

# SARRAH

Services for Australian  
Rural and Remote Allied Health

**Media Release**

24 April 2019

## **Build the Allied Health Workforce: Close the Rural Health Gap**

Our rural and remote communities face an ongoing disparity in access to allied health services.

People living rural and remote Australia are twice as likely to be hospitalised for chronic heart conditions, 11 times more likely to be hospitalised for diabetes related amputations and face obesity rates up to 8% higher than metropolitan areas on average. This all contributes to mortality rates that are 1.3 times higher than metropolitan areas, a clear indication of the rural health gap faced by one third of our population.

To close the rural health gap, Services for Australian Rural and Remote Allied Health (SARRAH) calls for serious action from all political parties to design a new National Rural and Remote Health Plan.

Coordinated effort is needed across all levels of government to reduce the disparity in health outcomes between metropolitan and rural residents. A National Rural and Remote Health Plan that incorporates a well-crafted workforce development strategy will go a long way to addressing market failure, filling chronic vacancies and improving access to a full suite of health care services for rural and remote Australians.

"Healthy rural communities depend on ready access to essential health care services such as physiotherapy, psychology, podiatry and speech pathology," says SARRAH acting CEO, Cath Maloney. "These services work alongside the GP to support people to remain fit and well and out of hospital."

SARRAH calls on all political parties to:

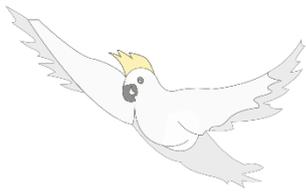
- Build a "grass roots" allied health rural workforce pipeline by restoring rural undergraduate scholarships for the allied health professions and developing career pathways for rural students to gain qualifications close to home.
- Implement the National Allied Health Rural Generalist Pathway that recognises the unique skill set required to practice in rural settings.
- Address market failure by improving access to Medicare rebates for allied health professionals and remove limitations such as requiring patients to have a chronic disease management plan (CDMP). This will allow subsidised access to allied health services without the need for a CDMP or GP referral to access services.

Acting CEO Cath Maloney said that the inequality in access to allied health services in the bush has been an intractable problem for decades because of fragmented funding and an *ad hoc* approach to health reform.

"Whilst the \$550m commitment by the Federal Government to rural and remote health is welcomed, the allied health professions' vital contribution to comprehensive, teams-based health care continues to be overlooked.

**Services for Australian Rural and Remote Allied Health**

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Serious attention needs to be given to building a fit-for-purpose rural allied health workforce so that consumers of health, disability and aged care services can access specialised care locally. A new National Rural and Remote Health Plan that incorporates these key priorities is part of the solution."

With less than a month to go until polling day, it is imperative that all political parties commit to building a rural health workforce that is supported and supports the community they serve.

*SARRAH exists so that rural and remote Australian communities have allied health services that support equitable and sustainable health and well-being. SARRAH is the peak body representing rural and remote Allied Health Professionals.*

*Allied Health Professions include but are not restricted to: audiology, chiropractic, dental and oral health, dietetics and nutrition, diabetes education, exercise physiology, genetic counselling, health promotion, medical radiation science, occupational therapy, optometry, osteopathy, paramedic practice, physiotherapy, podiatry, prosthetics and orthotics, psychology, social work, speech pathology and sonography.*

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