Melissa Sweet reported on the 15th National Rural Health Conference held in Hobart from 24–27 March 2019, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia.
http://croakey.org
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Presenting a vision for rural and remote health: what are the chances?

Feature image of the Indi campaign from a tweet by Iskhandar Razak, ABC News - @Isk137, republished with permission and thanks

Australia’s peak body for rural, regional and remote health, the National Rural Health Alliance, has appointed rural clinician Dr Gabrielle O’Kane as its new Chief Executive Officer, to succeed Mark Diamond in the role.

In a statement, the NRHA said O’Kane, a dietitian, comes to the job with 35-plus years working in outback private and public practice in New South Wales and is also an academic and researcher.

An Adjunct Associate Professor at the University of Canberra’s Health Research Institute, she has most recently been responsible for commissioning and governing drug and alcohol services for the South East NSW Primary Health Network, Coordinaire.

Dr Gabrielle O’Kane

You can track Croakey’s coverage of the conference here.
Earlier this year, the Alliance hosted its 15th National Rural Health Conference, seeking to put deep reform on rural health on the agenda in the leadup to the federal election.

Melissa Sweet finalises Croakey’s coverage of the event in the #LongRead below, which explores opportunities for realising the vision presented by conference delegates in the wake of the election.

Melissa Sweet writes:

It’s 2025, and as people from across Australia gather for the 18th National Rural Health Conference, they are looking back on the past six years with some sense of both satisfaction and surprise.

So many of their aspirations from the 2019 conference in nopaluna/Hobart are coming to fruition. The Uluru Statement has been enacted, and a Makarrata Commission is supervising a process of agreement-making between governments and First Nations.

The Commission's historical truth-telling processes are supporting healing processes around the country, and there are early signs that the Voice to Parliament is making a tangible difference for Aboriginal and Torres Strait Islander people’s health, by enabling self-determination in policy making and service delivery.

Significant investment in the Aboriginal Community Controlled Health Organisation (ACCHO) sector has been associated with exponential growth in the Aboriginal and Torres Strait Islander health workforce, bringing multi-layered benefits for many communities, especially in rural and remote areas.

Meanwhile, many rural and remote communities are thriving as the result of a series of national, state and territory Wellbeing Budgets that have prioritised action on health equity, including through increased health and social spending, as well as sustainable employment initiatives in communities of greatest need.

Silo-busting

New ways of working across government portfolios, informed by the silo-busting approaches of Wellbeing Budgets in Aotearoa/New Zealand, are supporting action on the social and economic determinants of health through health-in-all policies approaches, with a determined focus on rural, remote communities and other high-need areas.

Rural and remote communities are also benefiting from systemic efforts to address the related problems of poverty, incarceration and housing insecurity, including through investment in early childhood.

Social security payments have been increased so recipients can meet basic living expenses and live with dignity, while governments have heeded the advice from experts like Sir Professor Harry Burns to abandon punitive, controlling policies.

Indicators across a range of health areas, from mental health to rheumatic heart disease (this “disease of poverty” was a major focus at the 2019 conference) and the experiences of people with disability, are improving in rural and remote communities as well as the wider population.

Wellbeing Budgets have also led to significant investments in innovative new models of comprehensive, community-controlled primary healthcare in areas of highest need.
Rural communities at the forefront of developing these new models have learnt much from the example and experience provided by the ACCHO sector, while implementation of the Rural Health Strategy has helped to grow a multidisciplinary generalist rural health workforce.

The Medical Research Future Fund’s dedicated funding streams for Indigenous health, rural health and health equity are also informing the development of innovative primary healthcare models that work to address the wider determinants of health as well as providing holistic services.

But...

It’s not all good news. Climate change is hitting rural and remote communities hard, with extreme weather events increasing in intensity and frequency.

Implementation of the national climate and health strategy, first drafted way back in 2017 by a coalition of health groups, is supporting communities to build their resilience and mitigation and adaptation strategies.

Rural and remote health services receive loaded funding to implement a new National Safety and Quality Health Service Standard for minimising the health risks of climate change to the health of patients and to the delivery of safe, quality care. They have scoped and prepared for risks such as surges in service demand, destruction of infrastructure and equipment, and interruptions to workforce availability, access and supply chain.

The Just Transition Commission has worked closely with rural and regional communities affected by the move away from fossil fuels to develop new economic models, with significant investment in education and training, and support for regenerative agriculture and other sustainable, low-emissions activities.

As predicted, investment in tackling climate change is also bringing wider benefits, through promoting healthier housing, transport, and food systems as well as more socially connected communities. Warnings from 2015 conference delegates that efforts to address climate change must also tackle social and economic inequalities have been heeded.

Reality check?

This at least is how 2025 might start to look if some of the visions presented at the 15th National Rural Health Conference are translated into reality, and quickly.

However, in the three months since the conference, little progress has been made towards creating such a future. Despite the conference’s impeccable political timing, just ahead of a federal election, many advocates were disappointed by the lack of a specific focus on rural health during the election campaign.

“The health of rural Australians, the 28 percent of the population that live in rural Australia, was not top of the agenda with any political party. It defies logic, quite frankly,” says Mark Diamond, who finishes his term as CEO of the NRHA today (28 June).

Diamond said the major political parties seemed to assume that any national health initiatives would benefit everyone equally, not recognising the need for a specific rural focus:

“There was no targeting to address the core reasons why inequity of access occurs in country areas – workforce shortage being the major one.

While the impact sounds as though it will have a uniform per capita equal effect regardless of where a person lives, it actually doesn’t. The services are just not there.
An approach of ‘raising all boats’ does nothing to achieve equality in health outcomes for rural Australians. The 30 percent greater burden of disease will continue.

We need to urgently address the underlying reasons for the inequity before we can expect the same return on investment in achieving equality of health outcomes for all. Inequitable access to healthcare equals unequal outcomes.”

Professor Jenny May AM from Newcastle University, who chaired the conference recommendations committee, also lamented the lack of a specific focus on rural communities in health policy announcements.

She said:

“Rural health did not play well as an election issue for either party although on the ground my sense was that voters were keenly interested in the capacity of the health system to meet their needs

The announcements that were made were about mainstream policy…the difficulty in application would have related to workforce distribution issues underlying it.

Unless either party chooses to address the issues around underlying workforce distribution and the balance between generalism and specialism, we are unlikely to be able to provide universal healthcare in rural areas.”

Exactly one month after the federal election, the gap between the 2025 vision and the current reality was powerfully underscored by the CEO of the Royal Flying Doctor Service, Martin Laverty, who was in Broome to present to the Royal Commission into Aged Care Quality and Safety.

His presentation highlighted the wide-ranging impacts of systemic primary care failures in remote areas, especially Western Australia and the Northern Territory.

“We are letting older Australians down by a failing primary care system in remote Australia,” he said. As a result, there were high rates of avoidable hospitalisations and elderly people were being removed into care long distances from their communities and families.

“The relevance for this Commission is that where your primary care is failing, you are going to have greater call on aged care services for older Australians and, when they enter, their acuity will be higher such that they will require a higher level of support.”

Laverty urged the Commission to articulate what is a reasonable standard of access to primary care for an older Australian in a residential service, in a community service, or still living independently in their own home. “And once a reasonable standard is articulated, it then requires resourcing to be able to deliver that service access across Australia,” he said.

According to Professor Jenny May, the full impact of the deficits in rural and remote health services will only become apparent in years to come. She said:

“If we’re neglecting prevention at this point and we know we have an ageing population with a higher incidence of chronic disease, the impact of that lack of prevention will not hit our system for ten years.

Those people are in their 50s and 60s now and it’s the quality of their lives when they are in their 70s and 80s where we are going to notice the impacts, such as an increase in hospitalisations that were preventable.”
It’s a reminder of the enormity of the challenge in achieving rural health equity, even if there was an actively supportive political and policy environment. As the Australian Institute of Health and Welfare notes:

“Australians living in rural and remote areas generally experience poorer health and welfare outcomes than people living in metropolitan areas.

They have higher rates of chronic disease and mortality, have poorer access to health services, are more likely to engage in behaviours associated with poorer health, and are over-represented in the child protection and youth justice sectors.”

| 3 in 5 people in Remote/Very remote areas said not having a specialist nearby stopped them from seeing one. | People in Outer regional and Remote/Very remote areas were the least likely to have a usual GP. |
| People in Remote/Very remote areas were the most likely to report going to an ED because no GP was available. | People reported decreasing information sharing between health providers as remoteness increased. |

| 1 in 5 people living in Outer regional and remote areas smoke daily | 1.3x mortality rates for people living in Remote and very remote areas, compared to people living in Major cities |
| Almost 3 in 4 people living in Outer regional and remote areas do not get enough exercise | 1.7x higher rate of suicide in Remote and very remote areas, compared to Major cities |

Presenting a vision for rural and remote health: what are the chances? #ruralhealthconf
Ways forward?

The political and policy agenda of the re-elected Coalition Government does not align well with the vision for the future presented at the Hobart conference, and has left many rural health advocates questioning the best ways forward.

The appointment of Ken Wyatt AM as Minister for Indigenous Australians and a member of Cabinet has been widely welcomed, and some rural health advocates are pleased to see an experienced minister, Greg Hunt, remain in the health portfolio. However, others have lamented the loss of Ministers specifically responsible for Indigenous Health and Rural Health.

The Rural Doctors Association of Australia said in a statement it was “very disappointed” that rural health did not have a dedicated portfolio, as it did under the Coalition in its previous term.

Aboriginal health researcher **Associate Professor James Ward** told Croakey he is optimistic that Minister Hunt will maintain a strong focus on Indigenous health. “Greg has always been reasonable and a very good listener and actions things when you meet with him,” he said.
Ward said Minister Ken Wyatt had shown his ability to get real action on the ground in driving the COAG response to the syphilis outbreak after initial governmental delays lead to its wider spread across affected communities in northern, central and southern Australia.

“Sexual health, mental health and suicide prevention need to be very well supported by the Coalition, given we are in the grip of crisis in all three of those areas right now,” said Ward. “I hope we maintain some of the momentum we have gained with the Coalition over the last while.”

Ward urged the Government to provide effective, ambitious leadership on climate change and to think of generations ahead:

“It would be great if the current Government would think about their great grandkids and their great grandkids. The next seven or 14 generations is what they should be thinking about, not just short term.”

Ward urged the rural health lobby to continue supporting the Aboriginal health sector, and to “stand aside” when opportunities in service delivery arise, to ensure that the ACCHO sector is prioritised.

“Make sure they are on the same page as our peak representative bodies, such as NACCHO, and keep those partnerships very strong and tight over the next little while, as we will need it,” he said.

On a similar note, Aboriginal health advocate Mrs Janine Mohamed, who was one of the MCs at the Hobart conference, also stressed the importance of the wider rural health sector supporting ACCHOs, noting the importance of their work in supporting the cultural determinants of health.

“…advocate for Aboriginal dollars to go to Aboriginal community controlled organisations, whether we are talking about the health sector or legal sector or community sector,” she urged health equity advocates in a presentation in Canberra just a few weeks after the federal election.

Leanne Wells, CEO of the Consumers Health Forum of Australia, advises the rural health sector to work hard on maintaining strong alliances and clear messaging. “As the NGO sector, all we’ve got to trade in are partnerships and ideas, strong alliances, good arguments and good research,” she said.

The CHF is planning to establish a rural consumer health forum to develop a deeper insight into rural health, “so we can strengthen our commentary in that area”.

Rural health advocates faced “a hard slog”, Wells said. “There seems to be very little response or acknowledgement across the board in health that this matters. We’re up against it.”

The contraction of rural and regional media, at the same time as populism and fake news is on the rise, is another factor for rural health advocates to consider.

WIN’s closure of regional TV newsrooms across New South Wales and Queensland is the latest blow to local news across Australia, as Dr Margaret Simons and Gary Dickson wrote recently in Inside Story:

“At the same time as local news in the regions declines, right-wing commentary not watched by most urban Australians is becoming freely available to rural viewers.

The long-term effect of declining local news will be more fractured communities and less national consensus. Increasingly, we can expect to be taken by surprise by the views of our fellow Australians. We should all be concerned.”
When Mark Diamond reflects on why rural health advocacy is not cutting through, he looks back to his own upbringing in a country town, and his career spent in rural communities.

He has come to the conclusion that many country people simply accept their lot:

- “I think they have resigned themselves to the fact that they are going to experience less access to healthcare and they have rationalised that in some way.
- Therefore they don’t feel compelled to complain about it even though they’re experiencing some of the worst health outcomes of anyone in Australia.
- There is not the grassroots movement that this is unacceptable.”

Inspiration from Indi?

Perhaps the grassroots movement that has transformed politics in the once-conservative Victorian electorate of Indi over the past several years offers some wider lessons for rural health advocacy.

Dr Helen Haines, a midwife, nurse and researcher with more than three decades of rural service, was elected as an independent, albeit with a slim margin, after running a values-based campaign with progressive policies on climate action and anti-corruption.

The first independent MP to succeed another independent MP, Haines was selected as Cathy McGowan’s successor in an open, consensus-based process decided by community members.

At the recent Progress 2019 conference in Melbourne, members of the Voices for Indi campaign described their seven-year history in building a grassroots movement based on community-based participatory democracy.

More than than 1,600 people signed on as volunteers and supporters for Haines’s campaign.

Once they had signed up to the campaign’s values – respect, inclusion, diversity, listening, recognising the power within communities – and undertaken training, they were empowered to develop local messaging and activities as part of the campaign’s philosophy of having “radical trust” in supporters.
The presentations at Progress 2019 suggested the Voices for Indi campaign is likely to bring many benefits for rural health beyond the obvious political representation.

It helped to develop shared values, forged powerful social and community connections, and generated considerable social capital and community development. As suggested by the orange cockatoos that came to symbolise the campaign, many participants found the experience enjoyable.

“Indi is a connected community with three independent wins under its belt. It’s a really exciting time and it’s a great place to be,” one of the campaign team members told the conference.

Haines’s statement about why she was running for election said she had not planned on entering politics but realised that regional communities “rely on people showing up and pitching in”.

