately, the expense of travel and accommodation often prevents nurses practising in rural or remote areas from accessing continuing education.

However, the Commonwealth Australian Remote and Rural Nursing Scholarship Scheme has provided financial assistance to over 600 rural nurses in the past three years to allow them to undertake postgraduate studies.

GOAL 6

HEALTHshare operating in New South Wales is a comprehensive, geographically-based, integrated health model aiming to provide an effective alternative to the current funding and service arrangements within the State's health system.

The model's objective is to improve planning, integration and coordination of service delivery to enhance the ability of service providers to meet the needs of their client groups, while allowing greater efficiency in the use of funds regardless of their source.

A key element of HEALTHshare is the establishment of a governance structure/management group comprising key stakeholders (eg Area Health Services, Commonwealth Government, non-government providers) in each proposed pilot. This group will plan the services to be included in the model.

The key benefits of the HEALTHshare model are:

- improved liaison between service providers so they can achieve improved care for patients;
- reduced duplication;
- access and equity for people with similar health needs;
- improved planning of health services; and
- improved coordination of health care between hospitals and health care providers in the community, particularly general practitioners.

DEVELOP NEEDS-BASED FLEXIBLE FUNDING ARRANGEMENTS FOR RURAL, REGIONAL AND REMOTE AUSTRALIA

Significant progress is being made in reforming traditional funding arrangements that act as barriers to the development of innovative models of health and community service delivery.

Changing roles for small rural hospitals, and the co-location of other community and support services, require flexible funding arrangements to enable the provision of multidisciplinary care and support services.

The Multipurpose Services Program (see also page 26) has been successful in a number of small rural communities where combining the workforce and the facilities for acute care and residential aged care along with other health care services has allowed a sustainable service to remain in the community.

Mainstream funding mechanisms, such as Medicare and the Pharmaceutical Benefits Scheme, do not operate effectively in some Indigenous rural and remote communities. Efforts have been made to increase the access of Aboriginal and Torres Strait islander people to Australia's universal medical system. These include, among others, introduction of simplified enrolment procedures and special arrangements for improving access to the supply of PBS pharmaceuticals in remote areas. Under these arrangements, clients of remote area Aboriginal medical services will be able to receive medicines directly from the Aboriginal medical services at the point of consultation.

In addition, the Primary Health Care Access Program (PHCAP) was announced in the 1999-00 Budget and establishes a framework for the expansion of comprehensive health care services, including clinical/medical care, illness prevention services, specific programs for health gain, access to secondary and tertiary health services and management and support structures, in line with health priorities identified through local planning.

PHCAP is a program of local health system reform and has three key objectives:

- Increase the availability of appropriate primary health care services where they are currently inadequate;
- Reform local health systems that better meet the need of Aboriginal and Torres Strait Islander people; and
- Assist individuals and communities to take greater responsibility for their own health.

GOAL 6

The Commonwealth has joint responsibility with State and Territory governments for the provision of primary health care services. The focus of PHCAP is on partnerships working together in a coordinated manner to improve health services for Indigenous people. The level of the additional PHCAP funding contribution is based on an MBS benchmark that takes into account the much poorer health status of Aboriginal and Torres Strait Islander people and the higher costs of service delivery in remote areas.

The implementation of PHCAP has begun in Central Australia, South Australia and Queensland. The 2001-02 Federal Budget provided additional funds from 2003-04, which will allow the second round of PHCAP to commence in the remaining States and Territories.

The initiatives outlined above represent steady progress in increasing the flexibility of government funding sources and have the potential to achieve major improvements to health access and more effective use of government resources into the future.

Access to transport remains a priority for inclusion in flexible funding arrangements. This may include the development of partnership arrangements between community, local government and health and community services.



Flying Doctor Jane Russell with flying pediatrician Nicholas Thompson, Robinvale (VIC)

ACHIEVING GOAL 6

Commonwealth funded Regional Health Services provide greater access to health services within communities, facilitating a better quality of life and self-sufficiency for communities such as Murchison, Western Australia and Robinvale, Victoria. Under the Regional Health Services Program the Murchison community has been allocated more than \$460,000 per year to provide a variety of primary care services including child health, health promotion, allied health, alcohol and drug services and community nursing. The Robinvale community has been allocated more than \$1.4 million under the Program to provide a wide range of primary care services including physiotherapy, occupational therapy, podiatry, speech therapy, drug and alcohol services, counselling, dietetics, community nursing and audiology.

