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The images used in this publication have been contributed by members of the Australian Rural Health Network (ARHEN). Readers are warned that the book may inadvertently contain names and images of deceased Indigenous people.

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Introduction

Siaw-Teng Liaw

Objectives and purpose

Australia is a highly urbanised society with about 70% of its population living in capital or major cities. Of the remaining 30%, 45% live in regional cities or large country or coastal towns and surrounding areas, 45% in small country or coastal towns and surrounding areas and about 10% in remote areas (AIHW 2002). Australian society has evolved in line with the environmental, infrastructural, economic and political changes over the decades. However, rural Australians, especially Indigenous Australians, have not gained as many benefits as their urban counterparts. While Australians enjoy one of the highest living standards in the developed world (AIHW 2005a), there are health differentials between metropolitan and rural Australia. The reasons for these differentials are multifactorial, but key factors are distance from health services, the fact that two-thirds of Indigenous Australians live in rural Australia, and the 20-year difference in average life expectancy between non-Indigenous (80 years) and Indigenous Australians (60 years).

Rural health in Australia is defined by the shared experiences, understandings and actions of rural health professionals in a range of service settings and in social and physical environments.

The primary objective of rural health and rural health professionals is to facilitate the transformation of rural society towards vibrant healthy communities, which will form an integral part of an urban–rural continuum of healthy Australian communities. The urban–rural continuum in all sectors of society, from commerce to education to health, should be supported by reliable and sustained infrastructure such as transport and telecommunications. There will be little difference between rural and urban communities in terms of social capital and built environment. Like any health service, rural health services should match the needs of their communities, with community development and sustainability as key principles.

In this book, ‘rural’ is defined very generally as non-metropolitan. Case studies will flesh out this general meaning with more specific details. These cases are selected to highlight the uniqueness and large variety of individual rural communities in rural Australia and reflect the range of physical, economic, social and cultural environments. Indigenous is defined as including Aboriginal and Torres Straits Islanders. When ‘Aboriginal’ is used, it is usually in a local context, in specific situations or as a proper noun in names such as Aboriginal Community Controlled Health Organisations.

To prosper, rural communities require resources, services and people. While rural communities differ, they all share similar issues of geographical and social isolation,
relative lack of resources and infrastructure, relative lack of services, and an ageing community. Community-specific factors that will determine the nature of rural health services include: ageing and feminisation of the health workforce; changing expectations of health care providers concerning the balance between their personal and professional lives; increasing consumer expectations for more varied and more complex services (e.g., genetics testing and counselling); and increasing emphasis on the safety and quality of care.

Supportive government policies which transcend politics, and a credible and funded workforce and employment strategy are essential to ensure rural communities receive much-needed resources and services, and a quality workforce to provide and maintain these services. A cultural change in health services and government to emphasise capacity building, education, training and support is a key factor in recruiting and retaining a high-quality workforce. Resources include transport and infrastructure, good information and communication technology, and support. eHealth will become increasingly important in ensuring the effective delivery of quality health care to residents of the many small rural and remote communities dispersed across Australia. In the words of the European Information Society (2007), eHealth is ‘… today’s tool for substantial productivity gains, while providing tomorrow’s instrument for restructured, citizen-centred health care systems and, at the same time, respecting the diversity of our multicultural health care traditions’.

As a rural health professional and academic community committed to the mission of healthy and vibrant rural communities, we can align ourselves with and be guided by a key strategy of the 2007 National Health and Medical Research Council (NHMRC) Strategic Plan, the *Virtuous Cycle* (NHMRC 2007). The *Virtuous Cycle* emphasises the central role of the academic sector as the driving force for a mutually reinforcing partnership between the academic sector, industry and government. This approach facilitates evidence-based practice and policy, and is also consistent with the community engagement and development aims of the University Departments of Rural Health (UDRH) and Rural Clinical Schools (RCS) programs. It requires good data and information, clear policy directions and priorities, and an implementation plan with a budget.

It is important to recognise the limitations of the data and information available to describe the health patterns of rural Australians. The AIHW (2005a) has recommended that these data should be used with caution, mainly because of the small population size, limited amount of data available and methods of data collection. In addition, because approximately two-thirds of Indigenous Australians live in rural Australia, some regional data may be a reflection of the health of Indigenous rather than rural Australians (AIHW 2005a).