She said: “Working in healthcare means you see the very best and worst impacts public policy can make on people’s lives and after decades of working to improve this on a local level, I am ready to take that fight to Canberra.”

The Indi model appears a useful model to gain wider leverage for rural health, says Professor Fran Baum, who was one of the keynote speakers at the Hobart conference.

It also offered a helpful prescription for improving rural health more generally, to shift the focus from service delivery to building cohesive, thriving communities, she said.

Baum suggests that perhaps the Indi story offers a pertinent theme for future rural health conferences: “Creating healthy communities: what does that mean socially, environmentally and economically?”.

Alternatively, conferences in the future may be examining: “Can rural and remote communities survive in an era of climate breakdown?”
You can track Croakey's coverage of the conference here.

Presenting a vision for rural and remote health: what are the chances?

#ruralhealthconf
Presenting a vision for rural and remote health: what are the chances?

Thanks to Mitchell Ward for photographs from the Indi campaign presentation at Progress 2019.
Conference puts spotlight on national rural health

About 1,000 rural health leaders gathered in nipaluna/Hobart from 24-27 March 2019 for the 15th National Rural Health Conference. The conference was perfectly timed to put the spotlight on critical health concerns of the seven million Australians who live in rural and remote areas, reported Melissa Sweet, who covered the conference for the Croakey Conference News Service.

Melissa Sweet writes:

Australia’s peak rural health body is calling on the Federal Government to invest in a range of measures to improve access to health services in rural and remote areas, and to boost related research efforts.

The National Rural Health Alliance (NRHA) also wants the Government to invest in developing a rural health consumer network, to provide a better understanding of the experiences of health consumers in rural and remote areas to inform practice and policy, and a new National Rural Health Strategy.
In its **Federal budget submission**, the Alliance also calls for the rural generalist pathway program for doctors to be expanded to other health professionals, and for the Medical Research Future Fund (MRFF) to lift its game in rural health.

The submission says:

- "The MRFF is presently not required to capture and report on the proportion of funded research activity that is either specifically targeted at rural health concerns or includes sufficient rural representation to be applicable to rural areas."

- "The recently released MRFF priorities for 2018-2020 failed to identify a specific focus for rural health research, although the new focus on Indigenous health is very much welcome."

- "Recent analysis of the National Health and Medical Research Council (NHMRC) research activity has established that in 2014 less than 2.4 per cent of the total NHMRC spend is directed to rural areas. This startling statistic belies the fact that approximately 7 million people (29 per cent of Australia’s total population) live in rural, regional and remote Australia.”

The submission’s recommendations featured in discussions at the **15th National Rural Health Conference** in nipaluna/Hobart.

The conference was perfectly timed to capture political attention, just weeks out from the Federal budget and election, and hot-on-the-heels of the New South Wales election, where many rural electors punished the major parties, with a swing against the Nationals in the bush.

According to an ABC **report**, NSW Shooters, Fishers and Farmers Party candidate Roy Butler, a former alcohol and drug counsellor, said the backlash against the Nationals was “the price they pay for regional neglect”. The state’s regions had experienced a “massive decline in quality of life”, he said, while water supply problems and poor health services were also concerns.

NRHA CEO Mark Diamond told Croakey that the number of contested and changing seats in rural and regional NSW reflects a growing disenchantment.

“People don’t feel they or the issues they are concerned about are being listened to,” he said.

“Health is a huge issue – people in rural areas experience demonstrably worse health outcomes than their metropolitan counterparts and no one is listening.”

**Call for crackdown on city practice**

Meanwhile, the Rural Doctors Association of Australia (RDAA) is calling for a radical overhaul of training and licensing of metropolitan medical practices, to address a chronic undersupply of doctors in the bush. One suggestion is to restrict the set-up of medical practices in over-serviced areas.
RDAA president Dr Adam Coltzau said in a statement:

“Governments at a State and Federal level have spent billions of dollars on training and incentivising medical graduates with the view to improving access to health services in rural areas, and it just isn’t working.

There are huge slabs of rural Australia that are woefully undersupplied by doctors, while in the city there are an ever-increasing number of general practices being set up for which there is no genuine need, and that are sustained by Medicare funding.

There needs to be greater oversight and perhaps a licensing system for new practices, as these businesses are essentially a government-funded commercial enterprise, which in many cases don’t add to the level of services available but merely compete with each other for government dollars through the Medicare system.”

Dr Paul Mara, a past President of RDAA and a procedural GP in Gundagai NSW, urged the Federal Government to look at restricting the set-up of medical practices in over-serviced areas and ensuring that new practices meet local needs.

He said:

“At any one can set up a medical practice and run it, and target bulk-billing payments.

At some point, we should be asking whether the taxpayer should be continually ‘feeding the dragon’ and supporting new practice businesses that fill no real need and provide no additional services.

This unrestricted business model continually draws in doctors and provides them with artificially contrived employment opportunities, and away from areas of real need, such as in many rural and regional towns.”

Mara gave the example of Leeton in the NSW Riverina, which currently has just seven doctors, of whom only one works in the local hospital, whereas the town probably needs 15 to 17 doctors.

**Prioritise Aboriginal and Torres Strait Islander health**

Conference delegates have been urged to come together to reaffirm their support for the Uluru Statement from the Heart.

Janine Mohamed, interim CEO of the Lowitja Institute, who MCed the conference together with pharmacist Joe O’Malley, told Croakey it was disappointing the Statement had fallen off the agenda of the Government.

“Aboriginal people have spoken, and we need to listen and get behind the statement,” she said.

The 37-member bodies of the NRHA recently endorsed the Uluru Statement, which Professor Martin Laverty, CEO of the Royal Flying Doctors Service, said was “fundamental” for enabling self-determination.

Laverty also called on the Government to increase support for the Aboriginal Community Controlled sector, which he told Croakey “is not resourced to the level that it needs to be”.

He also urged rural health services to confront what is required for them to care for Aboriginal and Torres Strait Islander people within a culturally safe environment, and to embed cultural safety within clinical care.
The health and wellbeing of Aboriginal and Torres Strait Islander people was a strong focus at the conference, with keynote presentations delivered by Associate Professor Kelvin Kong, Associate Professor James Ward and Dr Kalinda Griffiths.

**Act on determinants of health**

Laverty also called on the Government to respond to the Senate inquiry into *Accessibility and quality of mental health services in rural and remote Australia* with a plan for implementing the recommendations.

“We’d hope it need not wait until an election for those recommendations to be agreed to,” he said.

The inquiry, which reported in December last year, was “rare” because political parties combined to agree that that mental health services are insufficient for the pressures faced by rural and remote communities, including those of climate change, drought, flood and isolation, he said.

Indeed, droughts, floods, fires, cyclones and other signs of climate disruption have hit many regional, rural and remote communities in the two years since the previous National Rural Health Conference.

Most recently, communities in remote areas in northern and western Australia are dealing with devastating cyclones. More than 2,000 people from Northern Territory communities were evacuated from the path of Cyclone Trevor which, in the lead up to the conference, was still posing a risk to inland communities.

The determinants of health and climate disruption figured prominently on the conference program, with keynote presentations by Professor Fran Baum and Professor Peter Sainsbury.

**Maximise impact before federal poll**

Laverty urged rural health conference delegates to maximise the political impact of their conference before the official election campaign started.

“We are a month and a bit out from a federal election; that good fortune means we can’t, as the rural health sector, allow the opportunity to pass to make a case to the Opposition and Government about the glaring gaps that still exist in access to health services across country Australia,” he said.

“Rural health struggles to be heard once the main election campaign gets running…so I will invite the conference to reflect on how they can engage before the campaign proper.”

Laverty cited a recent RFDS research report showing huge gaps between the health needs of rural and remote communities and their access to services.
From the NRHA Budget submission

The NRHA budget submission also seeks funding for:

• Efforts to increase access to healthcare through expanding the provision of allied health services to rural, regional and remote Australia. Efforts to date have focused on initiatives to support the medical and nursing workforce through enhanced training, employment support and practice incentives, and these should be expanded to other health professions and medical specialties that are substantially under-represented in rural and remote Australia.

• Expanding telehealth expansion for remote areas, by including the 14 recognised allied health professionals that presently have access to the MBS for face-to-face consults only. Alternatively, a blended payment arrangement could also be considered that would recognise some of the fixed costs associated with a practitioner accessing the technology to enable the provision of service.

• Expanding the rural generalist pathway concept for medicine across other health professions.

• Developing Service Access Standards for rural communities.

• Providing access to the available linked health data for improved targeting of health investments in rural and remote Australia.

• Support for the National Rural Health Alliance.

On the way

We are giving away five subscriptions to the weekly Croakey News bulletin for the best tweets of travels to the conference, and five to the best tweeters during the conference.

The first entries in the competition are below.
You can track Croakey's coverage of the conference here.

Conference puts spotlight on national rural health

#ruralhealthconf
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Conference puts spotlight on national rural health

#ruralhealthconf

Tammy @TammyWolffs · 14h
So I was going to go for a walk, but saw this as soon as I walked out of my hotel. Oh well, there could be worse ways to spend a rainy Saturday afternoon in Hobart. #ruralhealthconf

Aaron Hollins @AaronHollins · 5h
Watch out for cassowaries (and chicks) on the way to Hobart from FNQ. #RuralHealthConf

Anne CL @ACLambert · 52m
Ok the ferry has now arrived to take us to #RuralHealthConf @NRHAlliance about three hours late. Happy hour delayed. #FirstWorldProblems
Flashback

This is the fourth National Rural Health Conference covered by the Croakey Conference News Service.

See our coverage from


2015 [https://croakey.org/category/nrhc15/](https://croakey.org/category/nrhc15/)

You can track Croakey's coverage of the conference here.

Conference puts spotlight on national rural health

#ruralhealthconf

Croakey
“Conference News Service”
Conference puts spotlight on national rural health

You can track Croakey’s coverage of the conference here.

Coming up in 2019

National Rural Health Alliance @NPHAilance · Mar 12
15th ruralhealthconf - Consumer advocate, Anne Cahill Lambert
Patients/consumers and their families are essential to overcoming the hurdles that interfere with the principles of Australia’s universal health system. - ruralhealth.org.au/15nhc/program...
REGISTER: ruralhealth.org.au/15nhc

croakey.org
You can track Croakey’s coverage of the conference here.

Conference puts spotlight on national rural health

#ruralhealthconf
You can track Croakey's coverage of the conference here.

Conference puts spotlight on national rural health

All 2019 plenary sessions will be live streamed via http://www.ruralhealth.org.au/15nrhc
“Break your tweet machines”: Putting rural health on the federal election agenda

Royal Flying Doctor Service of Australia CEO Martin Laverty at the opening plenary session: Pic Melissa Sweet

Hundreds of rural health advocates have been urged to tweet loudly from the 15th National Rural Health Conference to federal political party leaders and Health Ministers and Shadows to put their issues on the agenda for the coming federal election.

At the first plenary session on Sunday, Royal Flying Doctors Service CEO Professor Martin Laverty encouraged delegates to “break their tweet machines” on priority issues emerging at the conference, a call that helped get the conference trending nationally on Twitter.

The four-day biennial event, which journalist Melissa Sweet is covering for the Croakey Conference News Service, opened with a moving Welcome to Country from the palawa people of lutruwita/Tasmania and a number of workshops, including one on the determinants of health.

Below are some takeaway tweets and pix from the opening day sessions. Thanks to all tweeps there for sharing some of the highlights and insights. Also see this summary issued by the National Rural Health Alliance: Racism, access, climate change and workforce issues dominate rural health conference.
Welcome to Country

Melissa Sweet @croakeyblog · 5h
Beautiful, powerful Welcome to Country ceremony by the palawa people of lutruwita - songs, dances & calls for historical truth telling & protection of country. #ruralhealthconf

Catherine Beadnell @cathybead2 · 5h
Moving and beautiful welcome in to country in language at #RuralHealthConf from the Palawa people of lutruwita (Tasmania), @NRHAAlliance

James Ward @researchJames · 5h
Aunty Cheryl Mundey doing welcome to country at #ruralhealthconf powerful song for our welcome Mother Earth don't cry, the children are here amazing

Catherine Beadnell @cathybead2 · 4h
Deadly MC @JaimieMiler Janine Mohamed reminds over one thousand delegates at #RuralHealthConf to ’privilege the voices and wisdom of Aboriginal and Torres Strait Islander people in health care’ @NRHAAlliance

"Break your tweet machines": Putting rural health on the federal election agenda

#ruralhealthconf
You can track Croakey's coverage of the conference here.

Melissa Sweet @croakeyblog - 5h
"Honoured & outright delighted" to be MC at ruralhealthconf - @JanineMilera from @LowitjaInstitut (and formerly of @CATSINaM)

Welcome to Hobart! From Mayor Anna Reynolds ruralhealthconf

"Break your tweet machines": Putting rural health on the federal election agenda
“Break your tweet machines”: Putting rural health on the federal election agenda

Attention Scott Morrison, Bill Shorten et al

Melissa Sweet @croakeyblog · 4h
About 1000 #ruralhealthconf delegates are being urged to tweet these politicians calling for a major funding boost for rural health #auspol

“Break your tweet machines,” says Martin Laverty from @RoyalFlyingDoc - urging #ruralhealthconf tweeps to engage in direct political lobbying #TwitterAction

Gordon Gregory @gnfg · 3h
Rural and health Parliamentarians’ policy staffers need to monitor/follow #ruralhealthconf, @NRHAlliance, #loverural, please, right through to Weds. evening - and after @billshortenmp @CatherineKingMP @senbrmckenzie @ScottMorrisonMP @GregHuntMP

Dr John C Aitken @aitkenjchnc · 4h
#ruralhealthconf find a solution to improve rural health outcomes for the first 2000 days of life for rural children @ScottMorrisonMP @billshortenmp #auspol

james ward @researchjames · 4h
We need more efforts in retention of staffing as well as a major funding boost for the bush at the next election - any inequity is unacceptable @ScottMorrisonMP @billshortenmp @CatherineKingMP #RuralHealthConf @RoyalFlyingDoc

Rob Oakeshott @RobOakeshott1 · 3h
Noted. More nurse practitioners must be a central part of health policy in the next Parliament. Central for healthcare in regional, rural and remote Australia. #cowpervotes

Melissa Sweet @croakeyblog
Number 1 rural health workforce recommendation from Prof James Buchan at #ruralhealthconf: Aust should invest more in nurse practitioners

You can track Croakey’s coverage of the conference here.
“Break your tweet machines”: Putting rural health on the federal election agenda

#ruralhealthconf
SDOH & other workshops

Karen Marshall @KarenMa63113607 · 11h
 Fran Baum setting the scene for the social determinants of health workshop

Life style drift
• tendency for policy to start off recognising the need for action on upstream social determinants of health inequalities only to drift downstream to focus largely on individual lifestyle factors’ (Popay et al. 2010: 148).

