National Rural Health Alliance E-forum – 12 January 2007

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CALL FOR EXPRESSIONS OF INTEREST IN ATTENDING A WORKSHOP ON BREAST CANCER AMONG INDIGENOUS WOMEN - ALBURY, 7 MARCH 2007

The National Breast Cancer Centre (NBCC) is planning a half-day training workshop in conjunction with the 9th National Rural Health Conference at Albury on Wednesday 7 March. 'Breast Cancer in Indigenous Women' will be of great value to all health workers in rural and remote areas who are involved in Indigenous health or who have contact with Indigenous women, including Indigenous health workers, GPs, rural and remote area nurses, and allied health professionals. Expressions of interest in attending the event should be made on-line at http://9thnrhc.ruralhealth.org.au/contacts/?IntContId=66&IntCatId=4 or by email to leanne@ruralhealth.org.au

The workshop program is likely to include topics such as incidence and outcomes, Indigenous women's perceptions and experiences, and early detection, treatment and care for breast cancer. There will also be an opportunity for participants to give their own observations and experiences of breast cancer in the Indigenous community.

This pre-conference workshop will add an additional cancer focus to that provided in the 'Cancer Service Delivery Issues' session of the conference itself.

The workshop will allow for the cultural sensitivity of 'women's business' issues. If the audience is comprised primarily of female Indigenous health workers, attendance may be restricted to women.

The level of demand for the workshop will determine whether it forms part of the program for the 9th National Rural Health Conference. A final decision on the availability and a detailed program for the workshop will be available in mid-February.

For further information about the workshop program, contact Thea Kremser on 02 9036 3068 or email thea.kremser@nbcc.org.au

9TH NATIONAL RURAL HEALTH CONFERENCE, 7-10 MARCH 2007, ALBURY NSW

Information and registration: http://www.ruralhealth.org.au/
Email: conference@ruralhealth.org.au

These are challenging times for country communities facing long-term loss of services and now serious shortages of water and the threat of a bad bushfire season. But rural Australians are well known for their resilience and there is also a well developed - if under-resourced - rural and remote health sector. The 9th Conference in Albury will need to accommodate the reality of the current situation but will end up with positive proposals about health and community interventions that work well.

One of the 45 concurrent sessions over the three days is on 'Recruiting health professionals for rural and remote areas'. James Barnes, one of the few international guests on the program, will talk about the global evidence of the efficacy of incentives in recruiting doctors to remote areas. Kerry Taylor's paper will discuss the significance of rural background in recruiting and retaining nurses to rural and remote areas. The third presentation in the session will see Ben Harris describing the Optometrists Association of Victoria's efforts to promote country practice to students. The final paper in the session will be from Judi Walker who will outline the impact of the supply of dentists on public dental services in rural Tasmania.

John Menadue will present a keynote address on prospects for the reform of Australia's health system. He is a former head of the Department of Prime Minister and Cabinet and CEO of Qantas. Since leaving the public service, Mr Menadue has undertaken reviews of rural health in New South Wales and South Australia. In his current capacity as Chair of New Matilda, an independent online political newsletter, John Menadue is a leading proponent of health reform. New Matilda has recently published a Health Policy for Australia: reclaiming universal health care.
There will also be sessions on Indigenous child and maternal health, the Royal Flying Doctor Service in action, and an extraordinary verbatim play, Embers, through which fire-ravaged Victorian communities shared their stories.

There will be a special workshop on kidney disease led by Alan Cass of the George Institute for International health.

Strong Opening session for 9th Conference

The Opening Session of the 9th National Rural Health Conference (Weds 7 March beginning at 4.00pm) will set the scene well for a rural health conference at a time of serious climatic emergency in the bush. The formal opening will be from Her Excellency Marie Bashir, Governor of New South Wales. Marie Bashir is from Narrandera in country NSW and is a psychiatrist, so very well equipped on issues relating to individual and community stress. Tony McMichael, a fine communicator, will canvas some of the evidence on climate change and relate it to the current drought. Jeff Kennett will describe some of the work of beyondblue, Australia’s National Depression Initiative, as it relates to the drought. And in his Keynote Address, the Minister, Tony Abbott, will outline some of the current and potential Australian Government responses to the health and service challenges in rural and remote areas.

