

# Investment in community-based rural health care innovation to address health inequities in Australia

Leesa Hooker,<sup>a,b</sup> Fiona Burgemeister,<sup>a,b,\*</sup> and Jane Mills<sup>a</sup>

<sup>a</sup>La Trobe Rural Health School, La Trobe University, Bendigo, Australia

<sup>b</sup>Judith Lumley Centre, School of Nursing & Midwifery, La Trobe University, Bundoora, Australia

We read Alston and Versace's article, which called for investment in rural research activity situated in rural hospitals with great interest.<sup>1</sup> We wholeheartedly agree with this commentary and write now to add our own thoughts.

Around 30% of the population lives in rural and remote Australia. People living in these areas have higher rates of chronic disease and a lower life expectancy. They experience high levels of socio-economic disadvantage, and struggle to access health services due to distance, cost and workforce shortages.<sup>2</sup> Investment in rural health research is urgently needed to know what works to address the inequities in health outcomes between metropolitan and rural Australia.<sup>3</sup>

We echo Alston and Versace's call for investment in hospital-based rural health research. Researchers in our School demonstrate the value of researchers and hospital-based clinicians working in partnership to inform service design<sup>4</sup> and implement interventions that improve health outcomes and reduce hospital admissions.<sup>5,6</sup> We especially agree that the dissemination of findings to inform opportunities for upscaling is crucial.

We further contend that we must look beyond hospitals and also invest in community level rural research that tests innovative, evidence-informed place-based solutions to address the social determinants of health that drive poor health. Rural hospitals are overburdened and underfunded, further exacerbating the issues rural people face. New models of healthcare delivery are required to prevent people needing to present to rural hospitals. In partnership with organisations ranging from community health services, local councils, and the Royal Flying Doctors Service, our researchers are building the evidence for new approaches to the delivery of specialist care, health promotion, oral health care, health care for children in out-of-home care and end-of-life palliative care.<sup>4,7,8</sup> Where we have outcome data available, these context-specific approaches are improving patient satisfaction, health outcomes and reducing hospital admissions. These projects have often been funded by small

grants yet are having a significant, meaningful and lasting impact on local communities. Importantly, the research partnerships that started from these small projects have led to ongoing, trusted relationships that are building local evaluation capacity, funding industry PhDs and encouraging our industry partners to build evaluation into their everyday work.

Extending the reach of place-based research studies, we are working with McMaster University in Canada and participating in a world-wide Community Paramedicine trial. Paramedics are being placed in communities where there is an identified need to improve health and access to health care.<sup>9</sup> The paramedics start by establishing trusting relationships with the local community, focusing on individualised care using a social determinants of health framework. Individuals have their basic needs met (food, transport, social connection) alongside their health care needs. The positive impact of this model of care on the health of patients and on the wider health system has been well established.<sup>10</sup> The transferability of this model of care between metropolitan and rural contexts is the focus of our arm of this international study.

It is estimated that only around 2.4% of National Health and Medical Research Council funded projects are aimed specifically to improve the health of Australians living in rural and remote areas.<sup>3</sup> Not only is this disparity in funding inequitable and unfair, it disadvantages Australians who already have poorer health. We already know that "what works" in metropolitan areas does not automatically translate to rural and remote areas due to issues of setting and scale. Funding research that goes beyond the remit of hospitals and enables the testing of novel, place-based approaches to rural health and health care in partnership with a wide range of industry partners must be part of the solution to reducing the inequity gap.

## Contributors

All authors: conceptualisation, methodology, writing–review & editing.

FB: investigation, writing–original draft.

LH: project administration, supervision.

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\*Corresponding author. Judith Lumley Centre, School of Nursing & Midwifery, La Trobe University, George Singer Building, Plenty Road, Bundoora, VIC 3086, Australia.

E-mail address: [f.burgemeister@latrobe.edu.au](mailto:f.burgemeister@latrobe.edu.au) (F. Burgemeister).

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#### Declaration of interests

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