Miriam Vandenberg @MiriamDVDBerg · 11h
 How do we get politicians to listen to the health equity and socio-ecological determinants of health narrative? Are they interested in social prescribing for example? #RuralHealthConf At the @NRHAAlliance Conf in Hobart #politas

Miriam Vandenberg @MiriamDVDBerg · 10h
 Keep the crocodiles at bay and spend more time tending the garden @baumfran #RuralHealthConf #politas

“Break your tweet machines”: Putting rural health on the federal election agenda

You can track Croakey’s coverage of the conference here.

Croakey
“Conference News Service”
You can track Croakey's coverage of the conference here.

Dr John Aitken @aitkenjohn · 10h
Fabulous presentation by Sir Harry Burns on social determinants and the impact of adverse childhood events at #RuralHealthConf young people don't have choices and need to be empowered to develop self esteem and self efficacy

Fran Baum @baumfran · 10h
Inequalities in Scottish men is NOT about heart disease in older men but in earlier life #suicide #alcohol #violence #accidents says @HarryBurns16 deaths of despair #RURALHEALTHCONF

Miriam Vandenberge @MiriamDVDBerg · 10h
Causes of wellness #RuralHealthConf

"Break your tweet machines": Putting rural health on the federal election agenda

#ruralhealthconf
You can track Croakey’s coverage of the conference here.

#ruralhealthconf

“Break your tweet machines”: Putting rural health on the federal election agenda

Croakey
“Conference News Service”
From the plenary

@tammy_smith

"Health workforce isn't a cost, it's an investment." "There is no health without workforce" Adjunct Prof James Buchanan. WHO Collaboration Centre, speaking at 15th National Rural Health Conf. Hobart

#ruralhealthconf
@ScottMorrisonMP @billshortenmp @CatherineKingMP @GregHuntMP

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@Aaron_Hollins

"Service redesign for rural health required." James Buchan. My take: this includes funding models incl Medicare access, stop the turf wars. look at rural health teams which includes nurse practitioners, physian assistants, GPs, allied health, pharmacy etc #RuralHealthConf
You can track Croakey’s coverage of the conference here.

Michael Leach @m_leach · 1h
Some take-home messages from Prof James Buchan’s keynote at the 15th National #RuralHealthConf:
- You can’t have health without a workforce
- Spending on #ruralhealth is an investment not a cost
- Australia needs to invest more in #nursepractitioners
@NRHAlliance

Melissa Sweet @crokeyblog · 4h
At #ruralhealthconf @KelvinKongENT is introduced as a legend from a family of legends. Now we are hearing about the beauty and wonder of ears & hearing.

Dr Kerryn Bagley @KerrynBagley · 4h
“People living in remote, rural and regional Australia often find it harder to fully enjoy their human rights because of their location” - Assoc Prof Kelvin Kong #ruralhealthconf

Fran Baum and 3 others liked

Kerrenh @kerrenh · 4h
Love listening to clinicians with such capacity for wonder and passion for what they do @KelvinKongENT #RuralHealthConf

james ward @researchjames · 4h
Here we go the deadly Worimi man @KelvinKongENT knock ‘em out of the park @#ruralhealthconf anatomy of the ear, 24k hair cells alone in the cochlear sending electrical impulses for sound hearing is life. It’s emotional intelligence

Aaron Hollins @AaronHollins · 4h
Another determinant of health in Australia - racism and institutional racism.
@KelvinKongENT #RuralHealthConf

"Break your tweet machines": Putting rural health on the federal election agenda #ruralhealthconf

Croakey “Conference News Service”
You can track Croakey’s coverage of the conference here.

Selfies and snaps

janine mohamed @JanineMiler · 7h
Arrived and ready to kick off the #RuralHealthConf with @researchjames
@SeeCliffe @LowitjaInstitut @juliannebryce @NRHAliance @croakeyblog

Monash Rural Health @MonashRural · 2h
#ruralhealthconf ruralhealthconf hello to the Monash Rural Health students from Gippsland and the North West - Thiushka and Henry, their favourite bit so far was hearing @KelvinKongENT, an inspirational message for the next generation of rural doctors! @NRHAliance

Renee Blackman @ReniBlackman · 7h
#RURALHEALTHCONF and the Gidgee team #INDIGENOUS #health @CATSINaM @Solomon1Shaun

“Break your tweet machines”: Putting rural health on the federal election agenda

#ruralhealthconf

Croakey “Conference News Service”
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"Break your tweet machines": Putting rural health on the federal election agenda

#ruralhealthconf
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“Break your tweet machines”: Putting rural health on the federal election agenda

#ruralhealthconf

“Conference News Service”
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Australia trends • Change

#AFLGiantsDons
Peter Hannam is Tweeting about this

#NRLBulldogsEels
Prof M Davis [-0-] is Tweeting about this

Essendon
1,213 Tweets

#AFLSaintsSuns
1,383 Tweets

#REDvBRU
Parra
4,271 Tweets

#ruralhealthconf
Daniel James and National Rural Health Alliance are Tweeting about this

Dylan Shiel
Ferguson
11.5K Tweets

Worsfold

Melissa Sweet • croakeyblog • 39m
Also, for those at #ruralhealthconf, when tweeting on election matters you might also like to add the hashtag #AusVotesHealth which we are building as a platform for collective voice on health matters ahead of federal election cc @NRHAlliance @CroakeyNews #AusVotes

“Break your tweet machines”: Putting rural health on the federal election agenda

#ruralhealthconf

Croakey
“Conference News Service”
As we fail on SDGs, can planetary health nursing save the day?

Melissa Sweet @croakeyblog · 27m
Good morning beautiful nipa/launa/Hobart - reminding us of the importance of connecting with waters, land and skies at #ruralhealthconf cc @WePublicHealth

The 15th National Rural Health Conference taking place in nipa/launa/Hobart this week has had a strong focus on planetary health, with calls for health professionals to engage with this sustainable approach to health.

Melissa Sweet is covering #ruralhealthconf for the Croakey Conference News Service.

Melissa Sweet writes:

Australia is not on track to achieve any of the 17 Sustainable Development Goals (SDGs) and our “shameful” scorecard shows we are going backwards on many of these, a national health conference was told yesterday.

Australia is a signatory to a United Nations agreement setting a goal to achieve the SDGs by 2030, recognising that all nations must ensure sustainability, with many of these goals being important for health.

You can track Croakey’s coverage of the conference here.

As we fail on SDGs, can planetary health nursing save the day?

#ruralhealthconf

At the first assessment of the SDGs in 2015, Australia was ranked 18th in the world, while in 2018 we were ranked as 37th, Dr Rosalie Schultz, a GP and public health physician, told the National Rural Health Conference in nipaluna/Hobart.

“We are going backwards,” she said. “Australia’s standing in the world has declined, both relatively and absolutely.”

Australia does poorly on SDG 2 – to end hunger, improve nutrition, and promote sustainable agriculture – because of poor nutrition manifesting as high rates of obesity and because Australian agriculture uses large amounts of fertiliser, Schultz said.

Australia rated poorly on SDG 7 – affordable and clean energy – because of high CO2 emissions per unit of energy and low levels of renewable energy. Only 8.4 percent of our electricity comes from renewable sources, compared with the best performing country, Iceland, which uses renewable sources for 78 percent of energy needs.

Australia also does very poorly on all indicators of SDG 13, climate action, because of high per capita production of carbon emissions and “high levels of climate change vulnerability, through the inadequacy of our planning systems to account for climate change”.

We also rank poorly on other SDGs, due to almost two-thirds of Australia’s fisheries being over-exploited or collapsed, and high rates of land clearing, with 7.6 percent of our forests lost each year for pastoralism and agriculture, she said.

“We think of ourselves as a rich nation and yet we are grossly under-developed in a sustainable development sense,” Schultz said. “When you look at how we are doing with the SDGs, it’s really shameful.”

She described increases in anxiety disorders, suicide, and substance abuse as “manifestations of our unsustainable development”.

Schultz called on the Federal Government to put responsibility for the SDGs under the Department of Prime Minister and Cabinet rather than its current location, the Department of Foreign Affairs and Trade, to drive a whole of government approach.

**Care for the land**

To achieve the SDGs, Australians also needed to recognise the importance of rural Australia, including “that rural health is actually the health of the land as well as the health of the people”. She said:

- **“It’s the country, the land that we need to be caring for.”**

- **It’s time to take note of what Aboriginal and Torres Strait Islander people can tell us and what health really means, including caring for one another and the planet that sustains us.”**

Rather than having goals of economic growth and “more and more things”, the goals should be “better lives for more people through better use of the land, better care of the biodiversity, care of the water”.
At the conference, Schultz and a rural GP leader, Dr Ayman Shenouda from Wagga Wagga in NSW, put forward a joint recommendation urging the establishment of place-based planetary health teams to develop understanding, awareness and adaptation to planetary change including climate change.

Shenouda, whose community has been in drought for more than half of the 20 years he has practised there, said it was important such initiatives were community-driven:

“If things don’t come out of the community, it will never happen.

Some people are already affected by climate change but they don’t realise it. We need to raise awareness proactively rather than being reactive.”

Call to action for nurses

Conference delegates also heard a strong call for nurses to step up on climate action and planetary health, and to reconceptualise themselves as “planetary nurses”.

Professor Jane Mills, an Australian academic who is now Pro-Vice Chancellor, College of Health at Massey University New Zealand, said she focused her calls for protecting planetary health on nurses because they, together with midwives, globally account for nearly 50 percent of the health workforce.

“Oh the 43.5 million health workers in the world, it is estimated that 20.7 million are nurses and midwives,” she said in a keynote presentation. “…it is the sheer numbers of the nursing and midwifery workforce that results in these groups having the greatest potential to make a difference to the planet as long as they know how.”

“…identifying humanity’s interconnectedness with the stability of the planet, the grassroots efforts of nurses worldwide, and the profession’s willingness to embrace planetary health as a priority in our work as facilitators of healing, leaders, and activists for social justice and health equity.”

Mills said she was not suggesting planetary nursing as a new discipline, but rather as a paradigm for all nurses. It was a way of making the SDGs, which could otherwise seem like abstract concepts, relevant to the daily practice of nurses.

“For health care professionals, and in particular nurses, there is a risk of disconnect between their professional lives, and these global aspirations,” she said.

“In particular, envisaging how the SDGs relate to everyday work is no small task as its requires individuals to think globally, but act locally.”

Mills urged professional nursing organisations, such as the Australian Nursing and Midwifery Federation, to take a leadership role in planetary nursing and encourage their members to speak up. Healthcare accreditation bodies also should weave the SDGs into accreditation standards.

She urged nurses to consider forming a ‘green team’ in their workplaces, to question the use of disposables in healthcare practices, to reject bottled water for drinking, investigate climate friendly methods of waste disposal and advocate for a move to renewable energies at work.

“Consider using low emission forms of transport to get to and from work – walking, biking and car-pooling saves money and the planet,” she said.

“Most importantly, formalise your effort by getting your green team to develop an implementation plan that includes the SDGs where appropriate, evaluate its impact and report this to your local health service management team in terms of both economic and planetary value.”

Health professionals can also help educate whole communities about the health effects of global environmental change and advocate for policies that integrate health care and environmental care at the primary level, Mills said.

“The time has come where we have to start questioning many of our actions in the health care system every day and thinking about the enormous amount of waste that we generate and the impact on the planet,” Mills said.

“It’s time nurses started to think collectively about really taking a stand on sustainability and planetary health.”

Similarly, Mills urged the rural health sector to shift its thinking about rural health beyond its traditional focus on access to equitable services, workforce supply and sustainability, occupational health and safety, and mental health.

“I would argue, that in line with global trends, now is the time for us to shift this paradigm of thought to raise awareness of the impact of our practice on the planet.”

Mills told Croakey that Massey University plans to establish a big centre focused on planetary health/eco-health.
Watch these interviews

Dr Rosalie Schultz: Australia going backward on the SDGs

Why do we need planetary, place-based teams? Public health physician Dr Rosalie Schultz and rural GP Dr Ayman Shenouda explain.

Professor Jane Mills: advocating for planetary nursing
More reports from #ruralhealthconf.....

Labor's commitments (and some queries)

Mark Diamond @NRHAhead 4h
"Unacceptable difference in health outcomes for 7 million Australians in rural regional and remote areas." @CatherineKingMP @NRHAlliance #ruralhealthconf

Leanne @Leanne_Beagley 4h
#RuralHealthConf @WestVicPHN @NRHAlliance @CatherineKingMP
Announcing that half of the $400m commitments made to capital development in public hospitals and healthcare will be in regional settings.

Ben Dodds @bdodds12 4h
@CatherineKingMP “Labour will ‘find the money’ for the implementation of the National Rural Generalist Pathway” #RuralHealthConf @ACRRM @RuralDoctorsAus @RACGP @NRHAlliance

Emily Saurman @essauman 4h
@CatherineKingMP sharing news of new and upgraded hospital services...Do we have the workforce to staff these new facilities? What about the PHC preventivehealth and socialdeterminants needs outside of the hospital setting? #ruralhealthconf #AusVotesHealth #auspol

Karen Marshall @KarenMarshall76 4h
Big bucks promised by Labor for hospitals. What about increased funding for primary health care?? @CatherineKingMP #RuralHealthConf

Aaron Hollins @AaronHollins 4h
@researchjames asking @CatherineKingMP about whether Aboriginal and Torres Strait Islander peoples health will have it's own minister if Labor elected. did say that @NACCHOAustralia services would be funded (not just MBS billing) #RuralHealthConf
As we fail on SDGs, can planetary health nursing save the day?