The 9th Conference then continues Thursday, Friday Saturday 8-10 March at the Convention Centre in Albury, southern NSW.

The full program is available online, in portrait format, at http://9thnrhc.ruralhealth.org.au/program/docs/program.htm

Registrations online at http://9thnrhc.ruralhealth.org.au/registration/?IntCatId=2 or if you need any assistance Conference@ruralhealth.org.au or 02 6285 4660.

From John Wakeman, Chairperson, NRHA

This summer has already been remarkable for many people in rural and remote Australia. On top of the extensive and extended drought, we have had serious bushfires in many areas. Some of us are wondering what else we have to put up with. Our health sector takes on even greater significance when there these sorts of challenges.

But we’re a resilient lot and at the Conference in Albury we’ll have another opportunity to share our optimism about the future of rural and remote areas. It will help us to evaluate our successes and to make the case (in this election year) that we still need to be treated differentially. We are used to living in situations where infrastructure is more limited and services sparser and more expensive, but it must be recognised that governments need to make exceptions for us and provide special programs.

After te 8th Conference in central Australia two years ago, the 9th is is one of Australia’s major regional capitals. People will come from all parts of Australia and bring experiences from their own home areas. We must help with the design of a range of interventions that work well in places of different size and character.

Consider joining many others concerned with the future and health of people in country areas in Albury, 7-10 March. I hope to see you there.

John Wakeman

Major events in conjunction with 9th Conference

A number of important meetings are being held in Albury in March next year in conjunction with the 9th National Rural Health Conference. Before the Conference there is the prestigious 5th International Rural Nursing Congress, and Australian meetings of the National Rural Health Network of students’ clubs, and on emergency medicine, Aboriginal health, rural health service management, rural pharmacy, writing for publication, and the rural and regional ambulance paramedic in Australia. Given sufficient demand, there will also be a course on breast cancer in Indigenous women. After the Conference there is a one-day course on blood-borne viruses and sexually transmissible infections. Registration for these events, and further information about them, is available at the Alliance’s 9th Conference website (go to litsa@nrhn.org.au for information on the NRHN’s).

The 5th International Rural Nursing Congress runs from 4-6 March and has the theme Rural & Remote Nursing in a Changing Global Environment. Keynote Speakers include Judith Kulig from Lethbridge, Alberta, a health researcher and leading expert on the health benefits of rural community leadership, problem-solving and cohesiveness. Like many others, Judith will stay on for the 9th Conference at which she will also speak.

The National Rural Health Network Forum is an opportunity for 220 health students, members of 19 rural health clubs around Australia, to come together and discuss important rural and remote health issues from a student perspective. It will focus on mental health and health care issues. The NRHN’s Mental Health Guide, “When the Cowpat Hits the Windmill”, produced in conjunction with beyondblue, will be launched at the conference. The Forum (6-7 March) will help facilitate effective transitions for students to being effective members of the rural health workforce.

NACCHO, AIDA and the NRHA are planning a half-day focus on the Aboriginal health sector, dealing with some of the clinical, community development, workforce and organisational issues confronting the sector and how they are being addressed. People interested in the latest developments in Australia’s Indigenous health sector are encouraged to attend.

The Australian College of Health Service Executives (ACHSE) is holding a pre-conference forum on rural health service management. It will work through a range of topical issues facing health service managers in rural settings, and provide a great opportunity to meet and network with rural and remote health service managers from across Australia. Presentations will look at current health management best practice and innovative initiatives touching on key challenges, management from the perspective of Aboriginal communities and management trainees, and much more.

The RDAA/ACRRM Symposium (7 March) will be on emergency medicine in rural Australia. Key presentations will lead into facilitated group work from which the outcomes of the day are drawn. Delegates will thus have an opportunity to contribute to real innovation and
progress in support of quality emergency care for rural Australia. Delegates from all health professions, federal, state and local government, rural organisations, consumer groups, health service administrations and rural communities are needed to ensure that the outcomes are truly representative of the rural constituency. The outcomes of the Symposium will be published and provided to all participants for use in their own work.