Needs-based flexible funding arrangements require action at all levels of government to:

- develop funding mechanisms for health and community services that are flexible and address the specific circumstances of service provision to people in rural, regional and remote Australia, including:
 - integrated health and community services;
 - access to Medicare;
 - impact of distance on service provision;
 - infrastructure demands of Aboriginal and Torres Strait Islander communities;
 - capital planning and development; and
 - integrated health and community services;
- develop simple procedures for organisations and communities to secure funds from all levels of government and work to simplify reporting to focus on outcomes;
- promote the development of the Primary Health Care Access Program in all States and Territories, following completion of regional planning;
- Commonwealth, State and Territory governments will work collaboratively to develop regional approaches for funding, planning, streamlined reporting, indicators of need and in delivery of health services and clarify their respective roles and responsibilities;
- guarantee resources for targeted communities and groups with health inequalities, such as:
 - Aboriginal and Torres Strait Islander communities;
 - ageing communities;
 - growth areas, particularly access to funding for children and family services; and
 - communities with diverse cultural and language backgrounds; and
- address transport needs of people living in rural, regional and remote Australia by developing partnerships among government agencies and with community groups.

ACHIEVE RECOGNITION OF RURAL, REGIONAL AND REMOTE HEALTH AS AN IMPORTANT COMPONENT OF THE AUSTRALIAN HEALTH SYSTEM

Australians in rural, regional and remote areas have a legitimate reason to call for a fair proportion of health system resources in light of poorer health status in many areas and poorer access to services.

There is, however, recognition that governments are listening to the concerns raised. Rural, regional and remote communities are keen to fully participate in the actions being planned and developed at national, State and regional levels to respond to their needs.

It is equally important that metropolitan-based services, including hospitals and academic institutions, are also responsive to the concerns and issues raised. These organisations carry considerable power and influence in the Australian health care system and have a responsibility to support the health outcomes of all Australians. The *Healthy Horizons* Framework encourages a partnership approach between metropolitan and rural clinicians to facilitate access to health services, rotation of staff and locum support.

An important means of achieving recognition of the rural, regional and remote health system as an integral part of the wider health system is to encourage and promote successes, being prepared to celebrate success and gather a reputation for being organised, innovative and action-oriented. These are attributes that are exhibited in rural, regional and remote Australia but are often not well publicised.

Health professionals working in rural, regional and remote areas possess high levels of expertise and have access to broad knowledge bases. These skills and experience, as well as being valuable assets within communities, must be valued and recognised in formal training and education programs. Helping to maintain and broaden this expertise remains a key priority for health professionals in rural, regional and remote Australia.

Work to promote a widespread understanding that the professional opportunities rural practice offers, for a range of health professionals, are many and varied and can underpin the recruitment and retention of health workers to rural, regional and remote areas is important.

It is also important for health professional organisations to continue their strong commitment to supporting and advocating on behalf of their members who work in rural, regional and remote Australia.

The ongoing challenge in the development of appropriate government responses to the health priorities faced in rural, regional and remote communities is to make sure national strategies and State-wide strategies are developed with full participation from those representing rural, regional and remote communities and health service providers. The processes must be inclusive, based on a strong evidence-base (see Goal 3) and capable of accommodating specific responses to issues and concerns raised.

ACHIEVING GOAL 7

Actions required by governments, professions and communities to ensure that rural, regional and remote Australian health achieves recognition include:

- allocation of a fair proportion of health care resources which reflects the needs of rural, regional and remote Australian communities;
- supporting the advocacy role of communities and health professionals in rural, regional and remote Australia;
- fostering, developing and optimising the role of University Departments of Rural Health and rural clinical schools in education and research, with the transfer of expertise and skills into rural, regional and remote communities;
- promoting and encouraging celebration of success and the wide dissemination of positive initiatives throughout the Australian health system and media;
- developing mechanisms that recognise and reward the unique skills and expertise of health professionals in rural, regional and remote areas; and
- developing links to maximise use of resources and skills across the health and community care sectors with particular emphasis on the role of metropolitan hospitals and education institutions in responding and assisting to address the poorer health outcomes in rural, regional and remote Australia.



Dr P C Gogna, Anthea Cooke and baby Oscar, Beverley Medical Practice, Beverley (WA)

CONCLUDING STATEMENT

The National Rural Health Policy Sub-committee of AHMAC and the National Rural Health Alliance believe Australia is at a crossroad in advancing health outcomes for rural, regional and remote Australians.