Rural women, invisible farmers & neoliberalism

Demographics by gender

- High outmigration in 18-24 range – significantly more women
- 41% of ag workforce – women
- 16% of mining workforce – women
- Women more likely to work in health, education, retail
- 73% of working women in one study in rural Australia experienced sexual harassment at work – culture of male dominance (Saunders and Estell, 2013)
- In the agricultural industry, 93% of women said they had been harassed
- A ‘cultural epidemic’ of sexual harassment in rural Australian workplaces, Dr Lyn Saunders, ANU
As we fail on SDGs, can planetary health nursing save the day?

#ruralhealthconf

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Jane Grosvenor @creatingcareers · 3h
#ruralhealthconf Margaret Alston Rural Women’s health, rural women entrepreneurs High levels of sexual harassment in the workforce - esp in ag & seafood Diverse stressors Women monitoring others ignoring themselves Bring in off farm income Physical farm labour #bettertogether

Dr Kerryn Bagley @KerrynBagley · 3h
As a social worker & rural woman I am very excited to hear Professor Margaret Alston OAM talk about rural women and health. She has already managed to slip in a critique of neoliberalism and we are only on slide 4! 🙌 #ruralhealthconf

Melissa Sweet @croakeyblog · 3h
Recommendations for improving rural and remote women’s health - from Prof Margaret Alston at #ruralhealthconf

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Recommendations

- Recognise the significant contributions women are making in rural areas.
- Recognise the male culture reduces attention to women’s lives, circumstances and stories
- Recognise that factors such as lack of child care, increasing workloads, lack of jobs, the need to accommodate (voluntarily separate) and poor or non-existent IT are impacting women’s health and wellbeing
- Recognise the health impacts of workloads, harassment
- Recognise the need for services into rural areas
- Address the lack of violence support and safety factors in rural and remote areas
- Address the issue of births in rural areas as an urgent, life-threatening factor for rural and remote women
- Address the critical factors shaping indigenous rural women’s poorer health
As we fail on SDGs, can planetary health nursing save the day?

#ruralhealthconf

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**Our most remote community**

Melissa Sweet @croakeyblog · 4h

Now heading to Antarctica (briefly) at #ruralhealthconf w Dr Jeff Ayton CMO from @AusAntarctic

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Aaron Hollins @AaronHollins · 4h

@jeffayton from @AusAntarctic on medical support for Australia's most remote community: medical workforce has its own training pathway, build the workforce #RuralHealthConf

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Jane Grosvenor @creatingcareers · 3h

#ruralhealthconf Jeff Ayton Chief Medical Officer Aust Antarctic Division Medical risk mitigation in extreme remote environments Lay surgical assistants Diesel mechanic by day! Thinking outside the square Telehealth support digital innovation, 1 shared med record #bettertogether

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**Snapshots**

Leanne @Leanne_Beagley · 4h

Agriculture has the second highest fatality rate of any industry in Australia. We need to prevent fatal injuries of children on farms. Boys <4y.o is the highest risk group. Dams are the leading cause with mobile machinery second. @WestVicPHN #RuralHealthConf

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PEACHLEY Kerri-Lynn, LOWER Tony, ROUSE Margaret

Presented by Kerri-Lynn Peacock
AgriHealth Australia
School of Rural Health
As we fail on SDGs, can planetary health nursing save the day?

You can track Croakey's coverage of the conference [here](#).

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**Broken Hill University Department of Rural Health @BHUDRH • 6h**

#BHUDRH HoD presenting implications of lead exposure for children in brokenhill and future protections/response #ruralhealthconf

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**Sabina Knight @nwgran • 4h**

@CRRH_JCU pretty proud of our Weipa folk fresh from their successful Regano presentation on management of acute bronchiolitis in remote hospitals with high flow nasal O2 #ruralhealthconf

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**Melissa Sweet @croakeyblog • 4h**

We are moving away from evidence based medicine to evidence informed care. Prof Luis Salvador-Carulla tells #ruralhealthconf
You can track Croakey's coverage of the conference here.

As we fail on SDGs, can planetary health nursing save the day?

The conference dinner, & other food and fun

our CEO Lindsay on the way to the conference dinner with Monica, from the National Women's Council. @NRHA @ceoroyalfarwest #ruralhealthconf
As we fail on SDGs, can planetary health nursing save the day?

#ruralhealthconf

You can track Croakey's coverage of the conference here.

Jane Mills @profjanemills - 10h
Party time #ruralhealthconf @CSUMedia @UTAS_ Rural Health cutting up the dance floor

Gen Barlow @genbarlow - 11h
Cracking positive vibes for good health at #ruralhealthconf dinner

Tammy @TammyWolffs - 4m
Sore feet and empty tummy (my main meal came and went while the music was playing), but these boots were made for dancing 🎉='$ Thanks to all the other dancers, the band and #ruralhealthconf for a fun night

Croakey
“Conference News Service”
You can track Croakey's coverage of the conference here.

As we fail on SDGs, can planetary health nursing save the day?

#ruralhealthconf

**Tammy** @TammyWolffs · 5h
Productive lunchtime - not only got my squizz at the @RoyalFlyingDoc simulator, but had an amazing massage at a booth in the Federation Hall #ruralhealthconf

**James Dowler** @JamesDowler13 · 5h
Can't stop talking about social determinants of health. Can't stop drinking the free coffee! #RuralHealthConf

**Sarah Clark** @sareclark0710 · 5h
All this Twitter talk about #ruralhealthconf and seeing how much everyone is learning and advocating and inspiring others is giving me major FOMO! I so wish I could be there. Already looking in 2021!
You can track Croakey's coverage of the conference [here](http://bit.ly/2PsVEAK).

**Rural health advocates urged to target the Treasurer, beware the iceberg**

![The underlying determinants....the iceberg of health #ruralhealthconf](image)

Wide-ranging recommendations to address health inequalities were presented to the National Rural Health Conference in nipaluna/Hobart.

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**Melissa Sweet writes:**

A leading public health academic has called for sweeping fiscal policy reforms to address growing inequality and to restore distribution of wealth to that of the 1970s in Australia.

A campaign to promote the public good of taxation, the reintroduction of progressive taxation, a global tax on capital and a financial transaction tax were among a raft of recommendations that Professor Fran Baum AO put to the National Rural Health Conference.

Baum, Director of the Southgate Institute for Health, Society & Equity at Flinders University, also called for tougher regulation of powerful transnational corporations and reforms to reduce the huge sums of public money spent on “corporate welfare”.

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She suggested conference delegates should put more effort into lobbying treasurers than health ministers as this would have a greater impact on the underlying determinants of health inequalities.

Baum also urged the development of local sustainable business models, such as cooperatives, that were responsive to local communities and their concerns. Increasing Centrelink allowances, especially Newstart, would also benefit local economies.

Her calls for a decent minimum wage were timely, as news broke that Labor would campaign at the federal election on creating a living wage amid widespread concerns about low wage growth.

Baum also challenged governments to develop new methods of national accounting so that wellbeing and prevention were valued.

She said:

“At the moment if you have a car accident, that is good for GDP because you’ve got ambulances, rehabilitation; there is a whole lot of services provided.

But we don’t value it if we have great road accident prevention. If we stop someone from going into prison, we save a whole heap of money but we never count that.

We’re happy to pour money into acute care services but we’re not happy to put money into prevention, which in the long term will save us a lot of money. So how do we change our national accounts so we value wellbeing?

An incoming Australian Government needs to set up a Commission to look at how we can do that much better; it’s going to be good for everybody’s health.”

Baum’s speech, and indeed many of the conference presentations, stood in stark contrast to Shadow Health Minister Catherine King’s presentation, which had a strong focus on hospitals – also a recurring focus of Opposition leader Bill Shorten’s statements on health.

Baum told delegates she was disappointed King did not mention the social determinants of health in her speech, and addressed this fundamental concern only when it was raised in questions.

“I want a health minister who will stand up and talk about the social determinants of health first, as the most important thing,” Baum said.

She cited Oxfam figures showing that the wealth of Australian billionaires increased by almost 140 percent over the decade since the global financial crisis, while the average wages of ordinary Australians increased by just 36 percent, and average household wealth grew by 12 percent over that time.

“We’ve now got one of the fastest growing income inequality rates,” she said.
Baum described a convergence of crises: ecological, political, social and economic, summarised as “we are in a mess”. When she asked the several hundred delegates if this description resonated with their experiences, no-one disagreed.

**Embrace the Uluru Statement, and ACCHS models**

Baum also stressed the impact of racism upon health inequalities in Australia, and made a passionate appeal for the rural health sector to embrace the [*Uluru Statement from the Heart*](#).

“For those of us who are not Indigenous, we have been offered a huge handshake or warm embrace by our Aboriginal and Torres Strait Islander colleagues who’ve made this offer from the heart,” she said.

“An important step forward in healing…is for all of us to embrace this Uluru Statement and take it to our heart as a way of moving forward.”

Baum also called for publicly funded comprehensive primary healthcare centres to be established across Australia, based on the successful model developed by Aboriginal Community Controlled Health Services (ACCHS).

“Mainstream Australia could learn a lot from the ACCHS model,” she said. “It is a really good way to work with people and improve their health right across the life cycle from early childhood to old age.”

This suggestion was later welcomed by Renee Blackman, CEO of Gidgee Healing, an ACCHS servicing Mt Isa and remote communities in the Gulf Regions in north-west Queensland.

In an interview with Croakey, Blackman said Aboriginal and Torres Strait Islander people had decades of experience to share in community controlled primary healthcare that provided holistic care addressing wider determinants of health.

She said:

“We’ve had the experience of perfecting that model of care. That sort of knowledge and providing that type of care to some of the most underprivileged communities in Australia, that’s our expertise …

I’m sure that we can share and knowledge exchange a little bit better with our mainstream counterparts because now we are seeing disparities across the whole of Australia, not just [between] Aboriginal people and non-Aboriginal people.”

Blackman also stressed the importance of moving beyond a deficit focus in discussions about Aboriginal health, and highlighted climate change as an area that would benefit from Aboriginal and Torres Strait Islander people’s knowledge about how to protect the environment.
You can track Croakey’s coverage of the conference here.

Watch these interviews with Professor Fran Baum and Renee Blackman

From Fran Baum’s presentation

Rural health advocates urged to target the Treasurer, beware the iceberg.

**Table 1. Mean income and wealth in Australia (2015-16)**

<table>
<thead>
<tr>
<th></th>
<th>In capital cities</th>
<th>Outside of capital cities</th>
<th>Percentage difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disposable household income</td>
<td>$1,072</td>
<td>$880</td>
<td>18%</td>
</tr>
<tr>
<td>Net household worth</td>
<td>$1,033,000</td>
<td>$737,000</td>
<td>29%</td>
</tr>
</tbody>
</table>


(Rural Health, 2017)

**Some major socio-economic changes in rural Australia**

- Reduced trade for primary products (wheat, barley, wool) from 1970s = less jobs
- Climate change: Droughts 2002–03, 2005–10 2018; Increasing Fires; Floods
- Reduced demand for carbon products = less jobs
- Farm size increased 196,000 farms in 1960–61, 1995–96 130,000
- More corporate control: banks, agri-business, extractive
- Population growth in major cities

These changes underpin disease and sickness issues including mental health.

**The Mess: Rural perspective**

Ecological and climate crisis: floods, droughts, excessive extraction, destruction of country

Political Leadership: neo-liberal, pro-profit, not health, unstable, privatising public assets
Declining trust

Social crisis — isolation, declining solidarity, less community spirit and solidarity, harder to protect culture, fundamentalism, threat of terrorism,

Less than optimal health outcomes — inequities, chronic disease, mental illness

Financial crisis farm incomes — low wage growth for most-high profits for some
You can track Croakey's coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg.

@MiriamDVDBerg: We need to look beneath the ‘iceberg’ at why suicide rates are so high.

@baumfran: #ruralhealthconf

Structural causes — studies have shown:
- Europe: strong links between austerity politics and suicide (welfare reform)
- Financial recession
- Unemployment
- Pressures on small farmers
- Heterosexual norms
- Colonial heritages including racism

Below the surface of the iceberg
Public events have private consequences

@Russell_I: "we need greater fiscal equity to improve health equity" great point...that also applies to physical health of people with mental illness.

@equallywellau: @Dpeters1977 #ruralhealthconf

Fiscal policy for equity
- Progressive taxation
- Financial transaction tax
- Global tax on capital
- Close loopholes for TNCs and mega rich
- Campaign to argue for public good value of tax
- Maintain minimum wage
- Raise Centre Link Allowances especially Newstart
Rural health advocates urged to target the Treasurer, beware the iceberg

You can track Croakey’s coverage of the conference here.

Gordon Gregory @gnfg · 11h
Fran Baum mantra: People’s Lives Above Profits. Take to heart the Uluru Statement. Work thro politicians to manage Trans National Corps & support local co-design. Targets: restore wealth distribution to level of ‘70s; value taxation; raise Newstart! @NRHAAlliance #ruralhealthconf

Fran Baum @baumfran · 12h
Looking below the iceberg of health in my keynote #Ruralhealthconf discussed health damaging racism and quoted @Tony_Burke saying if he gets attacked it is because of WHAT he does for other Australians it is because of WHO they are #quanda Better health = no racism @drcbond

Karen Marshall @KarenMarshall76 · 11h
Fran Baum has got it right. There’s so much we could learn from the ACHHS model to improve real comprehensive community primary health care for everybody @baumfran @CAACongress #ruralhealthconf

Renee Blackman @RenBlackman · 22h
#ACCHO workforce training and development structures through a good workforce strategy that promotes Indigenous employment initiatives Bila Muji pres 👍 #ruralhealthconf #bettertogether @GidgeeHealing @HWQid @QAIHC_QLD

Renee Blackman @RenBlackman · 23h
#ACCHO care models always look beyond the medical model! Comprehensive care that pays att to the #SDOH #ruralhealthconf #bettertogether @NACCHOAustralia @IUHHR_GidgeeHealing @QAIHC_QLD

Michael Leach @m.jleach · 3h
Some of @baumfran’s recommendations for governing for #equity and #health in #ruralAustralia:
- Protect and cherish the environment
- Reduce economic inequities through tax and decent welfare
- Respect and celebrate the traditional owners of the land
#RuralHealthConf @NRHAAlliance

Melissa Sweet @croakeyblog · 12h
Strong, clear calls to action from @baumfran on how to tackle inequity and promote a fairer distribution of health #ruralhealthconf #sdoh
Rural health advocates urged to target the Treasurer, beware the iceberg.