Given sufficient demand, the National Breast Cancer Centre will run a half-day workshop for health professionals on breast cancer in Indigenous women. It would be of value to health professionals working with Indigenous women, including Indigenous health workers, GPs, rural and remote area nurses, and allied health professionals, as well as others with an interest in supporting members of Indigenous communities affected by breast cancer. Potential participants are asked to tick the box on the pre-Conference event portion of the Conference website.

The Rural Pharmacy Workforce Program will host the 2nd Rural Pharmacist Forum on 7 March. It will consist of presentations on the 4th Agreement Programs, experiences of a rural undergraduate scholarship holder, collaborative health care, and succession planning, S100, profile of a remote pharmacist, and pharmacist academics at University Departments of Rural Health.

'Innovations in rural and regional paramedic roles' is a workshop (7 March) sponsored by Charles Sturt University’s Institute of Land, Water and Society. A consortium of Australian Universities has completed commissioned research on the Rural and Regional Ambulance Paramedic in Australia. The research has resulted in a description of a rural expanded scope of practice paramedic. The research was funded nationally by the Council of Ambulance Authorities and conducted in four States. The workshop will be of interest to all health professionals and community members involved with rural expanded scope of practice models in Australia.

The full text of the NRHA statement is at http://nrha.ruralhealth.org.au/cms/uploads/media/all%20i%20want%20for%20christmas.pdf

**Health equality for Aboriginal and Torres Strait Islander peoples will make a major contribution to overall rural and remote health**

The NRHA supports the public call by Oxfam Australia and the Human Rights and Equal Opportunity Commission for health equality for Aboriginal and Torres Strait Islander peoples - both as a matter of human rights and fairness, and as a major contributor to health in rural and remote areas. About 70 per cent of Indigenous people live outside the metropolitan areas and in remote areas up to 30 per cent of the population is Indigenous.

The full text of the NRHA statement is at...
Since the first National Rural Health Strategy, there has been a decade characterised by significant rural and remote health service development. Policies over the past decade have been driven by the need to reduce health inequalities between metropolitan and rural Australia. These policies have concentrated on addressing workforce issues, targeting the medical workforce in particular. Little policy attention has focused specifically on the systematic development of sustainable comprehensive Primary Health Care (PHC) service models appropriate to rural and remote Australia. There is a need to know what model works best where, and why.

**Sustainable Chronic Disease Management in Remote Australia**

The Sharing Health Care Initiative (SHCI) demonstration project, which aimed to improve management of chronic diseases, was implemented in four small remote communities in the Katherine region which are serviced by the Katherine West Health Board, a remote Aboriginal-community controlled health organisation in the Northern Territory. We reviewed the project proposal, final report, evaluation reports and transitional funding proposal, and supplemented these with in-depth interviews with key individuals. We determined factors critical to the sustainability of the SHCI project in relation to context, community engagement, systems flexibility and adaptability, the availability and effect of information systems, and the human nature of health care and policy.

**Implementation, Sustainability and Generalisation of Exemplary Models of PHC Service Delivery in Rural and Remote Australia**

Since the first National Rural Health Strategy, there has been a decade characterised by significant rural and remote health service innovation and reform in Australia. The problem in rural and remote Australia has not been the absence of innovation, rather the failure to learn lessons from our experience and generalise these in the bush. This rural and remote APHCRI spoke has recently identified exemplary models of primary health care service delivery for small, dispersed rural and remote communities. The next stage of this study is to examine how these models can be implemented and sustained more broadly across other rural and remote communities that currently lack adequate primary health care services.

Join friends of the Alliance in 2006. By joining friends you will receive the updated CD ‘Rural and Remote Health Papers 1991-2005’, a 2006 friends certificate, regular issues of PARTYline newsletter, and be eligible for a discounted registration at the 9th National Rural Health Conference to be held in Albany in March 2007. Membership of friends would also give you the opportunity to be involved more closely with the Alliance’s information dissemination and policy work. You will become part of a group of people who contribute to and support the work of the National Rural Health Alliance.

**Rural Australia Medical Undergraduate Scholarship (RAMUS) - Applications Open**

The 2007 RAMUS Application Round was advertised nationally on Saturday 11 November 2006. Applications close 5pm, Monday 22 January 2007.

Applicants are encouraged to apply online and the online application form is now available from the RAMUS Scholarship page.