The issues are well understood, the actions and solutions have been clarified and there is a strong commitment by Commonwealth, State and Territory governments, in partnership with health professionals and community groups to achieve lasting change and improvement. The original *Healthy Horizons* document provided, for the first time, a means of rallying activity and effort around agreed goals and principles.

The *Healthy Horizons* goals and principles have had remarkable resilience and represent a consensus among stakeholders of the direction in which we must head. The summary of progress against the first *Healthy Horizons* Framework demonstrates an enormous amount of work and achievement since 1999. Accountability by governments and the Alliance to describe the actions leading from the Framework is to be applauded and it has been a very important part of establishing action.

The challenge in moving forward is to maintain the effort on the strengthened actions described by *Healthy Horizons: Outlook 2003–2007* and begin to measure achievements and give feedback to those with an interest in the health of rural, regional and remote Australians. More importantly, we need to measure our progress against the overarching vision:

“People in rural, regional and remote Australia will be as healthy as other Australians and have the skills and capacity to maintain healthy communities”

This remains our ultimate aim and we are pleased that the AIHW will develop the necessary information systems and indicators at a national level to assist in measuring progress over time. We all acknowledge that improving health is a long-term outcome and measuring improvements is inherently difficult. However, we are all committed to this result and to seeing our successes or failures inform our future directions.

There is no stronger attraction for governments, community groups, health professionals, managers, policy makers, academics and other health workers than to be part of a success story and feel they are contributing and making a difference. This has the potential to restore full community confidence in a health system that in many ways is already the envy of other countries. Highlighting the problems and issues involved in delivering services in rural, regional and remote areas and advocating for change is an essential and continuing role and has quite rightly seen the issues elevated on the agenda of Commonwealth, State and Territory governments. This is an achievement we must continue to build on as many of the challenges are still very much with us.

**AHMAC National Rural Health
Policy Sub-committee**

National Rural Health Alliance

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State and Territory health departments

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Victoria	www.dhs.vic.gov.au/rrhacs/index
Queensland	www.health.qld.gov.au
South Australia	www.health.sa.gov.au
Western Australia	www.health.wa.gov.au
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Northern Territory	www.health.nt.gov.au
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HEALTHY HORIZONS

A Framework for Improving the Health of Rural and Remote Australians

Summary of progress across Australia

2002

**A Report to the Australian Health Ministers' Advisory Council
from the National Rural Health Policy Sub-committee**

June 2002

Introduction

The *Healthy Horizons* Framework, developed in 1999, was a collaborative effort between the Commonwealth and State and Territory Governments and the National Rural Health Alliance, the peak non-government body working to improve the health of Australians living in rural and remote areas. The Framework aims to provide direction for the development of strategies and allocation of resources for rural and remote areas. The Framework also provides guidance for communities and organisations for action to improve health and well-being.

Seven interdependent goals have been developed to focus national activity and planning on issues of high priority for rural and remote health. The National Rural Health Policy Sub-committee provides advice to the Australian Health Ministers' Advisory Council (AHMAC) on rural and remote health policy issues at a national level and oversees progress against the seven goals.

In collaboration with all States and Territories, the National Rural Health Alliance and relevant program areas of the Commonwealth Department of Health and Ageing, the Sub-committee has developed a report for AHMAC on programs that contribute to the achievement of the goals in *Healthy Horizons*, titled *Progress against the Healthy Horizons Framework for Improving the Health of Rural and Remote Australians*. The report presents a national overview and describes major efforts towards each goal at program level, as the amount of activity taking place across the country cannot be reported in a single volume.

This summary document is derived from the full report on jurisdictional activity, and also draws from the original *Healthy Horizons* Framework. The summary report aims to highlight contributions to the national effort, identify common activities across Australia and discuss future priorities under the *Healthy Horizons* Framework.

1 Working together towards Healthy Horizons

Accountability for the implementation of actions occurs at all levels. This includes specific initiatives at Commonwealth and State and Territory Government levels as well as local strategies that maximise community involvement in priority setting and decision-making processes.

