

Policy and Place: Challenges of the Rural Context

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May I extend my congratulations to the organisers of today's Forum, particularly Dr Guin Threlkeld and Professor Jeni Warburton. It was only when I began to focus on my own topic when I began to prepare this paper, that I realised just how well the program for today sets the scene for the future work of the John Richards Initiative for research into aged care in rural communities. I would also like to once again congratulate John Richards for his vision in initiating this venture – the importance of which has become clearer to me in the process of preparing my talk for today.

"I have a dream!" So said Martin Luther King 45 years ago. Well, while some of Mr King's dream may become a reality shortly, I didn't have a dream so much as a sleepless night.

And that was because I was focussed on the second part of my topic for today – the Challenges of the Rural Context. I was feeling like I might be the least qualified person in this room to talk about that topic. The farm that you see behind me is the closest I usually get to primary production.

It's the Collingwood Children's Farm, just 4 kilometres from the centre of Melbourne and where I say good morning to the cows and goats on my morning run. And here I am before a room full of experts - as well evidenced by the program for this afternoon. I'm a city boy.

CITY SLIDE

I realised - at about four in the morning, that what I should focus on is the first part of my topic - Policy and Place. At least one of those is my special subject and I have a strong interest in the other.

So, Policy and place - where is the link to our discussions for today?

I've been around health and aged care policy for 25 years now - so you could say it's all my fault. I was involved in the establishment of the HACC program, and the ACATs, planning ratios for nursing homes and hostels and the major growth of hostels in the '90s, hostel options that later became CACPs, and even the establishment of Veterans' Home Care.

Each of these had its own policy basis and rationale, although most of the time we are so close to the details of a policy question that we rarely take the time to step back and ask what it's all about - how does it work, how could it be done better.

This is one reason to establish the JRI - as I shall elaborate. A body where researchers are detached from the policy process is strongly placed to provide evidence-based critique of policy.

THINKER SLIDE

What do we mean when we say policy?

The term has a range of meanings. I like to think of it as a statement of **what** we do or **intend** to do. It can also extend to statements about **how** we do something - the terms and conditions you might say. When you take that into account, the separate use in **insurance** policy makes sense. A policy usually has an intended outcome - although it might not be explicitly stated.

Government policy is the area that achieves the most attention but most organisations - even families - have policies. Policies may have differing **interpretations** - interpretation sometimes being in the eye of the holder. They are also pitched at a range of different **levels**.

Human services policy is a special case because it involves governments funding services for people - not just shaping (or regulating) behaviour. This is especially so in relation to health and aged care - our focus.

Policy always has underlying **theory** – most often not stated and very often assumptions are not shared.

Policy can be at different levels – policy about what you are to do and policy about how it will be done.

Also, there is policy about who will decide policy. In fact, it's a bit of a two way street. People delegate decision making to government – say through policy, expressed through legislation about whether and when you can make a noise. Governments delegate to people – for instance to establish Health Service Boards that will determine service delivery policy.

These policy realms can – and do – overlap. The Health Service Board might decide to offer Commonwealth funded residential care.

Commonwealth policy will dictate in great detail, the revenues and charges available to the service.

POLICY DOMAINS SLIDE

Different policy domains will impact upon others. For example, health policy:

- Regulates practice of health professions and providers of health care
- Subsidises or provides services to those who need them.

Education policy and immigration policy are just two policy domains that affect the operation of health policy and are therefore legitimate policy concerns of consumers and providers of health care.

For example, the President of the AMA might comment on immigration of doctors or Aged and Community Services Australia might comment on number of nursing places in universities.

CONTEXT SLIDE

These adjoining policy domains become part of the **context** of policy.

PLACE is a most important context in many policy areas.

I will argue that this is especially so in respect of health and aged care and that is a reason why the John Richards Initiative is so important.

What is PLACE?

There are 31 definitions in my Macquarie Dictionary. The first and most relevant is "a particular portion of space of **definite** or **indefinite** extent"

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The importance of place in shaping the context for health and aged care policy - or indeed many other types of policy is that it becomes the defining variable in the context, or in mathematical or logical terms, it is the independent variable.

What is it about this portion of space of **definite** or **indefinite** extent that makes it the most important variable?

My answer is that it is about the relationships between the characteristics within the place and about the relationship between places.