You can track Croakey's coverage of the conference here.

Prevention 1st @Prevention1stAU · 12h
Big business is putting profits above people’s health. @baumfran is calling for public regulation rather than self regulation. We agree! #ruralhealthconf

Melissa Sweet @croakeyblog · 12h
A goal for #ausvoteshealth - @baumfran at #ruralhealthconf

Fiscal health promotion: National Equity Goal

Restore distribution of wealth to that of the 1970s in Australia

“Over the decade since the global financial crisis, the wealth of Australian billionaires has increased by almost 140% to a total of $115.4bn last year. Yet over the same time, the average wages of ordinary Australians have increased by just 36% and average household wealth grew by 123%.”

Helen Sasse, Ofam Australia’s chief executive

Fran Baum @baumfran · 14h
Important message I will be saying in my upcoming keynote #RURALHEALTHCONF in Hobart #raisetherate @AntiPovertyN_SA @ACOSS it is vital for health

Tammy @TammyWolffs
7 out of 10 Tasmanians living outside Hobart believe Newstart should be increased - @ACOSS @percapita give timely reminder as #ruralhealthconf considers the #SOOH #RaiseTheRate #newstart #auspol

Robyn Williams @MillnerMaggy · 13h
Fran Baum - we respond well to crises but there’s something almost pathological about the way we don’t invest in prevention. #bettertogether #ruralhealthconf

Jane Grosevenor @creatingcareers · 14h
#ruralhealthconf Fran Baum - call for fiscal change - regulate Transnational Corporations (TNCs), Restore distribution of wealth to that of 1970s Australia, Redirect funding from TNCs, Maintain minimum wage, Raise Centre Link allowance esp Newstart... #bettertogether
Also from the conference.....

The Sudsy Challenge

Melissa Sweet @crokeylog · 37m
#RuralHealthConf delegates now about to hear from Orange Sky Australia
orangesky.org.au - providing free laundry, showers and conversation to people
who are homeless. To date:
1,281 Hours of Conversation
1,509 Rostered Volunteers
908 Loads of Washing
126 Showers

Marianne St Clair @MStClairNT · 15h
Orange Sky now providing services in Lockhart River - and reducing scabies
infections #Ruralhealthconf @cdu_ni

You can track Croakey's coverage of the conference here.
You can track Croakey's coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg

Barriers to care

Sharon Varela PhD @SharonVarela17 · 18h
Anne Cahill Lambert speaking about a rural health system that disadvantages rural people from accessing specialized healthcare. “We need a system that reimburses rather than subsidizes...accessing the subsidy system is difficult and near impossible.” #RuralHealthConf

Tammy @TammyWolffs · 1h
Why are there people paying for treatment in a public emergency department? Anne Cahill Lambert #ruralhealthconf
You can track Croakey's coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg

Catherine Beadle @cathybead2 - 16h
Our very own #ruralhealthconf presenter Anne Cahill Lambert in @theage
talking Rural patients slugged hefty bills for emergency treatment free for city
dwellers theage.com.au/national/victo... @NRHAAlliance @croakeyblog
@genbarlow @NRHACEO @Ellisee

Rural patients slugged hefty bills for emergency treatment free for city d...
Country Victorians are being hit with bills of up to $230 for emergency care
which is free for city dwellers.
theage.com.au

Melissa Sweet @croakeyblog - 1h
Contrasting gap between travel allowances for federal politicians vs patient travel
schemes - @ACLambert presents at #ruralhealthconf

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**PATIENTS**

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**FEDERAL POLIES**

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You can track Croakey's coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg

Tale of two Tasmanian states

Fran Baum @baumfran · 24h
Richard Eccleston @UTAS_ says we are facing divide between affluent and deprived areas can be seen in Hobart need to take action to reduce gap #ruralhealthconf

Aaron Hollins @AaronHollins · 24h
Market based models do not work in rural and regional communities : Richard Eccleston #RuralHealthConf

Aaron Hollins @AaronHollins · 24h
Richard Eccleston from @UTAS_Institute for Study for Social Change. Great to hear from an economist at a rural health conf. Plug here for @RuralDocsQ conference with speakers from Regional Economies Centre of Excellence #RuralHealthConf

Melissa Sweet @croakeyblog · 24h
The spatial distribution of inequality in Tas - increasingly a tale of 2 states, w progressive, trendy inner Hobart, and the rest: Prof Eccleston tells #ruralhealthconf #sooh

Increasingly disadvantage has a regional profile

Jane Grosvener @creatingcareers · 24h
#ruralhealthconf Richard Eccleston Tas oldest pop in Aust esp regional areas & aging rapidly Profound health policy & delivery implications Growth driven by immigration 20-40 helps age spread but concentrated in capital ctys & intensifying delivery issues ruraly #bettertogether

Croakey
“Conference News Service”
Selfies, snaps and working through

Dr Bo and Karl visiting the RHDA booth at the #RuralHealthConf @Dmosca111 @RHDAustralia
You can track Croakey’s coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg

#ruralhealthconf
You can track Croakey's coverage of the conference here.

Rural health advocates urged to target the Treasurer, beware the iceberg.

#ruralhealthconf

Fiona Darling @FionaDLDarling - 18h
I'm all for looking outside and to nature as often as possible but the presentations and speakers have been so good...I just remembered where I am 😍 #engaged #inspired #ruralhealthconf #hobart
Rural health leaders call for action on planetary health, inequality and the Uluru Statement

Melissa Sweet writes:

Rural health advocates have called for a National Sustainable Development Unit to be established to work across government sectors and jurisdictions in addressing climate change and other planetary health threats.

The unit would be charged with implementing an Australian response to the United Nations Sustainable Development Goals (SDGs). As Croakey reported earlier, we are not on track to achieve any of the 17 SDGs, and our “shameful” scorecard shows we are going backwards on many.

More than 1,000 delegates attending the 15th National Rural Health Conference in nipa/luna/Hobart presented their priority recommendations to Senator Bridget McKenzie, the Federal Minister for Regional Services.
These included a call for all political parties and governments to respond to the Uluru Statement from the Heart and commit to a process of truth-telling and agreement-making to eradicate discrimination and racism, and improve the health and wellbeing of Aboriginal and Torres Strait Islander people.

Delegates also called for increased investment in Aboriginal Community Controlled Health Services, in measures “to grow and sustain the vital workforce” of Aboriginal and Torres Strait Islander health professionals, and urgent action to address “the unacceptable number” of suicides in remote communities.

**Address poverty and other determinants of health**

The recommendations, whose presentation followed the release at the conference of the Australian Council of Social Service’s health policy for the federal election, also call for whole-of-government efforts to tackle rural poverty, and other measures to urgently address the ecological, social, economic and cultural determinants of health.

The conference recommended that rural health services be funded and required to implement the National Climate Health and Wellbeing Strategy, which has not been taken up by the Federal Government since its release by health organisations in 2017.

Professor Jenny May, who chaired the conference recommendations committee, said delegates were looking for a whole-of-government response on climate change.

“Our rural communities are very concerned about the impact of climate change,” she said in an interview.

“They are very aware of the climate changing around them and that is having impacts on what they do and the quality of their lives.”

Delegates also called for development of “wellbeing indicators” so that measurements of rural health could go beyond economic capital indicators and include measures of other capitals such as human, health, spiritual, cultural, knowledge, and environmental capital.

They urged the creation of a new Ministerial Department for the First 2000 days of life – the Early Years Minister – to be based in the Department of Prime Minister and Cabinet with the Treasury responsible for the policy development, funding, monitoring and reporting.

**Rural Generalist Pathway**

Meanwhile, rural health groups welcomed McKenzie’s announcement at the conference of $62.2 million over four years to implement the long-awaited National Rural Generalist Pathway, but noted that little detail had been provided.

The Rural Doctors Association of Australia said in a statement the funding was a “positive step forward” despite being less than what the association had hoped for.

“Crucially, we still need to see the fine details behind the Government’s announcement,” said RDAA President Dr Adam Coltzau.

The Australian College of Rural and Remote Medicine (ACRRM) also welcomed the investment while noting that details were still to come.
You can track Croakey's coverage of the conference here.

Rural health leaders call for action on planetary health, inequality and the Uluru Statement

Senator Bridget McKenzie @senbmckenzie · 8h
We now need to get the balance right in other areas - such as allied health. The Rural Health Commissioner will now focus on the next tranche of workforce reforms including an emphasis on allied health @NRHA, @RuralDoctorsAus #RuralHealthConf #bettertogether

Alison Verhoeven @AlisonVerhoeven · 5h
The $62 million investment in rural generalist GP program announced today by @senbmckenzie must be complemented with investment in rural generalist allied health workforce.

Centre for Rural & Remote Health | JCU @CRRH_JCU
Some of our fantastic Allied Health students after completing their interprofessional learning experience presentations. Great work guys! @jcu #crh_jcu

Dr Kerryn Bagley @KerrynBagley · 7h
Recognising and addressing the social determinants of health such as poverty was a key theme at the #RuralHealthConf yet was largely absent in @senbmckenzie’s address. Rural health is not just about attracting metro doctors to rural areas. #ruralhealthconf

Senator Bridget McKenzie @senbmckenzie
“We’ve got enough doctors, they’re just practising in the wrong places” this problem is why we have already invested $550 million into our Stronger Rural Health Strategy to flip the training models and get more people training & staying in the regions #BetterTogether @NRHAlliance
You can track Croakey’s coverage of the conference here.

Rural health leaders call for action on planetary health, inequality and the Uluru Statement

Melissa Sweet @croakeyblog · 8h
Given wide-ranging failures of Federal Govt to address health equity, Aboriginal & Torres Strait Islander health, #SDOH & climate change, I don’t envy task of @senbmckenzie presenting at #ruralhealthconf - these are the issues that have featured prominently over past 4 days

Peta Rutherford @petalac71 · 6h
Great news on the National RG Pathway funding and thanks to the hard work of many incl @senbmckenzie @PaulWorleySA. A foundation to build on - wonderful that @RuralDoctorsAus Alliance rep Dr Jenny May on hand to welcome the announcement. Exciting times.

Paul Worley @PaulWorleySA
With @senbmckenzie at the National Rural Health conference in Hobart. Last year we laid the tracks together for the National Rural Generalist Pathway. Today’s funding announcement means the train is leaving the station - no looking back - great news for rural Australia!
Below are the conference’s priority recommendations in full.

**Aboriginal and Torres Strait Islander health**

The gap in Aboriginal and Torres Strait Islander health outcomes remains completely unacceptable and the most pressing issue for all Australians. We confirm our commitment to urgent and comprehensive action to Close the Gap.

Conference delegates endorse the Uluru Statement from the Heart, and call on all political parties, state and territory governments to respond from the heart and commit to engaging in a process of truth-telling and agreement-making to eradicate discrimination, racism and improve health and wellbeing.

We also call for urgent commitment of funding to expand Aboriginal community controlled comprehensive primary health care services to not only diagnose and treat health issues, but to work in partnership with other sectors to tackle underlying determinants of health such as housing, education and employment. We need to stop using surgical solutions to tackle social problems. We must commit to the eradication of preventable conditions such as Rheumatic Heart Disease and Ear Disease, through community-led local-level cross-agency action.

We recognise the essential role of Aboriginal Health Practitioners and workers in the provision of culturally safe services, including as mentors and trainers of non-Indigenous staff. We call for a greater investment in training, support and career pathways for Aboriginal and Torres Strait Islanders in health, to grow and sustain the vital workforce. There needs to be widespread recognition of the unique contribution they bring and the need for support to enable them to meet both cultural obligations in addition to professional obligations (walking in two worlds).

**Determinants of health must be addressed #1**

Any comprehensive rural health strategy must address determinants of health and wellbeing and eradicate diseases of poverty. Specifically ecological, social, economic and cultural determinants need to be addressed as a matter of urgency. The National Rural Health Conference delegates call on all governments to commit to:

- A whole of government approach to rural poverty. This includes taxation and welfare reform such as increasing the Newstart allowance and stable housing.

- A fully funded comprehensive National Rural Wellbeing Strategy that addresses ecological, social, economic and cultural determinants of health and wellbeing for rural, regional and remote communities. This strategy must have a long term view and be implemented in a “silobusting” approach.

- Change the way our health is measured. Start measuring wellbeing outcomes of rural communities that go beyond economic capital indicators. Wellbeing indicator measures must include measures of other capitals such as human, health, spiritual, cultural, knowledge, and environmental capital.

- The creation of a new Ministerial Department for the First 2000 days of life (the Early Years minister). The new department should be situated in Prime Minister and Cabinet with the Treasury Departments responsible for the policy development, funding, monitoring and reporting. The early years strategy should take into account service designs for life events.

- Recognise the importance of epigenetics in health and how this negatively impacts upon the transmission of intergenerational trauma, resulting in life long morbidity. For example, maternal stress is related to the development of diabetes and renal failure. It is essential to improve the health of both mother and father before conception.
Determinants of health must be addressed #2

Applying a rural-proofing lens to ensure that all governments policies are developed and implemented in such a way that social and health inequalities do not increase, and that unintended outcomes are mitigated. This will require government investment in climate change adaptation strategies that enable rural health services, the health workforce and communities to adapt to climate change impacts.

Invest in, and mandate that all rural health services implement the National Climate Health and Wellbeing Strategy and increase funding for community resilience and capacity building and preparedness for climate change services and programs and initiatives.

The creation of a National Sustainable Development Unit. This department could work across government sectors and jurisdictions to own and implement an Australian response to the United Nations Sustainable Development Goals, crucially addressing climate change and other planetary health issues. This department would have remit to ensure that rural communities can transition effectively to meet challenges in population shifts, renewable energy, agricultural industry adjustment, ocean and river acidification, changes in land use, and biodiversity loss.

