



# **RWAV's Commitment to Better Health for Rural, Regional and First Nations Communities in Victoria**

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## About RWAV

Since its inception in 1997, the Rural Workforce Agency Victoria (RWAV) has become a significant and successful non-profit organisation, funded by State and Commonwealth governments. RWAV improves access to quality primary care health services and other health services for rural, regional and First Nations communities throughout Victoria. We aim to improve health outcomes through effective and customised health workforce solutions that are informed through partnerships, workforce and population health data, and collaboration with communities.

At RWAV, we are dedicated to improving the health and wellbeing of rural, regional and First Nations communities in Victoria. Our position statements reflect this commitment and guide our actions.

## RWAV's Positions

1. **Enhancing Access to Healthcare:** We believe that all rural, regional and First Nations Victorians should have equitable access to high-quality healthcare services, regardless of their location.
2. **Supporting Health Workforce Development:** We are committed to recruiting, training, placing and retaining skilled healthcare professionals in rural and regional areas to address workforce shortages and health disparities.
3. **Fostering Partnerships:** We recognise the importance of collaborating with local communities, health professionals, and partner organisations to create sustainable solutions to improve health outcomes, including engagement with students and tertiary institutions to ensure a strong future health workforce pipeline.
4. **Addressing Social Determinants of Health:** We work to identify the social, economic, and environmental factors that negatively impact rural, regional and First Nations health outcomes, and work with partners to contribute to action to address these.
5. **Promoting Innovation in Healthcare Delivery:** We support the adoption of innovative technologies and practices to enhance healthcare delivery and patient care in rural and regional settings. We collaborate with our partners to develop and test novel and sustainable workforce models.
6. **Ensuring Cultural Safety:** We understand that to improve the health of Victoria's First Nations communities, support must be dedicated to Aboriginal Community Controlled Health Organisations and related services, and that the broader workforce must be knowledgeable in Aboriginal and Torres Strait Islander cultures and cultural safety needs.
7. **Advocacy:** We acknowledge the significant inequities in health outcomes for rural, regional and First Nations communities and are dedicated to advocating to all levels of government for increased funding and dedicated strategies to ensure health outcomes equal to those in metropolitan areas.
8. **Evidence:** We base our decisions and resource allocation on the best available evidence and on the outcomes of genuine consultation.



## Context

Rural health outcomes are poorer compared to those in metropolitan areas. Higher levels of disease and rates of potentially preventable hospitalisations and deaths are substantially higher than those found in major cities<sup>(1,2)</sup>. This is observed in rates of chronic kidney disease, chronic obstructive pulmonary disease, coronary heart disease, lung cancer, stroke, suicide and self-inflicted injuries, and type two diabetes mellitus<sup>(1,2)</sup>. Several factors contribute to these disparities:

- **Geographic Isolation:** Long distances to healthcare facilities can impede and delay access to essential medical services<sup>(1)</sup>. For example, some women living in rural Victoria drive over two hours to access a permanent breast screening service<sup>(3)</sup>. Delayed access to healthcare contributes to late diagnosis and poorer outcomes.
- **Workforce Shortages:** There is both a shortage and a higher turnover rate of healthcare professionals in rural areas, leading to gaps in service delivery and poorer continuity of care for patients<sup>(1,2)</sup>. Wait times can be significant, particularly for essential mental health and Non-GP specialist care<sup>(4)</sup>. Health professionals tell us a lack of suitable accommodation, as well as fewer options for partner employment and education/childcare for children, are significant contributors to shortages.
- **Socioeconomic Factors:** Rural communities often face higher levels of poverty and limited access to health-promotion, health education and illness prevention resources including screening<sup>(1)</sup>.
- **Infrastructure Challenges:** Rural areas often lack the funding and infrastructure necessary to support comprehensive healthcare services, such as hospitals and specialised clinics<sup>(2)</sup>. Coordination of the holistic care of patients' needs across services can be extremely difficult.
- **Varied and complex health needs:** Rural and regional communities often contain vulnerable populations including First Nations communities, refugees, migrants, and seasonal international workers, with varied cultural and language barriers to accessing appropriate care<sup>(5)</sup>.
- **Communications technology:** Reduced access to reliable internet and technology<sup>(2,6)</sup> impedes remote consultations and healthcare, which could otherwise partly address workforce shortages.

These factors contribute to the substantial gradient in worsening health seen the further communities live from major cities. Other contributing factors include higher rates of daily smoking, alcohol use and obesity, and lower levels of health literacy, physical activity and nutrition within some communities<sup>(1)</sup>.

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## RWAV's Commitments and Actions

RWAV has been working to improve rural, regional and First Nations health for 27 years and is as energised as ever to continue this important work. To address the many challenges, RWAV is committed to implementing the following actions:

- **Health Workforce Initiatives:** We will develop and support programs that recruit and retain healthcare professionals in rural and regional areas such as offering financial incentives, training opportunities, and professional development.
- **Stakeholder Engagement:** RWAV will collaborate with rural, regional and First Nations stakeholders to better understand their unique local healthcare needs and co-design solutions that are culturally and contextually appropriate.
- **Partnership Development:** We will strengthen partnerships with government agencies, non-profit organisations, and private sector partners to collaborate and share expertise for greater impact.
- **Innovative Healthcare Solutions:** RWAV will promote the use of telehealth, mobile health clinics, and other innovative healthcare delivery models to enhance accessibility and quality of care in rural and regional areas.
- **Addressing Social Determinants:** We will contribute to research and programs aimed at improving the social determinants of health such as housing, education, and economic development, to create healthier and more sustainable rural, regional and First Nations communities.
- **Advocacy:** We will continue to advocate to all levels of government for increased funding and dedicated strategies to ensure health equity for all Victorians.
- **Data capability:** We will continue to advance our capabilities in collecting, analysing and sharing statistically sound data upon which to base our priorities and decision making.

By focusing on these key areas, RWAV commits to making a meaningful difference in the health and wellbeing of rural, regional and First Nations communities throughout Victoria. Together with our partners and the communities we serve, we will work towards achieving equitable health outcomes for all.

## References:

1. Australian Institute of Health and Welfare, (2024). Rural and Remote Health. <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>
2. National Rural Health Alliance, (2025). Rural Health in Australia Snapshot 2025. <https://www.ruralhealth.org.au/rural-health-in-australia-snapshot/>
3. Australian Institute of Health and Welfare, (2024). Access to BreastScreen Australia screening services. <https://www.aihw.gov.au/reports/cancer-screening/access-to-breastscreen-australia-screening-service/data>
4. Rural Workforce Agency Victoria, (2024). Snap survey: Rural Victoria non-urgent patient appointment waiting times. <https://www.rwav.com.au/wp-content/uploads/2024/08/Rural-Victoria-non-urgent-patient-appointment-waiting-times.pdf>
5. Murray Primary Health Network, (2025). Murray PHN Needs Assessment 2025/26 to 2027/28. <https://murrayphn.org.au/murray-phn-needs-assessment-2025-26-to-2027-28/#>
6. Rural Workforce Agency Victoria, (2024). Snap Survey: Internet access. <https://www.rwav.com.au/wp-content/uploads/2024/08/RWAV-Snap-Survey-on-Internet-Access.pdf>

## See also:

[RWAV's The Value of Rural Allied Health - Position Paper](#)

[RWAV's Statement of Commitment to Reconciliation](#)

## For comment:

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