Policies and fiscal priorities set by governments should be guided by ongoing consultations with rural consumers, professionals, academics, communities and industries. An information-enhanced and evidence-based approach is essential to plan, implement and evaluate innovative programs to contribute to healthy rural communities.
The implementation of current rural policies will require well-trained and supported professionals recruited to, and retained in, rural communities. While there is still a significant shortage of personnel, the numerous health rural programs in the past decade such as Rural Health Support, Education and Training (RHSET), Rural Undergraduate Support and Coordination (RUSC), UDRH and RCS programs are beginning to show results.

A Textbook of Australian Rural Health describes how rural health professionals and rural communities are currently working towards healthy rural communities. The conceptual framework used to describe these activities includes population capacity and health in the urban-rural continuum, access and equity, cultural security, privacy and confidentiality in small rural communities with numerous overlapping relationships, and interprofessional team practice and systems. It draws on the experience and practical wisdom of educators, students, service providers and communities involved in health and health-related activities — clinical or academic — in rural and Indigenous settings.

In addition, significant rural issues are analysed with regard to relevant and contemporary conceptual frameworks, professional practice and personal lifestyles. Issues included are common or topical, have international implications, address innovative future practice or present challenges for learning or teaching. Analyses are accompanied by a comprehensive collection of case studies that describe the interaction of activities in rural health education with rural health services and rural communities within the geopolitical framework of rural and Indigenous settings.

A Textbook of Australian Rural Health is intended to be a national resource for all students, educators and professionals with an interest in rural health or a commitment to working in the rural setting. All health professionals, be they teachers or students, should find this resource useful for highlighting practical and important areas within a conceptual framework of rural health. We encourage all health educators to use it in constructing rural health curricula, interventions and assessments across professions and disciplines. The book is designed to be used by students and educators in both teaching university and rural placement facilities. The book is not intended as a tool for training students in areas of core competencies for their professions.

**How the book is organised**

This book uses case-based teaching and learning and promotes self-directed learning to guide readers in their explorations and encounters with rural Australia. The approach is that of a workbook based on case studies, key points and learning activities. Where indicated, practical protocols and instructions will be provided. All author contributions are based on the theory, practice and narratives of educators, students, rural health service providers and rural communities. Some of the case studies are based on real situations with names of towns and people changed to preserve confidentiality in some circumstances.

The book is divided into three parts. Part A addresses the underlying terminology, policies and conceptual framework currently used and applied in rural health in Australia.
Part B addresses the key concepts in practice, focusing on population health, access and equity, and competencies. It also examines the pros and cons of the proposition that eHealth will address many of the issues of rural health. Part C identifies some current learning resources available.

To improve the usefulness of this book and to promote self-directed learning, each individual chapter includes recommended readings or resources. All other references are listed in Part C in alphabetical order.

**Part A — Terminology, policies and conceptual framework**

Part A describes the underlying conceptual framework, including:

- the terminology used at local, state and federal levels, and government policy and priorities in rural and Indigenous health (Chapter 1)
- a generic conceptual framework for rural health issues, key concepts in rural health and the different ways in which these concepts interact in practice (Chapter 2).

**Part B — Key concepts in practice**

The main body of the textbook, Part B, describes the key concepts in practice. It is divided into four sections:

- Section 1 — Population health and capacity (Chapters 3–6)
- Section 2 — Access, equity and support for rural health professionals (Chapters 7–9)
- Section 3 — Competencies for rural health practice (Chapters 10–13)
- Section 4 — Is the future eHealth? (Chapters 14–15).

The content of each of these sections is described below.

**Section 1 Population health and capacity**

This section covers health, culture and community capital and capacity, community capacity building programs and performance measures, population health programs and performance measures, and population health and epidemiology.

Chapter 3 uses the diversity of cultures, social characteristics and physical environments of rural and remote Australia to help the reader understand the influences of sociocultural factors on rural practice, health-related behaviour and outcomes. It emphasises the cultural and social dimensions of the relationships between individual and collective health and wellbeing. It examines how community cohesiveness and collaboration, accompanied by capable local leadership and links to external networks and resources, may strengthen the position of isolated rural communities in political and policy processes and therefore improve access to a range of health services.
Chapter 4 introduces the community of place and of interest as a basis for understanding cohesiveness, capacity and social capital within communities that have inherent inequalities and divisions. It shows how community capacity is appraised and measured and how it supports community health development in rural Australia.

