



From Alice to the Solomons

ALICE SPRINGS DOCTORS

Rosalie Schultz and partner Nick Tyllis have forged a career which combines their interest in medicine and their desire to travel. It has taken them from working to meet the health needs of remote Aboriginal communities to tackling disease in the Solomon Islands.

In 2002, Australian Volunteers International recruited Rosalie, 35, and Nick, 38, for a two-year placement in the Solomon Islands where they worked respectively as a doctor and Provincial Director of Health and Medical Services.

“Before going to the Solomons my work as a GP in remote communities in the Top End had already shaped my approach to working in communities with different cultural belief systems, values and traditions,” Nick said. “When I went to the Solomon Islands I went with an open mind, had no expectations, and respected different laws and traditions.”

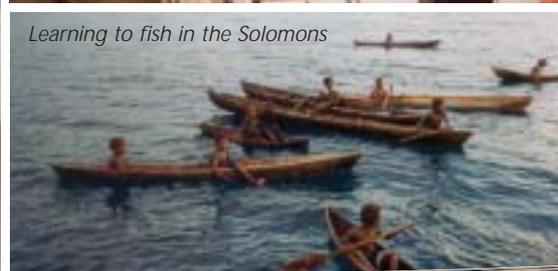
With limited knowledge about the Solomon Islands’ history and health



Tetere Clinic, on Weather Coast of Makira Island



Farewell to touring team from Gupuna Village, Ugi Island



Learning to fish in the Solomons

system, Rosalie admitted there were times when they questioned how medically prepared they were to work in a remote community of a Pacific Island nation.

“In medicine you are never sure if you know enough – because there is always more to learn,” Rosalie said. “In the end we just decided to go.”

Based at the Kirakira Hospital in Makira Province, a remote region of the Solomons, the two medical professionals quickly learned there was a lot they could achieve despite limited resources.

“For instance you learn that you can do a lot just with your hands and a stethoscope,” Rosalie said, “and by redirecting health funding.”

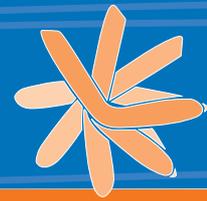
In their roles the two found it was important to establish a professional approach that supported local health needs.

“We needed to fit in with our colleagues and local communities rather than tell them what to do,” Rosalie said. “It was important they did not become dependent on us so that when we left, the work could continue.”

Rosalie and Nick assisted with the redirection of health funding in the Makira Province to improve services in the region. This included the improved provision of health services and support to regional health clinics.

in this issue:

- ▶ Forum on Birthing in the Bush
- ▶ Allied health initiative
- ▶ Hospital closure crisis
- ▶ Australian volunteers overseas
- ▶ Healthy living in schools



Chairperson's welcome

► WELCOME TO THIS SPECIAL 8th Conference edition of *PARTYline*, which brings together the Alliance's flagship publication and its most important biennial project.

A number of you (including some on the Conference Committee) attended the first Conference in Toowoomba in 1991 and have been consistently faithful to the event. I attended my first at Mount Beauty in 1995. One of my strong recollections of that conference was the interaction between so many people with a passion about rural and remote health issues. Their views became recommendations for further action and some were progressed to the highest levels of government.

Again in Alice Springs this unique event will bring together a large number of people with a common purpose. Like you, I feel passionate about some of the issues relating to health and well-being in country areas: the worse morbidity and mortality overall; the scarcity of certain services; the higher costs we experience in accessing services which are taken for granted in our capital cities; and the difficulties associated with transport and communication. The focus of my own attention is on services for women and children, on mental health, health workforce (both clinical and



Stuart Highway – Northern Territory

management), and on nutrition and food security. The magic thing about the Conference is that, whatever our particular passion, within the space of three days we bond as a community of interest. Many individuals and organisations will be inspired and guided by the Conference.

Thank you to delegates at the Conference for taking the trouble to attend – at

considerable cost, in many cases, to work and family. Post-Conference, *PARTYline* is a way to keep in easy contact. *PARTYline* is a forum for sharing views and information.