CHARACTERISTICS SLIDE

Characteristics within (or attached to) a place include:

- Demography – population size and age distribution and the rate of change,
- Economic – jobs, average incomes, income distribution and the extent of disadvantage, and the rate of change of those,
- Education – average levels, local opportunities, presence of special skills,
- “Livability” – lifestyle attributes, for example, natural environment, cultural and recreational options, housing choices, health care.

Characteristics about the relationship between places include:

- distance – to capital city, other destinations, recreational areas,
- transport infrastructure
- ICT infrastructure
- Regional centre/hinterland relationships.

SO? SLIDE

These two groups of characteristics of the key (independent) variable PLACE are important in shaping dependent variables that form the context – or the enablers and constraints for policy.

We need to note that some of the characteristics of the independent variable PLACE, may be the same as the same thing as the dependent variable. For example, the existing population size may be an enabler of a constraint for a change in population.

As I see it, this is not tautological – It is a reflection of the complex interrelationships within a system.

For example, evidence cited in “Provincial Victoria, Emerging Trends in Jobs and Population” - a research project undertaken by the RPD Group Bendigo, indicates that population growth itself creates jobs and this, in turn, creates population growth. The policy response suggested by that finding would therefore be to invest in ways other than employment creation, to stimulate population growth.

LINKS BETWEEN PLACE AND POLICY

Links between place and aged care policy seem pretty obvious - or are they?

We know we need critical mass of population for the delivery of services and we tend to focus on this. We need a mass of consumers to justify investment and we need a mix of cases to maintain skills at safe levels.

But there are other impacts of place that affect our ability to provide:

- Attractiveness to professionals (that mix of characteristic – both of actually living there or conveniently commuting)
- Resources available from the community eg. does the affluence of the community support a robust private practice that keeps professionals in town to the advantage of public patients or clients?
- Skills available in the local community and local capacity to “grow your own” eg. a local TAFE

WIDER ISSUES

Relationships BETWEEN places are important in looking at some of the issues I have covered, and others.

- Does the presence or extent of a regional centre’s hinterland expand opportunities or create additional challenge?
- What is the right arrangement for the delivery of services? Our Rural Health Directions distinguish between local, district and regional services and incorporate area-based planning to support effective cooperative arrangements between places.

What about health itself?

We know that health status is on average not as high outside metropolitan areas. We know that it varies across rural areas. Policy responses to that issue will vary with circumstances & characteristics related to place.

Other factors that affect health and aged care policy.

Regional Development policy and programs will affect the rates of growth of populations, providing changed enablers and constraints for health service delivery.

PLANNING FOR PLACE

Strategic and statutory land use planning may have a direct, place-based effect on the policy context for the delivery of aged care and health services. A recent seminar initiated by a Northern Victorian PCP canvassed the planning issues associated with the development of retirement villages and similar accommodation options in rural and peri-urban towns.

That example illustrates the way in which policy, or the absence of policy, in one domain may have a direct place based impact on another policy domain. In that case the highlighted issues were the ability to deliver necessary services and liveability and social cohesion.

SO WHAT ABOUT THE RURAL CONTEXT?

Is it different? Yes, of course it is.

Considerations of place are far less important in a city simply because of mass. Many of the characteristics discussed above do not become constraints or enablers in the same way because any particular place is so closely proximate to another that has balancing characteristics. For

example, if medical specialists do not live in one part of a city they are still readily able to travel that area. Critical mass for service delivery is ubiquitous.

So, there we have the reason for the John Richards Initiative – a centre for the study of aged care in rural communities. Study where place is a critical variable. Research conducted by JRI will provide the evidence to aid policy decision making and planning, shaped by place.

Jeni has talked this morning about what we don't know. The short answer is 'heaps'. Our aged care policies have been fairly uniform in the past and that has impacted on rural communities unequally. Education is another area that has been a bit of a 'one size fits all'. In health care we have always been more sensitive to issues of place in policy and planning. In particular, more local involvement in planning and policy is present, especially in Victoria. Perhaps systematic evidence from that experience can be brought to bear on aged care policy.

The development of systematic evidence to aid policy development is what a research institute like JRI is about.. Dissemination of that evidence and assistance in putting it into use are equally important. JRI has already embarked on a path to work closely with service providers and communities to test and demonstrate the practical translation of research into practice, demonstrating that place is also important in shaping University policy. THANK YOU