The *Healthy Horizons* vision for rural, regional and remote Australians is that they will be as healthy as other Australians and have the skills and capacity to maintain healthy communities. Achieving this vision requires commitment from governments at all levels. That such commitment already exists, and that rural and remote health is being recognised as an important component of the Australian health system, is illustrated by:

- Commonwealth spending of over \$1.2 billion on targeted programs for rural health and aged care since 1996, including provision of \$550 million for the Regional Health Strategy (2000–01 Budget);
- establishment of the New South Wales Rural Health Implementation Coordination Group to implement the recommendations of both the New South Wales Ministerial Advisory Committee on Health Services in Smaller Towns (Sinclair Report) and the New South Wales Health Council in relation to rural and remote health issues;
- establishment of the Rural and Regional Health and Aged Care Services Division within the Victorian Department of Human Services;
- establishment of a Ministerial Rural Health Advisory Council in Queensland to provide strategic advice in relation to contemporary rural health issues;
- establishment of the Country and Disability Services Division (now known as Social Justice and Country Division) within the South Australian Department of Human Services;
- an increase in funding distribution to rural health services by the Western Australian Department of Health over the last five years;
- creation of the Division of Community and Rural Health in the restructure of the Tasmanian Department of Health and Human Services;
- commitment to the development of Health Zones under the Primary Health Care Access Program to enhance rural and remote health and service delivery in the Northern Territory; and
- establishment of a forum where Australian Capital Territory health services work closely with their counterparts in surrounding regions to provide a coordinated system of care.

Collaboration between governments

Efforts are being made across Australia to coordinate initiatives to address rural and remote health, with mechanisms in place to support collaborative action between governments. The [National Principles for Commonwealth / State Collaboration on Rural Health Matters](#) reflect a nationally agreed understanding of working relationships between governments on matters relating to rural health.

Strategies have been developed by the Commonwealth and State and Territory governments to support action across Australia in the areas of healthy ageing, suicide prevention, childhood nutrition, mental health, diabetes, chronic disease, and falls prevention. Other collaborative initiatives that address rural and remote health issues include:

- the **National Health Priority Areas (NHPAs)** Framework for addressing areas of high health burden, which is strongly focused on cooperation between the Commonwealth, State and Territory governments and draws on relevant expertise in the non-government sector;
- the **Multipurpose Services Program**, which involves pooling of Commonwealth and State and Territory funds to provide a flexible, coordinated and cost-effective approach to health and aged care service delivery to small rural communities where stand alone aged care or other health services would not be viable — 63 sites are currently operating across the country with many others under development;
- the **Regional Health Services Program**, which supports small rural communities in identifying local priorities and developing the primary health care services needed to meet those priorities — there are currently 74 operational regional health services across Australia; and
- the **Integrated Service Delivery Projects**, through which better models of planning across Commonwealth and State and Territory governments, local government, service providers and consumers are being explored.

Collaborative action at government level to address the health needs of Aboriginal and Torres Strait Islander peoples is discussed in Chapter 2.

Collaboration with the non-government sector

Healthy Horizons has been used as a framework for collaborative action by many organisations, including the member bodies of the National Rural Health Alliance. Examples include:

- the relationship between the Royal Flying Doctor Service and the Mental Health Council of Australia and other professional bodies including the University Departments of Rural Health;
- the Memorandum of Collaboration between the Australian Nursing Federation and the Council of Remote Area Nurses of Australia on preparing remote area nurses for practice;
- the collaborative agreement between the Congress of Aboriginal and Torres Strait Islander Nurses and the Office of Aboriginal and Torres Strait Islander Health to increase the number of Indigenous people in nursing and to include Indigenous issues in core undergraduate nursing curricula; and
- the General Practice Memorandum of Understanding between the four peak General Practice organisations and the Commonwealth Department of Health and Ageing.

Enhancing community involvement in health care

There is now widespread acceptance that health care models that work well in metropolitan areas cannot simply be replicated in country areas. Mechanisms have been developed to support involvement of communities in developing solutions and service models that reflect their needs and circumstances.

Many of the National Rural Health Alliance's member bodies act collaboratively and work to increase partnerships. This gives them the capacity to advise community organisations and facilitate and support the development of local solutions.

Forums have been established in the States and Territories so that health departments can build partnerships with communities and key stakeholders to identify and address community health problems, disseminate information and support the advocacy role of

communities and health professionals. For example, [Rural Health Councils](#) have been established in all rural Area Health Services in New South Wales; Queensland has a [Community Public Health Planning in Rural and Remote Areas](#) program; South Australia holds [Integrated Community Planning forums](#) in each of its seven country regions; the Western Australian Department of Health has developed a [New Vision for Community Health Services for the Future](#); and Tasmania has a [Rural Health Partnership Group](#). The Commonwealth has established advisory groups in each State and Territory for the [Regional Health Services Program](#) and the [Medical Specialist Outreach Assistance Program](#).