Access

Primary care services in rural and remote communities are fragmented and not well coordinated. We call upon the government to take immediate action to develop an integrated primary health care system which maximises the value of MBS funding streams, state government funded primary health care positions and PHN commissioned funds to create comprehensive primary care services such as exists in the Aboriginal Community Controlled Health Organisations.

Federal and state funding mechanisms frequently result in short term funding commitments to employing organisations, including non-government organisations. This further frustrates attempts to establish employment certainty for prospective and current employees and is a major issue associated with rapid staff turnover and inability to recruit. We call upon governments to ensure that for all remote and very remote locations, all funding agreements are established on a rolling annual review basis for a minimum three-year term.

Current market based models for service delivery and workforce recruitment and retention are not viable for rural areas. For example NDIS do not yet have adequate measures in place to promote equity of access for people living in rural and remote areas. We need funding support for long term collaborative models that are co-designed with communities and front line workers.

Urgent action is required to address the unacceptable number of Indigenous deaths caused by suicide in remote communities. Governments need to commit to working with Aboriginal and Torres Strait Islander leaders to implement preventative strategies to address the underlying factors contributing to this.

Workforce

Over 20% of the poorer health outcomes experienced by the 7 million people that live in rural, regional and remote Australia is impacted by the continued under-representation or absence of the health workforce. Urgent action is required to redress the maldistribution of the health workforce. The conference calls on government to:

• Invest at least the same level of funding that has been directed to the supply and distribution of locally trained GPs to the other health professions necessary to provide comprehensive health care in outer regional, rural, and remote Australia.
Promote and fund growth in the number of rural generalist roles across all health professions.

Consider pooled funding and support the development of an integrated primary care system which maximises federal and state funding streams across health, disability, housing, aged care and education sectors. Exemplars of this comprehensive primary care model exist in the Aboriginal community controlled health sector. The solutions will vary according to local community need – collaborative models need to be co-designed with communities and frontline workers.

Identify workforce gaps across service and policy silos (housing, disability, aged care, education and health) and increase flexibility in funding to enable collaborative workforce models for allied health. Increase the number of MBS funded occasions of service by allied health services, including dental and oral health services, to 10 per profession per year where a market based service model is suitable.

Support nursing and midwifery led models of care in rural and remote areas with a focus on the role of nurse practitioners.

Commit to addressing the shortfall of medical specialist services in outer regional, remote and very remote areas.

**Enabling our workforce through infrastructure and support**

We call on the Government to provide ongoing and increased support to our rural and remote workforce to improve recruitment, retention and community care. This will be done through:

- Supporting capital investment in non metropolitan areas upgrading the NBN to enable the use of technology
- Supporting the use and access to telehealth through better connectivity and funding mechanisms such as changes to MBS.
- It needs to be recognised that telehealth supports healthcare workers and does not replace the need for highly skilled workers in our rural communities.
- Continue to support locally developed guidelines that acknowledge the needs of local population and resources available. The current ACSQHC Guidelines do not always meet the needs of rural areas.
- Provide and invest safe workplace which is free of violence and culturally safe.
- Invest in wellness programs for the rural workforce.
- Enable activities that encourage the development of partnerships between all service providers including public, private and not for profit organisations.

**Research**

We call on the Government to:

- Require research funding provided through the Medical Research Future Fund Missions, already covering areas such as cancer, genomics, to include research within and upon rural and remote health commensurate with the burden of rural and remote disease and disability. With MRFF Mission commitments of $1.3 billion to date, and given 28% of the population lives in rural and remote Australia, on a purely population basis this would amount to an existing commitment of $364 million – without taking into account the higher disease burden.
• Measure rural research and projects by their community impact and their capacity to embed, respond and translate to their locations and not just by metrics such as number of academic papers.

• Invest in a clearing house function of rural health research creating the capacity to share information and support researchers to design, scale and translate research with and for the benefit of rural and remote Australians.

And finally...

Professor Jenny May said the recommendations held an overarching message on diversity and inclusivity.

“No one wants things done “to them”, rather health services need to be designed “with them”. We should send a clear message on the requirement for rural and remote persons to be included in all policy discussions and determinations being made on their behalf.”

Diehard Croakey readers may be interested to contrast and compare the 2019 recommendations above with those from the National Rural Health Conferences in 2017 and 2015.

Watch this interview with Professor Jenny May
Labor addresses health sector concerns about gaps in climate action plan – and more news from #ruralhealthconf

Calling for urgent climate action: Professor Peter Sainsbury at #ruralhealthconf. Photograph by Melissa Sweet

Melissa Sweet writes:

Labor has re-committed to implementing a national strategy on climate change and health, following concerns raised by leading health experts about the omission of this strategy from its new climate change action plan.

A spokeswoman for the Shadow Minister for Climate Change and Energy, Mark Butler, told Croakey the health sector’s concerns would be addressed. “We’ve definitely got that message,” she said.

A senior public health expert earlier told Croakey that it was “disappointing” Labor’s new climate action plan did not include an explicit focus on a national climate and health strategy, although the Opposition had previously committed to it.

Professor Peter Sainsbury, who last week delivered a rousing address on climate change to the National Rural Health Conference, also said he was disappointed Labor had ruled out a carbon price, which “was like trying to tackle emissions with one hand tied behind your back”.
Meanwhile, Doctors for the Environment Australia also noted the lack of a health focus in their response to the policy.

Asked for comment, Shadow Health Minister Catherine King, who in June 2017 pledged that a Labor Government would implement a national strategy on climate, health and well-being, told Croakey:

“We announced the climate change and health strategy over a year ago. No reason it wasn’t included today other than that we have already announced it. It is also included in our National Platform released in December.”

King also tweeted in response to concerns raised by others in the sector.

This morning Butler and King issued a joint statement re-committing to the strategy, as per this tweet.

However, Labor’s policy presented as a missed opportunity to champion the health benefits of climate change action, with scant reference to the health impacts, and no mention of the role of health services in either mitigation or adaptation.

Sainsbury, a former chair of the Climate and Health Alliance and past president of the Public Health Association of Australia, told rural health leaders in nipaluna/Hobart that health services have “an immense role” to play in addressing climate change, not least because of their significant contribution to carbon emissions.

“We’re killing people with what we are doing in our health services,” he told delegates. “We are creating the change that is killing people.”
National standards needed

Citing research showing that healthcare contributes to seven percent of Australia’s greenhouse gas emissions, Sainsbury said most of these emissions were caused by healthcare interventions, particularly medications, whose production, packaging and distribution was “immensely carbon intensive”.

However, the contribution of the health sector to carbon emissions was not well understood by the general community or even by health services and health professionals, he said.

Sainsbury called on the Australian Commission on Safety and Quality in Health Care to incorporate climate change considerations into national standards and accreditation processes for health services.

“It’s not just about reducing carbon emissions and the rest of the environmental footprint, it’s also about getting better prepared for the effects of climate change on health and health services,” he told Croakey in an interview after his keynote presentation.

“They should be looking at writing standards that will be included in accreditation processes around climate mitigation and adaptation.”

While there were small pockets of dedicated people in the health sector attempting to drive climate action, they often did not receive much support from their health service or managers, he said.

“And what’s really lacking is leadership from departments of health and states and territories and federal governments,” he said.

However, Sainsbury hailed movements such as Choosing Wisely, which seeks to tackle unnecessary use of tests and treatments, as important for climate action.

He urged health professionals to consider environmental sustainability in all clinical decision making, and to question their use of tests and treatments.
**Calls to action**

Wearing a “Stop Adani” T-shirt, Sainsbury urged conference delegates against supporting banks or super funds that invest in fossil fuels, and encouraged them to vote for politicians who did not support new coal mines.

“Don’t let your money kill people,” he said. “If you’ve got your money in a bank or super that invests in fossil fuels, your super is killing people.”

He urged health professionals to engage in direct advocacy within their organisations, and with MPs and the general public, encouraging them to become “a pain in the arse” and “a pain in the neck”.

They should also talk to their patients about climate change, he said.

“You talk about smoking or their blood pressure or their diet or domestic violence, all of which are important for health. Why wouldn’t you talk about climate change, and what they can do to try improve their health and the health of their children and grandchildren?”

Sainsbury said:

> The message I want you to take away today is that all of this is affecting your communities and that there is a role for you in trying to turn it all around.

> I know it’s important to you because I know that you care about health and I know that you care about rural Australia.”

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**Many rewards**

Sainsbury also stressed the co-benefits for health of climate action. Reducing carbon emissions through increased use of walking and public transport would bring other health benefits, while putting solar panels on health services would save money.

There would be “co-benefits galore from doing the right thing”, he said.
Sainsbury stressed to conference delegates that climate change should be understood as a social determinant of health because it was created by societal decisions. “We’ve created these social problems and we potentially can correct them. That’s really important.”

He warned that climate change was an existential threat to the human species, and that one degree in global warming was already bringing devastating effects, while a two degree temperature rise was probably inevitable.

Watch an interview with Professor Peter Sainsbury

Watch his presentation at #ruralhealthconf

(see from 34 minutes – 56 minutes in).
You can track Croakey’s coverage of the conference here.

Labor addresses health sector concerns about gaps in climate action plan – and more news from #ruralhealthconf

From Twitter

DrsForTheEnvironment @DocsEnvAus · Mar 25
Peter Sainsbury at the @NRHAInstitute #ruralhealthconf talking about climatechange and why we need urgent action to protect health. #StopAdani #ruralhealth #auspol @ScottMorrisonMP @billshortenmp

Action before it is too late: climate change and the health of rural Australia

Peter Sainsbury
National Rural Health Conference
Robert - 26 March 2019

Melissa Sweet @croakeyblog

The dynamic and expressive Prof Peter Sainsbury - urging action on climate. #ruralhealthconf

Health services
1. Join Climate and Health Alliance and ...  
2. Create a Global Green & Health Hospitals network
3. Risk assessment (protect your health)
4. Develop & resource own environmental sustainability plan
   - energy, buildings, transport, waste, food, clinical services, etc.
5. Build environmental sustainability into your safety & quality systems
6. Do things - set example, demonstrate commitment, find champions
7. Test your extreme weather event disaster response plan
8. Appoint environmental sustainability coordinator/manager
9. Work with your staff and local communities and services ...
   - build service, staff and community resilience

10. [Additional information from Croakey Health Conference]

Croakey
“Conference News Service”
You can track Croakey’s coverage of the conference [here](#ruralhealthconf).

**Melissa Sweet @croakeyblog · Mar 25**

Groups at increased risk from climate change - Prof Peter Sainsbury presents at #ruralhealthconf

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**Jane Grosvenor @creatingcareers · Mar 25**

#ruralhealthconf Peter Sainsbury Social in social determinants means that which is socially created - that we cause Climate change & environmental degradation are caused by us Not natural! Extreme weather event - health services in jeopardy #bettermore bettertogether

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Labor addresses health sector concerns about gaps in climate action plan – and more news from #ruralhealthconf
Presentation by Richard Di Natale

Richard Di Natale  @RichardDiNatale  Mar 26
Great to be amongst colleagues and friends this morning to talk about the huge disparities between rural and regional areas and how the Greens will prioritise healthcare for everyone #ruralhealthconf

Renee Blackman  @RenBlackman
@RichardDiNatale the politician who speaks about #SDoH as the core to health reform #ruralhealthconf #bettertogether 🙌👏👏

Fran Baum  @baumfran
Music to my ears - thanks @RichardDiNatale for giving this crucial message at #ruralhealthconf about the vital importance of social determinants of health #SDoH I know the global champion of this message @MichaelMarmot will also hear the music!

Kirrily Holton  @HoltonKirrily
'If we don’t get real about social determinants, we’re not going to fix people’s health'. Thank you @RichardDiNatale #RuralHealthConf

Labor addresses health sector concerns about gaps in climate action plan – and more news from #ruralhealthconf

You can track Croakey’s coverage of the conference here.
The voice of @NRHAlliance & rural health sector on social determinants of health is very impt, @RichardDiNatale tells #ruralhealthconf - politicians often regard the #SDOH as some sort of ideological issue. (Yet they have been one of the central concerns at the conference)

Junk food lobby has way too much power and influence over Australian politics. We have a two tiered health system. At the #ruralhealthconf @RichardDiNatale - a rural & remote doc in a former life - is giving a wide-ranging diagnosis of the ills of our so-called health system

More spontaneous applause for @RichardDiNatale at #ruralhealthconf as he outlines @Greens policy to bring dental care under Medicare. "We will introduce a universal dental scheme." #AusVotesHealth #AusPol @CroakeyNews @JenniferDoggett @AusHealthReform
You can track Croakey’s coverage of the conference here.

Labor addresses health sector concerns about gaps in climate action plan – and more news from #ruralhealthconf

@RichardDiNatale Why do we treat our teeth and #dentalhealth as something separate? Cost, stigma, and other #healthcare issues associated with #dentalhealth. #ruralhealthconf

@RichardDiNatale @billshortenmp We need to address the issue of climate change #ruralhealthconf

@RichardDiNatale on the money with commitment to #sdoh #climatechange #ruralhealthstrategy #prevention #dentalcare #ruralhealthconf @NRHAlliance

We don’t have a tax system we have a tax avoidance system! We need to tax so we can provide essential services to Australians - thank you @RichardDiNatale #ruralhealthconf
Calls to boost Newstart and address health inequalities

The Federal Government has executed a post-Budget backflip to include Newstart recipients in a one-off payment towards power bills for welfare recipients.

However, the Government failed again in the 2019-20 Budget to increase the Newstart payment to unemployed people.

That continued failure, now in 25 consecutive budgets, is a key contributor to poor health and health inequalities, the national rural health conference was told.

The National Rural Health Alliance is now considering whether to throw its weight behind the high-profile #RaiseTheRate campaign.

Melissa Sweet is covering the 15th National Rural Health Conference, which was held in nipaunula/ Hobart from 24-27 March, for the Croakey Conference News Service.
Melissa Sweet writes:

A toxic combination of bad policies, bad economics and bad politics is contributing to poverty and health inequalities that are especially harmful for rural, regional and remote communities, according to a leading social justice advocate.