If you require further information, please contact the RAMUS Staff on 1800 460 440 (free call). If you are not able to apply online, download the Application Form, complete it in hardcopy and send to: RAMUS NRHA, PO Box 280, Deakin West, ACT, 2600.
PARTYline Newsletter
Latest Issue: Number 28, November 2006

In This Issue
* climate change
* literacy for life
* hospital design for remote areas
* dental deficiencies on the political agenda
* patients pick up costs of maternity services
* special issues for rural carers
* opportunities to volunteer
* water safety
* the challenge of health funding
* special issues for rural carers
* new qualifications for Aboriginal Health Care Workers
* what will health teams look like in 2020?
* video conference training for health professionals
* telelink: making rural connections
* check out the views at the 9th Conference
* photographic celebration of fitness

PARTYline readily accepts contributions from readers - articles (up to 500 words) and photographs can be sent to partyline@ruralhealth.org.au

CHANGES IN HEALTH: A SNAPSHOT, 2004-05
This article summarises some key changes in health and related characteristics of the Australian population over the ten years 1995 to 2004-05, as measured by the National Health Survey (NHS). Changes in the prevalence of selected long-term medical conditions, health-related lifestyle behaviours and changes in use of selected health services are discussed for broad age groups and by sex.

LIFELINE'S JUST ASK - 1 300 13 11 14
Your Rural Mental Health Information Service
Lifeline's Just ask is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit http://www.justask.org.au and further information is available at national@lifeline.org.au and http://www.lifeline.org.au

RURAL PHYSIOTHERAPISTS JOIN NRHA
At the most recent meeting of the NRHA, Council admitted to membership the Rural Members Network of the Australian Physiotherapy Association (APA). The network consists of some 2,770 APA members and is made up of a number of regional groups. Its representative body is the National Rural Issues Committee (NRIC) comprised of a rural or remote member from each State and the Northern Territory. The full text of the NRHA statement is at http://nrha.ruralhealth.org.au/cms/uploads/media/aparmn%20welcome.pdf and is reprinted below.

BUSH CRISIS LINE - 1800 805 391
Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information http://www.bushcrisisline.org.au

NEW ARTICLE IN "RURAL AND REMOTE HEALTH"
'Rural Mental Health Units - Is there a role for a GP?'
Could salarying rural doctors to work in mental health units improve patient care? See what rural doctors in Queensland, Australia, thought of this suggestion.

Beyondblue and INCITEC TACKLE DROUGHT DEPRESSION
(From Farmonline - free registration required - the full text is at http://www.farmonline.com.au/news_daily.asp?ag_id=39429)
Incitec Pivot field staff will be trained by Beyondblue to diagnose depression among their rural clientele. The move comes as part of a joint drought depression initiative from the two organisations, which is aimed at raising awareness of depression and its impact in rural Australia.
This report describes injury mortality in Australia during 2003-04. It includes information about the major causes of injury such as falls, transport-related injury, intentional self-harm and assault. Injuries due to these and other causes are described, in terms of case numbers and rates, by age and sex, remoteness of usual residence, length of stay in hospital, external causes of injury, and other characteristics. The report will be relevant to anyone interested in gaining an insight into patterns of injury morbidity and the burden it imposes on the Australian community.

This report presents national statistics on injuries that resulted in admission to hospitals in Australia. It includes cases discharged during the year to 30 June 2004. The report has been designed to complement 'Injury deaths, Australia 2003-04'.


The number of medical practitioners in Australia increased by nearly 14 per cent between 2000 and 2004, and nurse numbers increased by 12.5 per cent between 1999 and 2004, according to two labour force reports released by the Australian Institute of Health and Welfare. The first report, Medical labour force, 2004, shows that there were 65,499 medical practitioners registered in Australia in 2004, and most of them (58,211 or 88.9%) were working in medicine. The remaining 11.1 per cent were either working in a different occupation or not working at all. More than 90 per cent of the medical practitioners working in medicine were clinicians, and just over 40 per cent were primary care practitioners - mainly GPs.