The Commonwealth [Consumer and Provider Partnerships in Health Project](#) provides opportunities for partnerships of consumers and providers to develop, demonstrate and document strategies for consumers to participate at all levels of the health system. Commonwealth funding is provided to support the advocacy role of consumers and health professionals through the Council of Remote Area Nurses of Australia, Health Consumers of Rural and Remote Australia and the National Rural Health Alliance.

Involvement of Aboriginal and Torres Strait Islander communities in planning and providing health services is discussed in Chapter 2.

Maintaining a skilled rural and remote health workforce

Governments have also recognised the importance of recruiting and retaining a skilled workforce in rural and remote areas. The [University Departments of Rural Health Program](#) is a long-term strategy which encourages students of medicine, nursing and allied health disciplines to pursue a career in rural practice and supports health professionals who are currently practicing in rural settings.

A range of [scholarship programs](#) is provided by the Commonwealth and by States and Territories to assist students to access courses relevant to practice in rural and remote areas. These include scholarships that are specifically for Aboriginal and Torres Strait Islander students (see Chapter 2). The National Rural Health Alliance and its member bodies play a continuing role in realising these scholarship programs and in administering some of them.

The [Rural Health Support, Education and Training Program](#) contributes to the recruitment and retention of rural health workers through funding initiatives that provide them with appropriate support, education or training. The new Rural and Remote Allied Health Advisory Service will provide advice on workforce issues and relevant policy development for rural allied health professionals.

States and Territories have established a wide range of programs, such as the [Targeted Inland Recruitment Scheme](#) in New South Wales, the [Health Careers in the Bush](#) program in Queensland, the [Rural Nurse Workforce Project](#) in Victoria, and a [Rural Gratuities Program](#) in Western Australia

Specific support is provided by the Commonwealth for training and support of general practitioners (through the Divisions of General Practice), specialists (including advanced training, locum support and outreach assistance), pharmacists (through the Rural and Remote Pharmacy Workforce Development Program) and nurses (through funding of the Council for Remote Area Nurses of Australia, the Association for Australian Rural Nurses and the Australian Remote and Rural Nursing Scholarship Program).

2 Improving the health of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander people view their health in a broad sense which necessarily includes consideration of the physical, cultural and spiritual components of their well-being. Many issues have an impact on the health of Aboriginal and Torres Strait Islander communities, including environmental and socioeconomic factors, access to housing and educational and employment opportunities.

Policies relating to Indigenous health are based on the principle of community empowerment and participation in the development and delivery of health care services and a long-term partnership approach with key stakeholders, the Aboriginal community controlled health sector, non-government organisations and all levels of government.

The [National Aboriginal Health Strategy](#) outlines key differentials in health status between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians, including the impact of western civilisation on traditional Aboriginal culture and health status. The Strategy underpins jurisdictional approaches to improving Indigenous health as well as the wide range of national, State/Territory and regional programs addressing specific Indigenous health issues that are in progress across the country. These are listed in the main report.

[Aboriginal and Torres Strait Islander Health Framework Agreements](#) have been developed in each jurisdiction between the Commonwealth and State and Territory governments, the Aboriginal and Torres Strait Islander Commission (ATSIC), and the Aboriginal and Torres Strait Islander community controlled health organisations. The Agreements commit signatories to allocation of resources to reflect the level of need; joint planning; access to both mainstream and Aboriginal and Torres Strait Islander specific health and health-related services; and improved data collection and evaluation.

Under the Framework Agreements, forums have been established in each jurisdiction to develop regional plans. These aim to identify Indigenous health needs and priorities, and gaps in current service provision within the context of a comprehensive primary health care model. Regional plans have been completed in most jurisdictions.

A [National Strategic Framework for Aboriginal and Torres Strait Islander Health – Framework for Action by Governments](#) is being developed by the National Aboriginal and Torres Strait Islander Health Council to outline agreed principles and key result areas that all jurisdictions and the community sector can commit to and work collaboratively to achieve over the next 10 years. It is proposed that the Framework be developed nationally for adoption by all jurisdictions and with bipartisan support.