Chapter 5 explains the principles of a population perspective of rural health, the varying distribution of disease across rural areas, and some of the sociodemographic pressures on the health of rural populations. This chapter also examines national and state data collections, key issues and priorities.

Chapter 6 examines the development, implementation and evaluation of population health programs, with a focus on Indigenous health. It describes a number of approaches to the evaluation of population health programs including mixed methods and some of the challenges to mounting population-based interventions in rural areas.

**Section 2  Access, equity and support for rural health professionals**

This section covers health service models or programs and performance, and workforce issues such as recruitment, retention and re-entry programs and performance.

Chapter 7 explores how new primary care practice models shape the relationships between medical, nursing and allied health care professionals working in regional, rural and remote settings. It emphasises the need for innovation to deliver health care in remote settings, and discusses the different types of health service buildings required to meet the needs of smaller communities. This chapter also compares specialist medical care and workforce requirements in rural and major metropolitan settings. Chronic disease self-management in rural settings is examined by looking at primary and secondary disease prevention.

Chapter 8 examines the place and impact of health service planning and development for rural health workforce recruitment and retention.

Chapter 9 discusses the challenges of building and maintaining a rural health workforce, exploring professional and personal factors such as ageing, feminisation, lifestyle factors, dysfunctional models of service provision and the political environment. Political and economic issues such as withdrawal of services in smaller rural communities resulting in fewer opportunities for education, training and employment are highlighted. Health service delivery is examined in the context of: market forces such as competition, cost-effectiveness and increased accountability; social, cultural, professional and geographic isolation; and class and socioeconomic status. The effectiveness of support programs in the successful recruitment and retention of health professionals is examined. The roles (and their overlap) and relationships of health professionals in diverse rural communities, from a regional centre to a remote bush-nursing post, are examined.

**Section 3  Competencies for rural health practice**

This section considers the competencies important to professional rural practice and clinical decision making. It takes an interprofessional approach to health care,
emphasising the individual variations among rural Australians from different cultural backgrounds. Chapters 10 and 13 emphasise that cultural identity is very individual and evolves with time and place as the individual adapts to the physical and cultural environment.

The Indigenous health sector specifically uses the term ‘cultural security’ in an all-encompassing context, covering the individual, family, community, health services organisation, government and environment. In a culturally secure environment, the individual feels ‘culturally safe’, the health professional is ‘culturally competent’ and the service provided is ‘culturally appropriate’. The health services organisation that meets the benchmarks for cultural safety, cultural competence and cultural appropriateness is ‘culturally secure’.

Chapter 10 considers the cultural skills and competencies appropriate for health professionals working with Indigenous peoples, and the need for appropriate cultural training of future health professionals. It also explores the levels of cultural security for Indigenous staff working in mainstream organisations. The diversity of the Indigenous population is emphasised to highlight the complex issues associated with achieving cultural security for Indigenous peoples in Australia.

Chapter 11 describes a population model of rural health practice, from clinical consultation to community intervention, in the context of the tyranny of distance. It examines how different health workers play out their complementary roles and form service networks. This chapter also illustrates how rural health workers access information for decision making at point of care.

Chapter 12 makes the case for the need for effective team-based, interprofessional approaches to health care in the rural and remote environments. It explores the knowledge, skills and attitudes required for working effectively in rural health care teams and how effective interprofessional practice can be supported and improved. Intersectoral collaboration in the provision of patient-focused health care may be the most efficient and effective way forward for rural Australia.

Chapter 13 examines issues concerning an increasingly important population group in rural Australia — migrants, refugees, asylum seekers and internally-displaced persons. It explores how the cultural identity of a migrant or refugee varies over time and place, as well as how ‘settlement’ and ‘self-reliance’ fit into the process of cultural adaptation. This chapter also looks at the need for a framework for culturally and developmentally responsive services in rural settings. The concept and practice of duty of care is made more complex by the multiple perspectives of the individual, host community and settler’s community. An examination of posttraumatic stress disorder, in the context of shifting international and national settlement guidelines, policies and practices, is included.
**Section 4  Is the future eHealth?**

This section looks at current innovations and the future, with a focus on new models of health care and the current and potential use of information and communication technology (ICT) to support health care, learning and research in the rural environment — eHealth, eLearning and eResearch.