This publication is the 19th in the General Practice Series produced by the Australian General Practice Statistics and Classification Centre, a collaborating unit of the Australian Institute of Health and Welfare and the University of Sydney. It reports the results of the eighth year of the BEACH program, April 2005 to March 2006. Data reported by 1,017 general practitioners on 101,700 GP-patient encounters are used to describe aspects of general practice in Australia: the general practitioners and their patients; the problems managed and the treatments provided. The contribution of practice nurses to the GP-patient encounters, in terms of their clinical activities, the problems they assist with and the Medicare items claimed, are described for the first time in this report. Information on body weight to height ratio, smoking status and alcohol use of a subsample of patients is also provided. Changes that have occurred since 1999-00 are investigated. Data for each of the last 5 years of BEACH are summarised in the appendixes to this report.

Don't ignore depression, doctors urge
Rural doctors say their already tight resources will be stretched as the drought drags on, but they are urging people to seek help for depression regardless. (15/12/2006)
http://www.abc.net.au/health/mailinglist.htm

INDIGENOUS MALE LEADERS BEGIN CAMPAIGN TO END VIOLENCE (PM:15/12/2006)
http://www.abc.net.au/rural/news/content/2006/s1812496.htm

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RURAL HEALTH ON THE ABC

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Rural doctors say their already tight resources will be stretched as the drought drags on, but they are urging people to seek help for depression regardless. (15/12/2006)
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INDIGENOUS MALE LEADERS BEGIN CAMPAIGN TO END VIOLENCE (PM:15/12/2006)
http://www.abc.net.au/pm/content/2006/s1814396.htm

5th International Rural Nursing Congress - Registration Open
4 - 6 March 2007
Albury, New South Wales
This pre-conference meeting will be run in conjunction with the National Rural Health Alliance and the 9th National Rural Health Conference. Registration and further information for this event can be found on the 5th International Rural Nursing Congress page (http://9thnrhc.ruralhealth.org.au/contacts/?IntContId=69&IntCatId=4) on the 9th National Rural Health Conference website.

From: Relate Human Services
Subject: ACCFPFP Conference 2007
You are invited to attend the second national conference for the Australian College for Child and Family Protection Practitioners in
Melbourne - 19 to 21 May 2007 at the Victoria Hotel, Little Collins Street.

The conference theme “Borders and Bridges” reflects the broad contexts of Australian child and family practice. Diverse state data collection systems and differences in risk and safety assessment supply the foundation of a lack of systematic planning. Workforce roles are similar but skills and qualifications are not truly comparable. Different levels of non-government and government services across the three tiers of government add to the complexity. The ACCFPP aims to build bridges between agencies and professions to minimise the impacts of poverty and mental illness on Australian families and children.

The Conference secretariat is based at the Mackay Offices of Relate Human Services, PO Box 1401, Mackay 4740, Phone 07-49575400 Fax 07-49575488 Email: accfpp@bigpond.net.au
http://www.relatehumanservices.com.au

http://www:relatehumanservices.com.au

From: Kelli Dopson
Subject: 18th Annual RDAQ Conference: Shifting Sands, Changing Tides: the next generation

18th Annual RDAQ Conference: Shifting Sands, Changing Tides: the next generation
7-10 June 2007
Rydges Capricorn Resort, Yeppoon

Join us on the Capricorn Coast for the Rural Doctors Association of Queensland Conference to develop your skills and have your say on the future of rural health. Topics include:

- Workforce solutions
- Maternity services
- Medico-political forum
- Indigenous women’s health
- Mental health
- Barriers facing IMGs
- Cardiology
- Toxicology
- Musculoskeletal medicine
- Acute behavioural emergencies
- And much much more

REGISTER NOW for discounted rates!
For program and registration details visit http://www.rdaq.com.au/conference or call 07 3105 7800

Kelli Dopson
Event Manager | RDAQ Conference 2007
Tel: 07 3105 7800 | Fax: 07 3105 7801
kdopson@healthworkforce.com.au
http://www.rdaq.com.au
GPO Box 2523, Brisbane, Qld 4001

From: Michael Blair
Subject: Australian College of Mental Health Nurses 33rd Annual International Conference

The Australian College of Mental Health Nurses is to hold its 33rd Annual Conference in Cairns in 2007.

The theme for the conference, "Mental Health Nurses: Making Waves", not only illustrates the tropical location of the 2007 conference, it is also intended to reflect the idea that historically derived factors influencing development in Mental Health Nursing, reach out and influence others with related concerns.