Working with Aboriginal and Torres Strait Islander organisations and communities

Many Aboriginal and Torres Strait Islander organisations are involved in the development of future funding arrangements, negotiations with services to ensure culturally responsive care and the preparation of detailed evaluation strategies for all service components. Mechanisms have been developed to support such involvement by the Commonwealth and the States and Territories. For example, under the New South Wales Aboriginal Health Partnership Agreement, each Area Health Service is required to establish a [Partnership Agreement](#) with each Aboriginal Community Controlled Health Service in the area, to put into practice the strategic directions established by the New South Wales Aboriginal Health Strategic Plan. The six [WA Regional Aboriginal Health Plans](#), developed in a community-based, community-driven process, have increased Aboriginal involvement and cooperation with local health services and a high

level of ownership at the local level. The Australian Capital Territory Government participates in the [Moving Over Boundaries Aboriginal Regional Health Partnership](#), which has a strong focus on Indigenous participation in planning and policy development.

The [Primary Health Care Access Program](#) (PHCAP) aims to establish a Framework for coordinated expansion of comprehensive primary health care based on funds pooling between Commonwealth and State/Territory Governments. The Program is being implemented in close cooperation with the Aboriginal health forums in the States and Territories and has involved the Aboriginal community controlled sector, the Aboriginal and Torres Strait Islander Commission (ATSIC), the State or Territory government and the Commonwealth working together to develop effective implementation strategies for each jurisdiction.

[Supporting Aboriginal and Torres Strait Islander participation in education, health workforce and management](#)

Endorsement and implementation of the [Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework](#) will guide workforce activities within the Commonwealth and States and Territories. As well, States and Territories are undertaking measures to support Aboriginal and Torres Strait Islander participation in the health workforce.

These include State-level policies and strategies to improve recruitment of Aboriginal and Torres Strait Islanders into the health workforce (eg through traineeships, scholarships and cadetships); training for Aboriginal and Torres Strait Islander employees of the State/Territory department of health; development of support networks for Aboriginal and Torres Strait Islander employees; and the development of culturally appropriate and supportive learning environments for tertiary Aboriginal students to pursue health careers (eg [Pika Wiya Unique Centre of Learning](#) in South Australia).

3 New approaches to funding and service delivery

Networked health and community services and innovative models based on local conditions provide new opportunities for accessible services across the care and support spectrum

The needs of communities and local service delivery arrangements are extremely varied across Australia. Complex service provision and funding arrangements have sometimes acted as barriers to effective service provision, particularly in rural and remote areas. To promote flexible and coordinated service provision, innovative funding and service arrangements have been developed by jurisdictions.

- New South Wales has developed the **HEALTHshare** model for integrated regional health services, with the objective that improved planning, integration and coordination of service delivery will enhance the ability of service providers to meet the needs of their client groups, while also enabling geographical areas to achieve greater efficiency in the use of their funds.
 - The Victorian Government has undertaken a major reform of the way services are delivered in the primary care and community support services sector in the State through the **Primary Care Partnership Strategy**. Over 800 services have come together in 32 Primary Care Partnerships across all parts of Victoria to progress the reforms, with 19 of the Partnerships located in rural areas.
 - Queensland Health has developed a **zonal system of management** with three zones incorporating 38 Health Service Districts responsible for the management and delivery of health services through service agreements. Most of these are in rural, regional and remote areas, with over 80% of public hospitals located outside metropolitan areas.
 - The South Australian Department of Human Services has developed an **Integrated Community Planning Framework** with the aim of improving integration of rural services across health, housing and community services. The Framework will allow identification of shared local priorities so that human service needs of communities are met in a flexible, creative and effective manner.
 - The Western Australian Department of Health's ***New Vision for Community Health Services for the Future*** provides a strategy and framework to support practical, attainable health services at a community level that are based on the needs of the people as identified by them. Health Services have been encouraged to re-orient their organisational models and structures to reflect the need for community health management to be closely positioned with the community, accessible and responsive to the health needs of the community.
 - Rural health services across Tasmania are being reconfigured in accordance with the Healthy Horizons Framework. Aligned with these developments, the Tasmanian Department of Health and Human Services is developing a policy framework and whole of Agency strategies concerning integrated and coordinated service provision.
 - The **Primary Health Care Access Program** in the Northern Territory recognises the need for all Australians to be able to access services that respond to their own particular health needs, including Aboriginal and Torres Strait Islander peoples. Funds pooling, the establishment of zonal community controlled health organisations, partnerships, resourcing and support, community development and
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self-determination are all key principles underpinning this model of health care service delivery.