Chapter 14 discusses how eHealth, eLearning and eResearch can improve rural health care and support the rural workforce and community. It examines how the existing structures and processes of rural health care in Australia can evolve into eHealth and what contributions they can make to emerging and innovative models of rural health care. Infrastructure and implementation issues are examined from the sociotechnical perspective in rural and remote settings.

Chapter 15 draws on the experience and expertise of academics and clinicians to describe current and leading-edge professional practice, and the balance between lifestyle and professional demands. The horizon is scanned for future trends, innovations and risks to rural health services.

**Part C — Resources**

Part C brings together the learning and teaching resources used in this textbook. It includes:

- glossary and definitions
- learning activities, listed by chapter
- other reading, teaching and learning resources including official reports, websites, CDs, DVDs and films, listed alphabetically
- references, listed alphabetically.

**How to use this book**

This book uses case-based learning and teaching to demonstrate the commonality and diversity of rural health in Australia. It promotes self-directed learning and provides key reading and a comprehensive bibliography to assist the teacher and learner.

It is important that you read chapters 1 and 2 to get a clear idea of the definitions and conceptual framework underpinning this book. The glossary and table of definitions are also quick references to assist your understanding of rural health and its attendant issues.

A comprehensive catalogue of recommended readings and resources and learning activities is provided to guide and support the self-directed learning and teaching. Preceptors and clinical supervisors may find this useful in planning educational activities. The case studies and learning activities may also be used to guide the assessment of learning during placements in the field.
Students will find in this book useful exemplars of the richness of their personal and professional experiences on placement as well as in the city. Suggestions of relevant and effective ways of engaging with rural people when they have to come to the city for health-related reasons are included.

The Australian Rural Health Education Network (ARHEN), comprising all the UDRH, has sponsored and supported the development of this book with funding support from the Australian Government.

**ARHEN and the University Departments of Rural Health**

The eleven University Departments of Rural Health are an integral and successful component of the Australian Government’s rural health strategy. The UDRH national body, ARHEN, provides leadership in rural health education, research and innovation.

ARHEN’s aim is ‘Achievement of better rural and remote health through learning’. The ARHEN and UDRH mission is to improve rural health by increasing the rural health workforce, supporting and training health professionals in rural areas, undertaking solution-focused research and developing innovative and interprofessional health models.

The UDRH form an academic, population health and community infrastructure, strategically placed to meet future challenges in improving rural and remote health, and allow rapid delivery of education and training, workforce support and innovative models of care. The UDRH have been successful change agents in increasing recruitment and retention of the rural workforce and have created a network of centres of academic excellence across rural Australia. These academic centres generate the growth of ‘intellectual capital’ in the bush and provide a base for ongoing research and education. The UDRH are located in the following locations:

- Alice Springs — Centre for Remote Health (a joint Centre of Flinders University and Charles Darwin University)
- Broken Hill — Broken Hill University Department of Rural Health (University of Sydney)
- Geraldton — Combined Universities Centre for Rural Health (a consortium of Curtin University of Technology, Edith Cowan University and The University of Western Australia)
- Launceston — University Department of Rural Health, Tasmania
- Lismore — Northern Rivers University Department of Rural Health (University of Sydney and Southern Cross University)
- Moe — Monash University Department of Rural and Indigenous Health
- Mount Isa — Mount Isa Centre for Rural and Remote Health (James Cook University)
- Shepparton — University of Melbourne Department of Rural Health
• Tamworth — Northern New South Wales Department of Rural Health (University of Newcastle and University of New England)

• Warrnambool — Greater Green Triangle University Department of Rural Health (a partnership between Flinders University and Deakin University)

• Whyalla — Spencer Gulf Rural Health School (a joint initiative of The University of Adelaide and the University of South Australia).

The interprofessional UDRH provide undergraduate and postgraduate education as well as vocational training with the existing health and health-related workforce. The UDRH have over 35 recognised learning sites, with academic staff in the fields of medicine, nursing, allied health, pharmacy and mental health, providing an infrastructure for workforce recruitment and support in targeted health disciplines.

ARHEN and the UDRH provide the government with a national network of academic centres, ICT and infrastructure to implement innovative solutions to health workforce education and training, creating and driving solutions to meet different levels of health service demand. The UDRH also drive and support eHealth, eLearning and eResearch through a number of training opportunities and programs.

ARHEN and the UDRH see this book as a tool to support and enhance the role of the UDRH as an academic and population health organisation and community infrastructure to enable the efficient delivery of education and training, workforce support and innovative models of care.