Waves convey ideas of movement and change. History evolves as events change. Its influence on the future changes with developments that are based on the lessons learnt and experienced. As a wave rolls through, its predecessor is completely changed and yet waves are comprised of those that have come before. Our theme challenges presenters to address related topics. We know that mental health issues will remain important to communities and individuals in the years and decades to come. Mental health nursing is challenged to make waves and to be a key player in this expanding sphere.

The ACMHN Inc., through its national Conferences, local seminars, educational functions, scholarships and awards, has enjoyed a long and productive relationship with key sponsors. We hope that existing sponsors will take this opportunity to continue a mutually rewarding relationship, and that new groups will be inspired to join us.

The Web site URL for persons to express an interest in attending or sponsoring the conference is http://www.astmanagement.com.au/anzcmhc7/

All those persons that express an interest in attending via the web site will go into the draw for a free registration to the conference.

The conference will be held at the International Hotel in Cairns from the 8th to the 12th of October 2007.

Submission of Abstracts are called for and they may be submitted electronically via the Web site. You are invited to submit abstracts addressing topics including, but not limited to:

* Collaborations between sectors and service providers; academics and clinicians; consumers, carers and mental health professionals
* Innovations in mental health education
* Nurse-led practices and programs
* Rural, regional and remote mental health issues and service delivery
* Indigenous mental health
* Culturally relevant programs and practices
* Practice implications and recommendations from mental health research
* Specific mental health issues impacting on families, consumers, and carers across the lifespan.

For further information contact:
Mick Blair
Co-convenor
ACMHN Inc. 33rd International Conference 2007

From: Nicky Reavell
Subject: 9th Australian Palliative Care Conference - Call for Abstracts

Partners Across the Lifespan

Palliative Care Victoria in conjunction with Palliative Care Australia is hosting the 9th Australian Palliative Care Conference. It will take place at the Melbourne Convention Centre, Victoria Australia from Tuesday 28 to Friday 31 August 2007.

Abstracts are now being called for 20 minute oral presentations, 45 minute workshops, and/ or poster presentations which incorporates the notion of the conference them 'Partners Across the Lifespan'.

All abstracts will be considered, however we encourage you to submit abstracts which address the conference theme and its sub-themes.

An online submission is now open at the conference website for 'Call for Abstracts'

The conference website is www.iceaustralia.com/apcc2007

Palliative Care Australia
PO Box 24
Deakin West ACT 2600
Ph: +61 2 6232 4433
Fax: +61 2 6232 4434
http://www.pallcare.org.au

From: Mcalpin, Susan
Subject: International Rural Network World Rural Forum

The International Rural Network World Rural Forum, India, Late Jan-Early Feb 2008: Innovation for Sustainable Local Development.

The main focus of the Forum will be on innovation in education, health, resource management, governance, and sustainable development to improve the quality of life of rural people and reduce rural poverty and social exclusion.

The forum will be based in the beautiful rural town of Udaipur, Rajasthan, which is also the home of IRN Board Member Lakshmi Murthy.

The Forum will involve five days, with at least one day (or equivalent) in local field visits to see the relevant work of NGOs etc. There are likely to be optional additional visits after the Forum either to the famous Institute of Rural Management in Anand, Gujarat and/or to the equally famous Birla Institute of Technology in Pilani, Rajasthan.

The date of the conference will be around the end of January or beginning of February 2008. If you are interested, please check out our website at http://www.International-Rural-Network.org and email Nicola.swan@btinternet.com to register your interest in keeping informed as soon as possible.

IRN Aims
Poverty and disadvantage is a common feature of rural areas and people across the world. This is explicitly recognised in the UN Millennium Development Goals. By providing a global forum for academics, practitioners, NGOs and policy makers concerned with sustainable rural development, education and health, the IRN aims to stimulate exchange of knowledge, experience and ideas, and create regional and global support networks. In this way it helps to develop a storehouse of knowledge and expertise on rural concerns, and to raise the profile and policy impacts of rural people, their NGOs and other organisations aiming for local empowerment, engagement, and supporting activities including policies.

CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is edited by a third party moderator, Jim Groves. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au (do not "reply" to this email - send contributions to grovesc@winshop.com.au).

