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Services for Australian  
Rural and Remote Allied Health

**Submission to the Joint Select Committee**

**Inquiry into the development of  
northern Australia**

**March 2014**

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## INTRODUCTION

Services for Australian Rural and Remote Allied Health (SARRAH) welcomes the opportunity to provide a submission to the Joint Select Committee Inquiry into the development of northern Australia.

SARRAH is nationally recognised as the peak body representing rural and remote allied health professionals (AHPs) working in the public and private sector.

The primary object for which the SARRAH is established is to advocate for, develop and provide services to enable AHP's who live and work in rural and remote areas of Australia to confidently and competently carry out their professional duties in providing a variety of health services to rural and remote Australians.

SARRAH's representation comes from a range of allied health professions including but not limited to: Audiology, Dietetics, Exercise Physiology, Occupational Therapy, Optometry, Oral Health, Pharmacy, Physiotherapy, Podiatry, Psychology, Social Work and Speech Pathology.

These AHPs provide a range of clinical and health education services to individuals who live in rural and remote Australian communities. AHPs are critical for the management of their clients' health needs, particularly in relation to chronic disease and complex care needs.

SARRAH maintains that every Australian should have access to equitable health services wherever they live and that allied health professional services are basic and fundamental to Australians' health care and wellbeing. This is of particular relevance to Northern Australian residents and visitors where large service provision centres are often thousands of kilometres away.

### General Comments

SARRAH has an interest in the development of northern Australia because of its potential contribution to the health and wellbeing of the people who live in rural and remote settings. Consequently, SARRAH believes that investment should be targeted to initiatives and areas to maximise the returns to existing local communities.

Government must invest in a comprehensive plan that contributes to the sustainability of communities through ensuring that local infrastructure is provided and the social determinants of health are adequate such as: education, employment, environment, community infrastructure, housing, transport, health and social services. The plan must include strategies to address these social determinants of health to improve the health and wellbeing of people residing in northern Australia's rural and remote communities.

Strategic investment in infrastructure will not only enhance the viability of local industry and services but attract new services to small towns.

### COMMENTS AGAINST THE TERMS OF REFERENCE

The Committee will consider policies for developing the parts of Australia which lie north of the Tropic of Capricorn, spanning Western Australia, Northern Territory and Queensland.

SARRAH is not in a position to comment on the first two items of the terms of reference:

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**a. examine the potential for development of the region's mineral, energy, agricultural, tourism, defence and other industries;**

**b. provide recommendations to:**

- **enhance trade and other investment links with the Asia-Pacific;**
- **establish a conducive regulatory, taxation and economic environment;**
- **address impediments to growth; and**
- **set conditions for private investment and innovation;**

However, SARRAH has commented on the third item under the terms of reference:

**c. identify the critical economic and social infrastructure needed to support the long term growth of the region, and ways to support planning and investment in that infrastructure.**

People make decisions about moving to or leaving a rural or remote community based on the availability and access to services such as a school, health professional, hospital or aged care facility. Practical examples that impact on people as to where they reside include a:

- child who has speech and language delays requiring services from a Speech Pathologist;
- child with other growth and development delays requiring access to an Occupational Therapist, Dietitian and Physiotherapist;
- family member at risk of suicide, and those with anxiety, depression concerns that require regular counselling and psychological support from mental health professionals including a Psychologist, Social Worker and Occupational Therapist;
- family member with diabetes who requires regular access to a Diabetes Educator, Dietitian, Physiotherapist, Exercise Physiologist and Optometrist.
- family member who has a high burden of oral health disease requiring oral health professional services; or
- family member who has poor ear health requiring access to an Audiologist and other health service providers.

Maintaining access to equivalent educational opportunities, professional services, infrastructure and information and communication technology will help keep rural communities viable and dynamic. Community infrastructure and services are key factors for retaining the critical population mass necessary to ensure that communities continue to be sustainable and healthy places to live.

The health of people who live in rural and remote areas of northern Australia will benefit substantially from improvements in basic infrastructure such as reliable and accessible food and energy supplies as well as better water quality and waste management systems. Also, infrastructure which supports healthy behaviours including participation in sports, volunteer services and social networking are pivotal to preventing physical and mental health disorders.

The role of regional development in contributing to good health and wellbeing should not be underestimated. Communities that are inherently attractive and well-serviced are more likely to maintain a critical mass of population and will more easily recruit and retain quality health professionals.

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A major impediment for communities is the lack of a whole-of-government approach to the determinants of illness that fall outside the scope of the health sector. This means that investment in rural and remote area infrastructure should be evaluated in terms of their returns to education, employment and housing as well as other aspects of community viability.

The targeting of investment should also take into account the current level of need within a particular community and the potential sustainability of the community - with sustainable locations in greatest need warranting the most urgent attention.

One of the direct consequences for northern Australian regional, rural and remote communities will be the enhanced capacity to develop and retain a range of services that are taken for granted in metropolitan areas. For example, determining the required allied health workforce in northern Australia to adequately support current communities and building towards support of growing communities resulting from an increase in projects and industries.

Aboriginal Medical Service Alliance Northern Territory asserts that mechanisms need to be introduced to establish minimum allied health workforce levels required by communities for the maintenance of good health and the prevention of unnecessary ill health and hospitalisation. It is broadly acknowledged that the current per capita allied health workforce in northern Australia is less than the national average – this is evident through recent workforce data available through Health Workforce Australia.

Once minimum workforce requirements are established which allow for considerations of remoteness, planning must occur to ensure that government services, Non-Government Organisations (NGOs) and the private sector are able to meet these required benchmarks. This will not be limited to the health sector, but flow onto other sectors including community infrastructure, environment and transport.

Inevitably greater resources will be required in the public and NGO sectors such as an increase in the number of AHPs employed, and innovative initiatives will be necessary to support a greater capacity for the development of private practice in northern Australia. Resources directed to implementing this strategy will save dollars in the acute and secondary levels of the health system, and will greatly assist in the development of northern Australia through the enhanced capacity of local communities.

## **CONCLUSION**

People will not want to move to northern Australia if it means they forego services they are used to accessing in the cities and to which they feel they have a right and reasonable expectation of receiving.

SARRAH strongly supports this inquiry into the development of northern Australia and will continue to promote initiatives that adequately address the needs of rural and remote AHPs and communities in partnership with government and other stakeholders. Consequently, SARRAH would welcome the opportunity to elaborate on this submission.