In a keynote address to the recent National Rural Health Conference, Cassandra Goldie, CEO of the Australian Council of Social Service (ACOSS), said that “social injustice is killing people on a grand scale” around the world, including in Australia.

Goldie said increasing the Newstart allowance was the single most important step that could be taken to address poverty and health inequalities in Australia, and urged conference delegates to support the RaiseTheRate campaign.

The National Rural Health Alliance, which represents 41 organisations, is now considering whether to sign up to the campaign, which is supported by leaders in business and philanthropy and some in the health sector, including the Australian Healthcare Reform Alliance, the Consumers Health Forum of Australia, and cohealth.

Goldie said Australia, which was now the wealthiest country in the world and yet had three million people living below the poverty line, could “absolutely afford” to raise Newstart, the youth allowance and the minimum wage.

“Newstart is less than $15,000 per annum,” she said. “So there is absolutely no question that the most immediate and urgent thing that needs to be done is lift Newstart.”

Boost rural health and economies

Increasing the Newstart allowance would benefit the health and wellbeing of people living in rural, regional and remote communities, and also boost local economies, she said.

Goldie’s presentation came as Townsville Council in north Queensland endorsed the #RaiseTheRate campaign, with an ACOSS analysis suggesting that raising Newstart by $75 a week would generate an extra $35.57 million for the Townsville economy in the first year.

Goldie urged conference delegates to oppose further tax cuts, which were subsequently announced in the Budget and found by modelling to disadvantage people in regional Australia.

She said that fiscal, taxation and social policies had combined in recent years to increase both poverty and extreme wealth, with low income women and their children carrying the biggest burden:

“The really nasty increase in poverty rates has been amongst single parent families, mostly single mothers and their children.

If you are currently a single parent not participating in paid work and you are on Newstart, 60 percent of you are living below the poverty line.”

If you look at all the children in the care of single parent families, 40 percent of those children are living in poverty today, in this country; it is an absolute, shameful disgrace...
Calls to boost Newstart and address health inequalities

The pursuit of a surplus, the cutting away of the social safety net under the guise of needing to restore the budget to surplus, has meant that predominantly those that have gained over the last decade have been wealthy men, and those that have paid the price, it’s been done off the back of low income women and their children, and I don’t think we should mask that fact any more.”

Election health policy

Goldie also launched the ACOSS election health policy at the conference, which includes a call for a $3 billion investment in health promotion, prevention and community-based health services, to be partially funded by a social tax on sugary drinks and alcohol. (This is another area where the Federal Budget was silent, with many health groups noting the lack of investment in public health and prevention).

Some conference delegates applauded when Goldie said that ACOSS also was calling for abolition of the private health insurance rebate, with the $6 billion annual savings to be re-invested in public health, including to ensure better access to dental care.

Goldie said the recent NSW election showed a growing scepticism in rural areas about the policies of the major political parties.

She said:

“The community sees the choices being made and wants a different picture, a community that is based on love, care and really good policy. This is absolutely a time for the voice of people from regional areas to really lift up.”

Responsive audience

Goldie’s presentation resonated with a strong focus throughout the conference on the social determinants of health, poverty and inequality.

In a joint interview with Goldie, the chair of the NRHA, Tanya Lehmann, said the Alliance strongly supported the need to improve access to services and to tackle poverty and other social determinants of health. (Watch the interview below.)

“Our conference and the 1100 delegates here are all saying that the richest country in the world still has Third World healthcare, Third World health issues,” Lehmann said.

Professor Jenny May, chair of the conference recommendations committee, said a strong theme emerging from delegates was the importance of addressing the social determinants of health, and looking beyond health services for ways to promote wellness.

The other consistent theme was that rural communities are very concerned about the effect of climate change,” May said in an interview.

“That is having impacts upon what they do and the quality of their lives.”

May urged politicians from across the spectrum to make a long-term commitment to addressing inequality.
She said:

- “The things we are calling for are long term, need both sides of politics to be involved.
- How do we feel about the fact some Australians live in such abject poverty that they have completely avoidable health problems?
- I’m exhorting all politicians to having a very long-range view to making Australia more equal.”

(This article was updated on 4 April.)

Warm reception

The Consumers Health Forum of Australia has signed up to the campaign

ACOSS @ACOSS · Mar 26
Talking #RaiseTheRate at @NRHAlliance #ruralhealthconf in Tasmania. The biggest benefits of an increase to Newstart will be felt in rural and regional communities #agchatoz
You can track Croakey’s coverage of the conference here.

Calls to boost Newstart and address health inequalities

Watch interview with Cassandra Goldie and Tanya Lehman

How to close the health divide? Talking with health equit...
You can track Croakey’s coverage of the conference [here](#).

Calls to boost Newstart and address health inequalities

**Slides from Goldie’s keynote presentation**

- In 2018, Australia overtook Switzerland to record the highest median wealth in the world.
- We are the 7th lowest taxing country in the OECD (as a percentage of GDP).
- Over 3 million Australians are living in poverty. Almost 740,000 of these are children.
- Inequality is increasing Mr Howard
  - Households in the highest 20% income bracket have five times as much income as those in the lowest 20%.
  - Households in the highest 20% hold almost a 100 times as much wealth as the lowest 20%.
  - The top 1% receive as much income in a fortnight at the lowest 5% get in a year.
  - There are 3,000 people in Australia whose wealth exceeds $65 million. We have the fifth highest number of people in the world with that kind of wealth, which is extraordinary given our relatively small population.
  - Since 2003 (to 2016), wealth inequality in Australia continues to increase. The average wealth of the highest 20% rose by 53% (to $2.9 million) from 2003 to 2016, while that of the middle 20% rose by 32% and that of the lowest 20% declined by 9%.
We know that poverty and inequality lead to poor health outcomes, including early death.

AVOIDABLE HEALTH COSTS OF DISADVANTAGE:
- 500,000 Australians with chronic illness
- $2.3 billion in annual hospital costs
- 5.3 million in Pharmaceutical Benefit Scheme numbers.


THE SINGLE MOST EFFECTIVE STEP
to reducing poverty and inequality in Australia is to increase Newstart, Youth Allowance and related payments by a minimum of $75 per week.

No other policy reform would do more to reduce hardship in our communities faced by those on the lowest incomes.

Newstart was last increased in 1994, when it rose by $2.95 per week.

WHO RECEIVES NEWSTART?

110,000 single parents receive Newstart.
60,000 single people over the age of 60 receive Newstart.
Most of those receiving Newstart are over the age of 35.
25% of Newstart recipients have a disability or illness.

Newstart and related allowances are approximately $175 per week below the pension.
A $75 per week increase in Newstart would help strengthen rural communities.

- Regional communities would see their economies lifted overnight if the single rate of Newstart and related payments was increased by $75 per week.
- Deloitte Access Economics found that a $75 increase would benefit regional Australia because people spend the bulk of their income locally.
- This increase would inject $4 billion into the Australian economy in the first year. Most of the top-20 local areas to benefit on a per person basis are in regional or rural Australia.
- It is expected that this reform would deliver 12,000 new jobs and increase wages and profits by 0.2%.

Inadequate housing has both direct and indirect impacts on people’s physical and mental health.

**These impacts include:**
- Respiratory conditions due to poor indoor air quality
- Cognitive delays in children due to exposure to neurotoxins (e.g., lead)
- Accidents and injuries as a result of structural deficiencies
- Disruptions to work, school and social networks.

High housing costs are also a major source of financial stress, especially for private tenants on low incomes.

- 56% of people living below the poverty line are renting.
- Four out of five people on low incomes spend more than 30% of their income on rent.
- We have a shortfall of more than 500,000 rental dwellings that are affordable and available to the lowest-income households.
- We lack an overarching strategy for addressing this critical issue.

1. **THE GOVERNMENT MUST PRIORITISE**
   development of a national affordable housing strategy that boosts funding, reforms housing taxation, incentivises private sector investment and improves financial support for low-income renters.

2. **THE GOVERNMENT MUST ALSO**
   develop a new remote housing funding agreement for Aboriginal and Torres Strait Islander people, with funds earmarked to support the growth of Indigenous Community Housing Organisations.
You can track Croakey's coverage of the conference here.

Local community organisations already respond to poverty and inequality via their community development.

Communities must band together to identify and implement local solutions to local problems.

Top-down approaches to address poverty and inequality can only go so far.

As First Nations communities know, people and communities should at the centre of program design and collaborations to tackle inequalities, including in the health area.

The ACOSS Health Policy for Federal Election 2018: Towards a better, fairer, more sustainable health system.

1. Invest $3b in health promotion, prevention and community health (partly funded by social taxes on alcohol and sugary drinks) (Exp: $200 m pa)

2. Make dental care affordable for all (Stage One: $300 m pa)

3. Abolish the Private Health Insurance rebate and reinvest $6b in public health

4. Abolish the Extended Medicare Safety Net and reinvest $0.5b in public health

We are calling on all parties to re-direct spending towards prevention and fixing some of the worst gaps in services.

Watch: Professor Jenny May, calling for action on SDOH
Delegates at the 15th National Rural Health Conference put forward more than 200 recommendations, with priorities including Aboriginal and Torres Strait Islander self-determination, planetary health and action to address the wider determinants of health.

In the leadup to the 2019 federal election campaign, longstanding rural health advocate and strategist Gordon Gregory offered some timely advice on how to turn these recommendations into advice that politicians can act on.

Gregory followed the #ruralhealthconf discussions via the live streaming service and also contributed to the discussions via Twitter.

Melissa Sweet covered the conference for the Croakey Conference News Service: you can read all the #ruralhealthconf stories here.
Gordon Gregory writes:
The National Rural Health Alliance (NRHA) has just finished running the 15th National Rural Health Conference. Conference delegates produced a large set of recommendations outlining what they saw as the priorities for action. Far too many were produced for all of them to be promoted to political parties in the lead-up to the federal election.

Given the special opportunity for advocacy that exists in an election campaign, which ones should be pushed and why?

**Diverse rural advocacy bodies**

An election campaign provides a special opportunity for advocates to get their particular issue onto the political agenda. This is because in order to win public support at the ballot box, political parties big and small engage in the process of formally and openly listing their intentions for the future in their election platforms. Success for a lobby group means having one or more of those parties commit to do something about the issue with which the lobby group is concerned.

There are as many lobby groups as there are special interests, each of them trying to influence public opinion and policy. They use a variety of methods, including personal interaction with politicians, media campaigns, publicity stunts, polls, research and policy briefings.

Lobby groups come in all shapes and sizes, with some of them existing only for the purpose of advocacy, while others have broader reasons for existence but take the opportunity now and then to advocate by outlining their concerns and seeking action from governments.

Rural examples of these two types of advocacy groups are the **Isolated Children’s Parents’ Association (ICPA)** and the **Country Women’s Association of Australia** (CWAA). Both of these organisations are members of the National Rural Health Alliance (NRHA).

The ICPA had its beginning in Bourke in April 1971 during a time of drought when parents were concerned with paying for the education of their children, many of whom had to be in costly boarding schools. The organisation has one aim and purpose: to advocate for the continued provision, at a level which is maintained in real terms, of the **Assistance for Isolated Children Scheme**. The Scheme provides a group of payments for parents and carers of children who can’t go to a local government school “because of geographical isolation, disability or special needs”. People join the ICPA to support this singular cause, with any other benefits from membership, such as a sense of community and new friendships, being incidental.

The CWAA, on the other hand, is the peak national body bringing together and representing all of the separate local branches of the CWA, most of whose members join for social, educational, volunteer and neighbourly activity, not for political advocacy. The CWAA (which, incidentally is proud never to have had any government support for running the organisation), has what might be called incidental capacity for lobbying or advocacy because of the number of its members, where they live and what they experience and know.

The breadth of an interest group’s advocacy is determined by its membership. Whereas the ICPA has a focus on one specific government program, a broad church like the NRHA has to be concerned with any matter thatimpinges on the health and wellbeing of people in rural and regional areas. It is quite common for people new to the NRHA to regard the breadth of its concerns as a weakness, summed up in the apparent sin of trying to be ‘all things to all people’.
However, given that its membership includes around 40 national organisations spanning almost every health profession, as well as rural health consumer groups, Indigenous organisations, university students and researchers, the NRHA is duty bound to maintain an interest in the wide range of issues which is the sum of the concerns of its member bodies.

Conference recommendations

People at the 15th National Rural Health Conference, aided by recommendations committee chair Professor Jenny May and the online system available to them, produced a large set of recommendations outlining what they saw as the priorities for action.

Some prioritisation was done during the conference itself but essentially the set of proposals was additive. People at the conference from the ICPA would have been mainly concerned with distance education and the AIC; the general practitioners with the Rural Generalist Pathway; and members of Services for Australian Rural and Remote Allied Health (SARRAH) with allied health issues.

The next step for the NRHA and other advocates is to seek the agreement of their members to adapt, if necessary, and adopt a smaller number of recommendations which then become the subject of advocacy.

One of the simplest ways of selecting recommendations from the full conference set is to make judgements about which of them are tangible and detailed enough to become requests for programs.

Put another way: which of the recommendations is little more than a motherhood statement and which can be converted to a new policy proposal for funding in the 2020-21 Federal Budget?

Wanted: new policy proposals

A recommendation for the government “to commit to engaging in a process of truth-telling and agreement-making to eradicate discrimination, racism and improve health and wellbeing” can be met with the response that “if elected, the XYX Party will “engage in a process of truth-telling etc etc”. In such a scenario nothing needs to be actually done by the political party that wins government. A vague request for a particular principle or approach to be adopted can be met with a vague and untestable commitment.

Contrast this with the announcement of 30 March 2019 about mental health support to be provided in nine drought-affected communities in four States through a Trusted Advocates Network Trial.

“The local Primary Health Network (PHN) will provide support and training to community leaders who are trusted faces in our towns and villages. Sometimes people don’t necessarily need to go through the clinical process at first instance – they just need someone to talk to who understands what the conditions are like in their community at that moment in time, and is a familiar, comforting presence already in their lives.”