As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the view of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au.

This issue is going to 2,545 email addresses. Please forward a copy to any colleague you think may be interested.

NRHA Media Release 22 December 2006
"All I want for Christmas is a (rural) GP - or perhaps a multidisciplinary team"

The latest report from the AIHW on changes in the medical workforce between 2000 and 2004 makes very gloomy reading, especially for country people. The supply of medical practitioners rose in metropolitan areas but fell in non-metropolitan areas. There are substantial numbers of new medical graduates in the pipeline. But if that is to ease the worsening under-supply of general practitioners in rural and remote areas, many of the undergraduates and new graduates need to be persuaded of the benefits of general practice in rural and remote areas, and be prepared for it thoroughly well.

Between 2000 and 2004 the absolute number of medical clinicians in Australia grew by 14 per cent but many of them are specialists and specialists-in-training. The available supply of primary care practitioners (1) or GPs (as distinct from hospital non-specialists, specialists and specialists-in-training) decreased in all regions except Inner Regional (2), where there was little change. Based on clinical hours worked, the overall national supply of GPs fell between 2000 and 2004 from 97 to 92 full time equivalents per 100,000 people. In Very Remote (2) areas the number of GPs fell by 33 per cent: from 100 per 100,000 people in 2000, to 67 per 100,000 in 2004. This is alarming.

At the same time, the AIHW report on nursing numbers showed a much more even distribution of nurses across metropolitan, rural and remote areas. Nurses make up the largest element of the health workforce and we need to focus on building teams in the bush.

The Alliance is promoting a plan that would make a contribution to increased supply of all health professionals in rural areas. It consists of extra scholarships for rural students to study the health sciences, an increased number of rural placements to be supported by an augmented network of new and existing University Departments of Rural Health, and increased national investment in the oral and dental health workforce in particular.

It is clear that the health workforce situation for rural and remote communities will get worse before it gets better. As well as its attention to workforce issues, the Alliance is also focused on other essential requirements of rural and remote primary health care. This includes appropriate financing systems that will maximise Commonwealth-State relations, adequate levels of funding, a focus on health teamwork and some workforce reorganisation, improved infrastructure, and good management and governance. The Alliance is keen to work with government on a new national primary health care policy for rural and remote areas that will bring together all of these elements.

Further information: John Wakeman, Chairperson 0417 884 182
PDF version of media release available on NRHA Website: www.ruralhealth.org.au

Footnotes:
(1) "primary care practitioners are the main initial contacts for direct health care, and their supply is a useful indicator of people's access to services" (page 18 of the new report).

(2) ’Inner Regional’ includes Albury, Wagga, Dubbo, Ballarat, Toowoomba, Mount Gambier and Bunbury. ‘Outer Regional’ includes Albany, Renmark, Goondiwindi, Horsham, Tenterfield and Gunnedah. ‘Remote’ includes Cobar, Coonamble, Cleve, Port Lincoln, Dumbleyung and Gnowangerup. ‘Very Remote’ includes Meekatharra, Exmouth, Coober Pedy, Richmond and Winton.

NRHA Media Release 2006
Federal Budget Submission calls for a Drought Research Initiative

With many parts of rural Australia currently under great duress, the NRHA has called for a small number of new policies that will improve the rural and remote health workforce and enable intervention and support measures to help protect people's well-being and the future of country communities.

The Alliance has proposed a Drought Research Initiative to focus on human wellbeing aspects of the extended dry, and modest new investment in a rural placement system for health undergraduates, extra scholarships for health students from rural areas, and a three-part plan to improve the rural supply of dentists and oral hygienists.

"Despite the drought, the economy is booming and now is an opportune time to help protect country communities, to point the way for health service and other interventions, and to enable rural people to share in national prosperity," according to John Wakeman, Chairperson of the Alliance. "The four measures proposed have been identified as priorities by consumer groups, and received strong support from our health provider groups."

The Alliance’s package would cost $39.4 million in 2007-08 - a modest amount in the context of the national Budget and the severity of the current rural difficulties. It will complement other government initiatives, such as drought assistance to farmers, the substantial allocation to mental health, and the Rural Health Strategy. "It's clear that some additional investments are needed to help protect country communities and businesses from the worst effects of the current situation, and to invest in their future sustainability," Dr Wakeman said. The Drought Research Initiative, costed at $12.5 million a year, will clarify the human impacts of the drought on individuals, communities and regions, to identify the regional and national interventions which will be most effective in the medium term.