- The Australian Capital Territory has a [Joint Health Services Planning Committee](#) which includes representation from the Australian Capital Territory Department of Health, Housing and Community Care, the Southern Area Health Service (New South Wales), The Canberra Hospital and Calvary Hospital.
- Joint Commonwealth and State/Territory initiatives include the [Multipurpose Services \(MPS\) Program](#), which provides a flexible, coordinated and cost-effective approach to health and aged care service delivery in small rural communities.
- The Commonwealth is also working with Victoria and South Australia to develop and implement [Integrated Service Delivery Projects](#).

Meeting local needs

The States and Territories have recognised that barriers to service provision can be addressed through flexible approaches to planning and service delivery that are informed by local needs. Responses to community needs range from local programs that involve service providers and community members in planning and arise from specific local needs (eg the [Charleville Mobile Visual Impairment Prevention Program](#) in Queensland and measures to address accommodation and integrated service needs of transient and homeless Aboriginal communities in South Australia) through to joint initiatives with the Commonwealth to improve access to services (eg the New South Wales [Strengthening Rural Health in Small Towns](#) program which takes into account the context of the facility within a network of services).

The Royal Flying Doctor Service remains at the cutting edge of innovations in flexible and coordinated services, particularly in more remote areas. A good example of such coordination of care is the Royal Flying Doctor Service's partnership in Queensland with Queensland Health and the Divisions of General Practice on the [Rural Women's GP Program](#), which provides female GP services in rural and remote locations.

Addressing issues of access and equity

States and Territories have a range of programs to address issues of access and equity in rural and remote communities, ranging from flexible approaches to service delivery (eg [Fly in / Fly out services](#) in Western Australia which use air charter services to bring regular health specialist services to remote communities), to multi-faceted programs (eg the [Equity, Responsiveness and Access](#) program in South Australia).

All States are active in the area of [telehealth](#), expanding the number of services in rural and remote areas as well as innovative applications of the technology. Telehealth services have been shown to improve access to care, promote greater integration of remote health services and improve support for staff in rural and remote areas.

One of the Commonwealth's roles in rural health has been to fill gaps in existing service provision, especially where access to Medicare and services is limited. New programs using innovative funding models and aimed at addressing some of the gaps and inequalities of access include:

- the [Medical Specialist Outreach Assistance Program](#), designed to provide additional visiting specialist services in rural and remote areas by covering some of the costs specialists incur in travelling to rural areas such as travel and accommodation;
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- [Section 100 – Access to Pharmaceuticals](#) which provides medicines for clients of remote Aboriginal Health Services free of charge at the time of consultation;
 - the visiting [Rural Women’s GP Service](#) in 100 locations where there is a lack of female GP services; and
 - more than 600 [Easyclaim](#) facilities in rural and remote areas that provide easier access to Medicare.
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4 Conclusions and future directions

It is clear from the report on progress against the goals of *Healthy Horizons* that action at all levels to improve the health of rural and remote Australians is substantial and increasing. At national and jurisdictional level, governments and the non-government sector are working together to address priority areas, particularly the health of Aboriginal and Torres Strait Islander peoples, and to develop improved approaches to funding and service delivery. At regional level, this collaborative approach has been translated into myriad programs and projects that involve stakeholders and communities and strive for long-term changes that will improve the health of all rural and remote Australians.

Healthy Horizons 'provides a framework which supports collaboration across all groups which are influential in the development of rural health strategies ... We applaud the initiatives which have taken place and believe that the ongoing redevelopment of the Healthy Horizons document is vitally important to reflect the ongoing changes which are being experienced by rural Australians. It is gratifying to see that many of the goals developed in 1999 have been well advanced, and we would look forward to the time when some issues in rural Australia are dealt with to such a degree that they do not require attention and a focus can be placed on other issues which increase in importance'. (Association for Australian Rural Nurses)

Progress has been made, but there is still a long way to go. There remain considerable discrepancies between rural and remote communities and their metropolitan counterparts in terms of access to services and the availability of resources. *Healthy Horizons* has been and remains a useful Framework within which to develop and implement initiatives in key areas. Its goals are broad and its themes perennial. It is important now to keep working to these goals, maintaining the momentum generated by *Healthy Horizons*.

Refocusing within the Framework should be the impetus for increased action at all levels. This action should continue to be based on the principles that underpin *Healthy Horizons*.

