

# Rural Health

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## AUSTRALIAN DEMOCRATS ACTION PLAN RURAL HEALTH HEALTH AND AGEING

*Australians are entitled to health care regardless of where they live and people in rural, regional and remote areas should be as healthy as other Australians. The 34% of Australians who live outside the major cities experience more health problems and have less access to health care services than do people living in major metropolitan areas.*

Health care designed for the cities does not work in rural areas. The Federal Government should provide health funding to rural areas in a way which can be used by rural communities to meet their specific needs. The challenge for governments is to work with Australians who live in rural, regional and remote areas to address the most urgent health issues, taking into account the difficulties presented by distance, isolation and a widely dispersed population.

## Our Action Plan

*“We are 30%. Let’s have our 30%’s worth. We want equal health by 2020, including for those of us who are Indigenous.”*

**National Rural Health Alliance**

- More **flexible health funding** so that rural areas can receive a fair proportion of health care resources and fund the health services they need
- Greater choice in health services through publicly funded **primary health care centres** staffed by a variety of health care professionals, including access to bulk-billed services in major towns
- A more **flexible rural workforce** including the role of nurse practitioners and Aboriginal and Torres Strait Islander health workers
- Fairer **transport and accommodation allowances** for sick people and their carers, when health services are not available locally
- More even distribution of GPs throughout Australia through exploration of the allocation of Medicare provider numbers on a per capita geographic basis
- Additional **incentives** for medical, nursing, dental and allied health workers and midwives to practise in rural areas, including HECS reimbursement schemes
- More attractive packages and adequate resources and **support for overseas trained doctors** and nationally consistent assessment processes
- Greater use of **mentors and roving health care experts** for professionals working in isolated locations
- Specific programs promoting the access of students from rural areas into medical and allied health courses, including expanding scholarship programmes, and an integrated **national rural placement scheme** for student health professionals



Other ACTION PLANS are available online at [www.democrats.org.au](http://www.democrats.org.au)

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- More health promotion, counselling and mental health services; including a 24 hour information and referral service
- Greater use of information technology systems in rural areas
- Funding for research into the **effect of drought** on the health of individuals, families and communities
- Substantial increases in specific funding for more efficient health care services for Indigenous people
- Greater investment in policies and programs that will increase the number of Aboriginal and Torres Strait Islanders in all health professions, and provide additional support to **Aboriginal and Torres Strait Islander Health Workers**

## The Issues

People in rural areas access significantly less Medicare funding per capita than people in urban areas. This means that rural people aren't getting their fair share of the health dollar.

There are chronic shortages of GPs, medical specialists, pharmacists and dentists outside urban areas. Allied health professionals, such as mental health workers, occupational therapists, speech pathologists, dieticians and physiotherapists, are also in short supply in rural regions.

Costs of providing services are higher in rural areas.

Much of the diagnostic testing, complex treatment and follow-up care to which country people may need access is only available at tertiary hospitals in major centres. Assistance with transport and accommodation is needed in order for country people to have reasonable and equitable access to such care.

According to the Association for Australian Rural Nurses, rural nurses provided 65 per cent of all rural health services and 85 per cent of services in small isolated rural communities and about one-third of rural nurses are expected to retire by 2014.

Death rates in rural and remote areas are between 10% and 50% higher than in major cities and hospitalisation for injury is much higher in rural and remote areas than in built up areas. Rural Australians are more likely to suffer from coronary heart disease, asthma and diabetes among other diseases. People living in remote areas are up to 35% more likely to die from some forms of cancer than are people with greater access to services.

Individuals who live in regional and remote areas are more likely to be smokers, are more likely to drink alcohol in hazardous quantities, are more likely to be overweight or obese and are more likely to be physically inactive than are people living in urban areas.

In addition, the proportion of people who are Indigenous is much higher in country areas and the health of Aboriginal and Torres Strait Islander peoples is very much poorer than that of other Australians.



### CONTACT US

(03) 9416 1880

Lv 1, 62 Wellington Parade, East Melbourne VIC 3002  
[inquiries@democrats.org.au](mailto:inquiries@democrats.org.au)

Authorised by Jack Evans, 5 Poinciana Place, Wanneroo WA 6065  
Printed by Senator Lyn Allison, Parliament House, Canberra ACT 2600