Evidence shows that rural students are the most likely ones to practise in rural areas and that they are under-represented in the main health studies programs. Investment in some extra rural scholarships is a cost-effective way to increase the number of health professionals choosing to work in a rural or remote area. The existing rural scholarships have been popular and successful. For the new Rural Allied Health Undergraduate Scholarship (RAHUS), over 900 eligible applications were received in the opening round (2006) for the available 65 places.

The Alliance has proposed an enhanced network of University Departments of Rural Health which, among other things, would provide support for additional rural placements.

For some time the Alliance has identified greater investment in oral and dental health as one of its highest priorities. This matches the view of the Australian Council of Social Service (ACOSS) and the Australian Dental Association (ADA). The Alliance strongly supports their proposal for the Australian Government to invest in oral and dental health by working through and with the States to cover the minimum costs of basic dental care for adults who cannot afford the cost of private fees.

The Alliance’s specific proposals on the topic relate to the rural and remote dental health workforce. The first is a relocation scheme, the second oral and dental scholarships, and the third a call for still more extra places in dental schools. The full NRHA Budget Submission
Health equality for Aboriginal and Torres Strait Islander peoples will make a major contribution to overall rural and remote health

The NRHA supports the public call by Oxfam Australia and the Human Rights and Equal Opportunity Commission for health equality for Aboriginal and Torres Strait Islander peoples - both as a matter of human rights and fairness, and as a major contributor to health in rural and remote areas. About 70 per cent of Indigenous people live outside the metropolitan areas and in remote areas up to 30 per cent of the population is Indigenous.

"The Alliance wants to see Aboriginal and Torres Strait Islander peoples sharing in the health gains enjoyed by other Australians," John Wakerman said from Alice Springs. "So much could be achieved if the issue was one that political authorities could only ignore at their peril. Although governments can claim to be working in all of the necessary areas, there is serious under-investment and a piecemeal approach," Dr Wakerman said.

The Alliance joins the call published in the Open Letter today for bipartisan support from federal, state and territory parliaments, as well as all sections of Australian society, for the commitment to health equality for Indigenous peoples within twenty-five years. It commits itself to working in close and active collaboration with Indigenous peoples, communities and governments to achieve this - including through its own work on the rural and remote health agenda.

The Alliance’s goal of equivalent health for people in rural areas by 2020 is related to the national target for Indigenous health and wellbeing set by Oxfam and HREOC.

"Getting on top of the Indigenous health crisis has to be a national priority," Dr Wakerman said. "It will include recognising the connection between land and health, and respect for traditional cultures, customs, rites, art, and leisure pursuits. We also need greater attention to nutrition, physical activity, fresh food including traditional foods and food harvesting, healthy lifestyles, adequate infrastructure such as housing, and the other social determinants of health," he concluded.

At the most recent meeting of the NRHA, Council admitted to membership the Rural Members Network of the Australian Physiotherapy Association (APA). The network consists of some 2,770 APA members and is made up of a number of regional groups. Its representative body is the National Rural Issues Committee (NRIC) comprised of a rural or remote member from each State and the Northern Territory.

NRIC’s roles include advocating on behalf of rural and remote physiotherapists and communicating relevant information to those members, so its membership of the NRHA will significantly increase its capacity to serve them.

For its part, the Alliance welcomes the accession of a substantial and vital group of rural health professionals. The APARMN is the third organisation to be accepted into the Alliance in the past three months, following the Australian Indigenous Doctors' Association and the Australian Rural and Remote Workforce Agencies Group.

John Wakerman, NRHA Chairperson, and Owen Allen, who currently represents Services for Rural and Remote Allied Health on the Alliance Council, were among those who spoke about the value to the Alliance’s work of APARMN’s membership.

The application was received from Beth Rogers who currently chairs NRIC. The application's success was warmly welcomed by Beth as well as by the APA's Board and staff.

The rural physiotherapists join the Alliance at a busy time as the organisation prepares for the 9th National Rural Health Conference and another busy policy year in 2007.