“As a result of these roundtable consultations with regional communities, the Government will provide $463,815 over three years in nine locations for additional informal mental health support and referral pathways. As part of the initiative, up to ten people per trial community will be identified and given basic training to learn the skills of mental first aid to assist them in their role.”
Conference recommendations that are not as yet framed as new policy proposals include those relating to the importance of epigenetics in health; the application of a rural-proofing lens to all government policies; providing safe workplaces; investing in wellness programs for the rural workforce; and enabling activities that encourage the development of partnerships between all service providers including public, private and not for profit organisations.

None of these ideas is unimportant but in their present form they do not provide a government with the way forward. The possibility of translating fundamentally good ideas into new policy proposals is illustrated in the following examples:

**Conference recommendation 1:** We call for urgent commitment of funding to expand Aboriginal community controlled comprehensive primary health care services to not only diagnose and treat health issues, but to work in partnership with other sectors to tackle underlying determinants of health such as housing, education and employment.

**New Policy Proposal 1:** The Federal Government should fund locally-controlled community health services in 20 small towns, based on the models provided by Aboriginal community controlled health services and **Multipurpose Services (MPS)**, to provide primary care (diagnosis, treatment, management) and to work in partnership with other sectors to tackle underlying determinants of health such as housing, education and employment.

**Conference recommendation 2:** A whole of government approach to rural poverty. This includes taxation and welfare reform such as increasing the Newstart allowance and stable housing.

**New Policy Proposal 2 (from ACOSS’s campaign):** We call on the Government to raise the single rate of Newstart, Youth Allowance and related payments. Newstart has not increased in real terms in 25 years, but the cost of essentials has drastically increased. Over 800,000 people, including parents, carers, people with disability, other people locked out of paid work and students are struggling daily to afford basic essentials like a roof over their head and food on their table. There are 3 million people living in poverty in Australia, including over 730,000 children.

**Conference recommendation 3:** Require research funding provided through the Medical Research Future Fund Missions, already covering areas such as cancer, genomics, to include research within and upon rural and remote health commensurate with the burden of rural and remote disease and disability. With MRFF Mission commitments of $1.3 billion to date, and given 28 percent of the population lives in rural and remote Australia, on a purely population basis this would amount to an existing commitment of $364 million – without taking into account the higher disease burden.

**New Policy Proposal 3:** Reflecting the one third of the national population that is rural/remote and their higher disease burden, the Government should require the Medical Research Future Fund to allocate one third of its investments, by dollar value, to research activity that can demonstrate either general or specific relevance to the people of rural, regional and remote areas of Australia.

Advocacy on rural and remote health might include entreaties to governments or researchers just to adopt new principles or approaches.

But the patience of rural people is being tested and what is really needed to provide them with health equity are programs that work, and resources newly-committed or diverted from programs that don’t.

Gordon Gregory was at the helm of the National Rural Health Alliance for nearly 30 years, after working previously as a Ministerial advisor in a number of roles.
Following via Twitter

**Gordon Gregory @gnfg · Mar 23**
The National Rural Health Conf. starts today in Hobart. Timing is perfect for getting proposals onto Parties’ agendas for Federal Election. Best ideas can go all way fromConf. Sharing Shed, thr’ Party spokespersons and to national action after Election. (Follow Conf. streaming)

**Gordon Gregory @gnfg · Mar 23**
Rural and health Parliamentarians’ policy staffers need to monitor/follow #ruralhealthconf, @NRHAAlliance, lovereural, please, right through to Weds. evening - and after @billshortenmp @CatherineKingMP @sensmckenzie @ScottMorrisonMP @GregHuntMP

**Gordon Gregory @gnfg · Mar 26**
Greens support a Rural Health Strategy: single agency for funding whole health system; ending PHI subsidy ($6 billion); independent health prevention agency; dental care: ship with rural health sector; transition economy out of coal. #ruralhealthconf @NRHAAlliance #lovereural

**Gordon Gregory @gnfg · Mar 26**
Average full-time wage: $81,843: av. all workers: $62,128: min. wage: $37,400: Newstart: $15,000. People in poverty: c 3million, inc. 740,000 children, 40pc of children in single parent families are in poverty. #ruralhealthconf @NRHAAlliance #lovereural

**Gordon Gregory @gnfg · Mar 25**
Fascinating notion from Anne C-L: healthcare becomes more integrated with person’s ongoing life managed by each individual, supported by technology (apps on one’s phone etc) and by more equal relationship between patients and clinicians. #ruralhealthconf @NRHAAlliance #lovereural

**Gordon Gregory @gnfg · Mar 25**
What would be first steps ina shift from current structural reality (State Health Depts., Local Health/Hospital Networks, PrimaryHealthNetworks, LGAs, private clinics, ACCHSs) to network of codesigned, locallymanaged comm. health centres? #ruralhealthconf @NRHAAlliance #lovereural

**Gordon Gregory @gnfg · Mar 25**
Panel session calls for a nationally-funded, comprehensive, broad (primary health care) community health system (similar to our existing ACCHOs) and like the Comm. Health Centres started in 1974 or so. #ruralhealthconf @NRHAAlliance #lovereural
Global health expert calls for an end to punitive, controlling policies

“You can’t impose anything on anyone and expect them to be committed to it”
Edgar Schein, Professor Emeritus
MIT Sloan School

Melissa Sweet writes:

Ahead of the federal election, one of the world’s leaders in tackling health inequalities warned against top-down approaches to addressing poverty and related health problems, and urged politicians and policy makers to instead cede power to frontline service providers and communities.

Sir Harry Burns, a former surgeon and chief medical officer of Scotland who is now a Professor of Global Health at Strathclyde University and who has been working to reduce childhood health inequalities for about 30 years, called for an end to centralised policy making focused on performance targets and holding power centrally.

In a keynote presentation to the recent National Rural Health Conference in nipaluna/Hobart, Burns instead urged governments to shift to another paradigm, of sharing power with frontline staff, and working with citizens to enhance their sense of control over their lives.

His vision for addressing the determinants of health inequities stands in stark contrast to Australia’s history of punitive, controlling policies – from the Northern Territory Intervention to Centrelink’s automated debt recovery system, the ParentsNext program and soaring rates of removal of Aboriginal and Torres Strait Islander children.
In an interview with Croakey, Burns, described the Basics Card, whose extension has been supported by both major parties despite widespread concern amongst the social and Aboriginal and Torres Strait Islander health sectors, as “absolutely stupid”.

Burns, who had not been aware of the policy until asked about it, said:

“It sounds to me as if quarantining benefits is Government telling people what they can and cannot spend their money on, and that is undermining their sense of control even further and that will make the problem worse.

...when you’re telling people they can’t spend the money that the state says is theirs, that is Victorian in my view, absolutely stupid.”

Boost for Newstart campaign

Meanwhile, members of the National Rural Health Alliance have voted to support the #raisetherate campaign advocating for an increase in the Newstart payment to unemployed people.

This measure was the single most important step that could be taken to address poverty and health inequalities in Australia, the Alliance’s conference was told by Australian Council of Social Service CEO Cassandra Goldie.

NRHA chair Tanya Lehman told Croakey on Monday that the Alliance would advocate for an increase to Newstart as an example of something tangible that government can do to address the social determinants of health.

The Alliance released its election priorities, identifying four key areas an incoming Federal Government must address to help rural Australians get healthier and live longer:

- improving the health of Indigenous Australians
- boosting the supply and distribution of allied health care workers in rural, regional and remote areas
- creating a greater research focus on factors affecting rural health
- developing a new National Rural Health Strategy.
At this link, the Alliance is stockpiling election asks from other health leaders, including its members: the Australian College of Rural and Remote Medicine; the Australian Healthcare and Hospitals Association; the National Aboriginal Community Controlled Health Organisation; the Royal Australian College of General Practitioners; the Royal Flying Doctor Service of Australia; and the Rural Doctors Association of Australia.

Control matters

At the conference, Sir Harry Burns described the work in Scotland of the Early Years Collaborative – a coalition including social services, health, education, police and non-profit providers – which had made significant gains in addressing childhood health inequalities.

It had done this by moving away from centralised policy making and empowering frontline staff to implement a quality improvement process in partnership with communities, he said. The collaborative regularly brought together about 800 people from frontline service providers to share experiences and support the testing of ideas, which had included various initiatives to support more bedtime reading to children.

Burns said:

“Instead of having top-down, controlling type policies where the public sector does things to people and even undermines their sense of self-esteem even more, we decided to design change from the bottom up. We would have frontline staff and citizens working together to achieve what mattered for them. It’s the complete antithesis of a top down policy coming from a government minister.”

The collaborative members agreed what they wanted to change, by how much, and by when, using the marginal gains approach often used in sport – described by Burns as, “do lots of things, see what works, and if you do what works consistently, you get a significant change in outcome”.

The Early Years Collaborative - Ambition

To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.
Burns gave an overview of scientific, clinical and public health evidence supporting the approach taken by the Collaborative in aiming to increase, rather than undermine, people’s sense of control, from the earliest years.

He said policy makers tended to undermine people’s sense of control over their lives through a focus on “problems, needs, deficiencies”.

He said:

“These are people who already do not feel they have a sense of control over their lives, and we make that worse.

Services tend to focus on one particular issue and they don’t understand the complexity of the lives of these individuals.

Citizens are made even more passive recipients of services rather than being active agents in their own lives. We do things to people as a public sector, rather than working with them to enhance their capacity to do things better.”
Focus on wellness

Burns also urged delegates to shift the system’s focus from illness and pathology to wellness and to look for ways to better support wellness in communities and individuals.

The science of Salutogenesis included dozens of theories about what contributes to physical, mental and social wellbeing, with a key learning being the importance of people experiencing some purpose, coherence and control in their lives, rather than feeling under the thumb of “some faceless government department”.

Other characteristics of wellness included a sense of confidence that people can deal with problems, and a level of resilience in the face of the problems. “Almost always in the background is a supportive network of friends, often family but sometimes friends,” Burns said.

Watch this interview with Sir Harry Burns

At this link, see his full presentation (watch from 25 minutes in).

Also, listen to this podcast where Burns describes why he left surgery for a career in public health and talks about the need to invest in supporting families:

“I have visited hundreds of projects supporting families in difficulty, drug abusing parents, parents with mental health problems, parents in jail.

I have never met a parent who wanted to be a bad parent, but I have met hundreds of people who didn’t know how to be good parents... they are not good parents because they are overwhelmed by the difficulties of day to day life. They become violent, they become depressed.

Find ways to support them to be better parents, you will see [changes], and eventually significant savings to the public purse because those kids aren’t growing up to go to jail.

Family support, supporting children, understanding how chaos can damage children – put all the effort into that and society will change immeasurably.”
The causes of wellness?

- Optimistic outlook
- Sense of control and internal locus of control
- Sense of purpose and meaning in life
- Confidence in ability to deal with problems
- Supportive network of people
- Nurturing family

Adverse childhood events study

- Physical/sexual/emotional abuse
- Neglect (physical/emotional)
- Domestic substance abuse
- Domestic violence
- Parental mental illness
- Parental criminality
Why public policy fails
- We tend to focus on people’s problems, needs and deficiencies
- We design services to fill gaps and fix their problems
- Services are rarely designed to take account of complexity
- Citizens become passive recipients of services
- We do things to people rather than with them.

Via Twitter

Tim Carey @tmcareyphd · Mar 25
Awesome talk by Sir Harry Burns from Scotland at #ruralhealthconf about addressing health inequity by improving control in people's lives. #control2live

Sabina Knight @nwogan · Mar 25
#ruralhealthconf Sir Harry Burns inconsistent upbringing reduced control over life & changes Childrens brain function with -ve health & behavioural outcomes. Implications for policy #bettertogether

Sabina Knight @nwogan · Mar 25
Policy doesn’t sort problems if children who have suffered adverse events people sort problems - Dr Harry Burns - the Scottish experience
#RuralHealthConf

Claire Quiliam @C_Quiliam · Mar 25
Sir Harry Burns: People need control over their lives to enjoy a good, healthy life. People working on the frontline of the health workforce can really make a difference with this. We need to support frontline workers! #ruralhealthconf
#UnimelbUDRH @croakeyblog #GoingRuralHealth

Tammy @TammyWolfs · Mar 23
Sir Harry Burns demonstrates why public health measures alone will not reduce premature death rates #ruralhealthconf
Global health expert calls for an end to punitive, controlling policies

Sir Harry Burns at #ruralhealthconf - “breaking the rules” to improve children’s lives (and lifelong health)

The Early Years Collaborative - Ambition

To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.

The Scottish Government
You can track Croakey’s coverage of the conference here.

Conference video wrap

Better Together - the song and the theme of #ruralhealthconf performed by Josh Arnold with school children.

Watch a playlist of 11 videos from the conference (seven of these interviews were broadcast live, and had 1,249 views in total via the Periscope app as of 3 April 2019).

Dr Jenny May, chair of the 2019 conference recommendations committee, speaks about the need to address climate change, health inequalities and social determinants of health.
Renee Blackman describes the strengths of comprehensive primary healthcare as delivered by ACCHOs.

Professor Peter Sainsbury says health services are killing people because of their high levels of greenhouse gas emissions.

Cassandra Goldie, CEO of ACOSS, and Tanya Lehmann, chair of the National Rural Health Alliance, discuss addressing poverty and other social determinants of health.
Professor Fran Baum says Australia needs publicly funded comprehensive primary healthcare.

Sir Harry Burns, a former surgeon and chief medical officer of Scotland who is now a Professor of Global Health at Strathclyde University, speaks about the importance of governments working with citizens to enhance their sense of control over their lives.

Dr Bo Remenyi calls for action on housing and community-based solutions to tackle rheumatic heart disease in remote communities, which she describes as a disease of poverty.
Professor Jane Mills explains the role of planetary nursing.

Dr Rosalie Schultz speaks about Australia’s record of failure on the Sustainable Development Goals.

Dr Sandro Demaio urges the rural health sector to step up advocacy efforts.
Some delegates at the 15th National Rural Health Conference were moved to tears by this performance of a song written for the event.

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**Croakey Conference News Service**

- Reporting by Melissa Sweet
- Editing by Marie McInerney
- Layout and design by Mitchell Ward