The National Rural Health Alliance has identified the following generalised priority areas for further consideration:

- that those with the greatest needs warrant first attention;
 - that the overall distribution of resources should be based on the distribution of need;
 - that policies and programs should reflect the added cost of doing business in rural and remote areas (this can be significant in the more remote areas);
 - that rural and remote areas should have their fair share overall and that, as for other areas, there should be extra resources for those with special needs including Indigenous people, children and the elderly;
 - that structures should be in place to allow access to basic services for everyone irrespective of their location;
 - that the advantages of working in rural and remote areas and the 'good news' stories be given higher public profile; and
 - that *Healthy Horizons* should build on the large number of existing strategies related to health, both national and State and Territory.
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The reports from State and Territory and the Commonwealth Governments have highlighted a number of areas for continued work to address priority areas, improve integration of services and explore new models of service delivery. Specific future directions might include the following:

- increased emphasis on child and youth health as a priority area under goal 1 of the Framework;
- a greater focus on health as the population ages and greater effort to address problems with aged care services in rural hospitals and communities, as well as the still severe shortages of residential aged care facilities in rural and remote areas;
- greater effort to address difficulties in recruiting and retaining the rural health workforce (particularly non-medical), acknowledging the potential for multidisciplinary strategies, as many of the problems faced by health professionals in rural and remote areas are identical;
- consideration of whether indicators of need other than population numbers and/or distance from an urban centre would be more effective and whether collaborative planning based on regions might lead to improved delivery of integrated health services in rural and remote areas;
- consideration and integration of human (non-health) services to address their impact on the health of Australians, particularly those from lower socioeconomic groups;
- development of further innovative service delivery models to meet the need for flexible needs-based funding in rural and remote areas of Australia, coordinating and integrating these flexible models with more mainstream health care services;
- continuing work to address the problems inherent in the current model Commonwealth/State/Territory funding, planning and delivery of health services; and
- a continuing shift of emphasis from ill health and acute care to prevention, early intervention and alternatives to hospital care.

These issues identified by the NRHA and Governments, along with issues identified by other stakeholders, will be considered in the updating of the *Healthy Horizons* document. It is anticipated that the revised version of *Healthy Horizons* will be completed in time to be cleared by AHMAC and the Australian Health Ministers prior to being launched at the 7th National Rural Health Conference in March 2003.

Appendix 1

Membership of the National Rural Health Policy Sub-committee

Roxanne Ramsey
Executive Director
Social Justice and Country Division
Department of Human Services
South Australia

Kathy Meleady
Director
Statewide Services Development
Branch
New South Wales Health

Damien Conley
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Aged, Disability and Community Care
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and Ageing

Appendix 2

Membership of the National Rural Health Alliance

AARN	Association for Australian Rural Nurses Inc
ACHSE	Australian College of Health Service Executives (rural members)
ACRRM	Australian College of Rural and Remote Medicine
ADGP	Rural Sub-Committee of the Australian Divisions of General Practice
AHA (RPG)	Rural Policy Group of the Australian Healthcare Association
ANF	Australian Nursing Federation (rural members)
ARHEN	Australian Rural Health Education Network Ltd
ARRAHT	Australian Rural and Remote Allied Health Taskforce of the Australian Council of Allied Health Professions
ATSIC	Aboriginal and Torres Strait Islander Commission
CRANA	Council of Remote Area Nurses of Australia Inc
CRHF	Catholic Rural Hospitals Forum
CWAA	Country Women's Association of Australia
FS	Frontier Services of the Uniting Church in Australia
HCRRRA	Health Consumers of Rural and Remote Australia
ICPA	Isolated Children's Parents' Association
NACCHO	National Aboriginal Community Controlled Health Organisation
NARHERO	National Association of Rural Health Education and Research Organisations
NRHN	National Rural Health Network (of University Medical and Health Undergraduate Clubs)
RACGP	Rural Faculty of the Royal Australian College of General Practitioners
RDAA	Rural Doctors' Association of Australia
RFDS	The Australian Council of the Royal Flying Doctor Service of Australia
RGPS	Regional and General Paediatric Society
RPA	Rural Pharmacists Australia - Rural Interest Group of the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia and the Society of Hospital Pharmacists of Australia
SARRAH	Services for Australian Rural and Remote Allied Health

Abbreviations and acronyms

ACT	Australian Capital Territory
AHMAC	Australian Health Ministers' Advisory Committee
AIHW	Australian Institute of Health and Welfare
ATSIC	Aboriginal and Torres Strait Islander Commission
NHMRC	National Health and Medical Research Council
NHPA	National Health Priority Area
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
TAS	Tasmania
VIC	Victoria
WA	Western Australia