Racism, climate change, access and workforce – big ticket items at national rural health conference

Australia’s 15th National Rural Health Conference has opened in Hobart with a big focus on nursing and a call for the abolition of discrimination and racism in health service delivery in remote and rural areas.

In her opening address, New Zealand academic Jane Mills urged nurses to lead the change needed to tackle climate change. “Nurses are so important because they account for more than 50% of the health workforce and through their sheer numbers they have the ability to make a difference to the planet as long they know how,” said Prof Mills who is Pro-Vice Chancellor of Massey University’s College of Health.

She urged nurses to lead greenhouse gas emission reviews of their clinics, recycle medical equipment where possible and to choose non-polluting ways to get to work.

Prof James Buchan, who studies rural health workforces around the world, said Australia was behind the curve in terms of encouraging more nurse practitioners and needed to invest more in them as part of a strategy to solve the rural health workforce shortage.

He said investment in allied health and other professions was an investment, not a cost, and would have powerful positive multiplier impacts.

While Australia was among the top OECD countries of the world for its per capita rate of doctors and nurses, there were big inequities in the distribution of that workforce from metropolitan to rural areas and the mechanics that were being used to address this inequity were too short term,” Prof Buchan, of UTS, Sydney said.

“The turnover of nurses and allied health professionals in rural areas is more than 100% a year,” he said.

“We need to focus on providing the right sort of policy target to retain the workforce in rural areas long-term.”

In his opening address to the conference, one of three Aboriginal surgeons in the nation, ear, nose and throat surgeon Kelvin Kong stunned the audience with an image of maggots in a young indigenous person’s inner ear, asking how this could happen in a modern country like Australia.

Assoc Prof Kong, of the University of Newcastle’s School of Medicine and Public Health, said he did this to drive home his point that there would be no equality in healthcare without access.

He said discrimination and racism was institutionalised in the health system, preventing health accessibility for indigenous and foreign people.
“If you have a clinic for outpatients at centres in hospital the Do Not Attend (non-attendance) rates by indigenous people are too high.

“We always blame the Aboriginal population – they can’t make it, they don’t care, they are too busy doing other things, it’s not important, it’s not a high priority rather than reflecting on what else is going on and how can we change our models of care to suit the patients we are looking after.

“In Newcastle we moved one of our clinics from outpatients 3.5km to the local Aboriginal health service and we went from 20% attendance rate to 100% within two years. The difference was the medical service created this environment that felt safe for the families, where they felt comfortable and weren’t going to be judged and victimised.”

Over 1100 delegates are attending the conference which has been held every two years since the early 1990s.

Delegates will shape recommendations for rural and remote health service delivery over four days to present to Federal MPs ahead of this year’s Federal election.

Key conference themes include the impact of climate change on rural health, rural health workforce, telehealth and mental health.

The conference is organised by the National Rural Health Alliance which represents rural health services and professionals working beyond metropolitan areas.

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