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INVITED PERSONAL VIEW

Improving the health of rural Australians

J Halton
Department for Health and Ageing, Parliament House, Canberra, ACT, Australia

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Health systems worldwide are facing challenges in providing effective, responsive and accessible health services to meet the needs and demands of their communities. This task is more difficult in rural areas with their trademark features of sparse populations, smaller towns and bigger distances.

Adding to these challenges are shortages of health professionals, particularly medical and nursing staff.

Of all the challenges facing rural health, healthcare professionals have found it especially difficult to provide integrated care. Sustainable rural health care demands more flexibility and a continuing investment in partnerships for infrastructure and skills. Other significant challenges confronting administrators include ensuring there is workforce capacity, maintaining access to services, and building the sustainability of the health system.

Growing the workforce

Shortages of health professionals are amplified in rural areas, with the number of health professionals per head of population lower in rural areas than in metropolitan areas. There is a not just a shortage of general practitioners, but of all heathcare disciplines, including specialists, nurses, and allied health professionals such as physiotherapists, podiatrists, dentists and pharmacists.

However, this picture is slowly changing. Between 1997 and 2002[1], for example, the number of specialists in rural and remote regions increased by 17.2% and there were decreases in major cities. These changes have been influenced by Australian Government strategies such as incentives to provide specialist and allied health services, support for organisations to attract, recruit and retain doctors, and assistance to doctors and their families to settle into life in their new communities.

Filling the gaps in service

Support is needed to ensure that services remain viable in small towns. Primary care services need to be structured to assist health professionals to work together.

Increasing access to care in rural areas has demanded a new approach to the way administrators fund and deliver services. They have had to be more flexible than in the past and this has meant working in partnership with state and territory governments, hospitals, and local communities.

The Multipurpose Services Program is one example of governments working together. This program involves an agreement to pool funds to sustain aged care services in small towns of between 1000 and 4000 people. Today, there are 92 Multipurpose Services located in rural communities across Australia.

Regional Health Services, on the other hand, focus on involving small communities of less than 5000 people in identifying what primary care services are needed at the local level. There are now 117 Regional Health Services in more than 1000 communities.

The Royal Flying Doctor Service provides remote and regional areas with essential primary care services and, in an emergency, aeromedical evacuation to a regional or metropolitan centre.

The Australian Government supports rural, regional and remote residential aged care services through payment of a Viability Supplement. Additionally, capital grants are made available for residential aged care infrastructure purposes each year, through the Rural and Regional Building Fund.

Consolidation

There have been substantial gains in the first two of the challenges in providing healthcare services to the community. Rural Australians now have access to a more effective variety of health services and the workforce capacity to maintain access to care.

The third challenge – sustainability - requires long-term investment.

Building the capacity for rural health education

A sustainable system of care for the future rests largely on a long-term, strategic approach to retain our current workforce and recruit our *future* workforce.
One strategic approach is based on the premise that students with a rural background or those with positive rural experiences are more likely to turn to country practice.

University Departments of Rural Health, Rural Clinical Schools and the activities conducted through the Rural Undergraduate Support and Coordination Program are the foundation stones for this strategy. Rural health education is able to make a substantial contribution through changes in three key areas: rural student selection; enhancement of support systems for students and rural educators; and coordination of rural curriculum placements for medical students. The rural scholarships attract future health professionals in all areas, including medical, nursing, pharmacy, Aboriginal health workers, and allied health.

The early results of this strategic approach are encouraging, with more than 25% of first-year medical students in 2004 coming from rural backgrounds. This compares with just 8% eight years ago.

Conclusion

The overall strategic coordination of workforce development, service delivery and infrastructure development is making long-term improvements in rural health. There are still many challenges and hurdles to overcome, but administrators and healthcare professionals are using flexible and dynamic approaches to tackle these issues head on.

Reference

1. Australian Institute of Health and Welfare. *Medical Labour Force 2002*. Canberra, ACT: AIHW, 2002.

