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Rural Australia can't wait any longer for action on health care

Recent media reports have focused on the major parties' lack of serious commitment to addressing the rural health crisis. These reports have highlighted the real-life implications for people struggling to access health care and the devastating consequences for communities.

Rural Australians are still waiting for any major party to address the glaring gap in election commitments to date – real and immediate action on rural health.

The National Rural Health Alliance (the Alliance) is calling on all political parties to commit to bold and immediate initiatives to address the rural health crisis now.

“While there are longer term strategies in place, there is currently nothing on the table which will improve the situation of rural communities lacking access to health care in the short-term”, said Alliance CEO Dr Gabrielle O’Kane.

The Alliance is calling on political parties to recognise the critical needs of rural Australians and commit to addressing the rural health crisis immediately. The Alliance is promoting a model of rural primary care called RACCHOs (Rural Area Community Controlled Health Organisations) modelled on and complementing the successful and long-standing ACCHO (Aboriginal Community Controlled Health Organisation) model of primary care delivery.

“Being driven, co-designed and governed by local communities, RACCHOs are designed to be sustainable within rural settings and utilise evidence-based solutions to attracting and retaining a rural health workforce”, Dr O’Kane said.

Rural areas have up to 50 per cent fewer health providers per capita than major cities. This means people living in rural communities are accessing services at a far lower rate than urban Australians. If the services are not available, it is impossible to access them, whether its general practitioners or allied health providers. This lack of services results in a significant government underspend in rural areas.

Dr O’Kane said that it is not acceptable that the savings to government from inequitable rural health spending should manifest in the poorer health outcomes for these communities.

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