Best wishes.

Sue McAlpin ❖



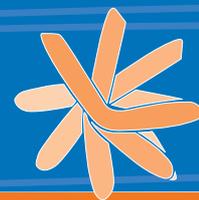
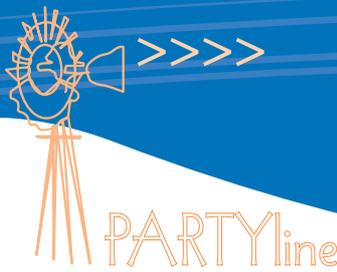
Serving in the Solomons – *Continued from page 1*

Rosalie and Nick found themselves job-sharing on an initiative that involved visiting all clinics in the province via motorised dinghy. Further professional challenges included their first experiences with a range of obstetric issues and cases of malaria and tuberculosis.

Since completing their volunteer assignment Nick and Rosalie are based in Alice Springs and have returned to work in the Northern Territory health system with Aboriginal communities.

Australian Volunteers International is now recruiting health professionals for a range of volunteer assignments in Asia, Africa,

the Pacific and the Middle East. Throughout February and March AVI will be holding information sessions in metropolitan and regional centres around Australia. To find out more go to www.australianvolunteers.com ❖



Festival for Healthy Living –

Cool Fun for Pyramid Hill Kids



Festival for Healthy Living performance

by Harry Gelber, Manager Community Development, Royal Children's Hospital Mental Health Service

THE FESTIVAL FOR HEALTHY LIVING (FHL) is an initiative of the Royal Children's Hospital Mental Health Service in partnership with a range of health, education, arts and community organisations at state and regional levels. Since its inception in 1998, 41 schools have participated in the FHL program in the Western Metropolitan Region, the Northern Metropolitan region, the Loddon Campaspe Mallee Region and the Central Highlands/Grampians region.

The FHL aims to address risk factors such as bullying, peer pressure and poor social skills and builds protective factors such as connectedness, problem solving, social skills, and healthy values systems. Evaluations have shown additional benefits, including development of confidence and problem solving skills, promotion of strengths, co-operative achievement of shared goals, and improved communication between children and parents about mental health issues. It creates opportunities for positive success and recognition of real achievement.

The Festival program culminates in performance pieces, art work and written work, facilitated by teachers with assistance

from professional performing artists who work in the schools for the duration of the program. An accompanying Professional Development program is to meet school needs and to build in sustainability.

Beyond the program cycle and performance, however, the FHL can be seen as a catalyst for making whole school changes to better promote mental health and a more positive orientation to help-seeking.

Research has shown that the Arts are a very powerful vehicle for promoting wellbeing in schools and their communities.

This includes promotion of resilience, improving health and education outcomes, and enhancing learning in other domains by nurturing the development of cognitive, social, and personal competencies¹.

The Festival team is particularly excited in having the opportunity in 2005 to work with the Pyramid Hill community, particularly staff, students and parents of Pyramid Hill College, St. Patrick's School and local community groups.

Pyramid Hill is a small town in rural Victoria which is quite isolated from larger regional centres. This means that kids and families must travel to access most services. The community has been significantly affected by the drought and employment opportunities are limited. There is little

public transport and a lack of activities for young people.

The Festival model taps into the collective skills of the whole community. Students and teachers within the schools will be directly involved, while parents and community groups can be involved as part of the Steering Committee and in parents' programs.

Following each Festival, participating students, parents, schools and communities have reported significant short and long term benefits, and the team expects many positive outcomes for the Pyramid Hill community.

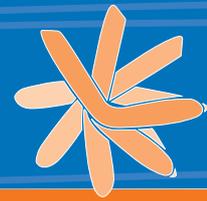
The Festival program creates a wonderful opportunity to build community capacity and positively promote the existing strengths of the community. It also provides an exciting opportunity for the children of this community to shine in front of peers, families, and teachers in all sorts of unique ways. There is also the opportunity to build on the success of the program through the development of a Sustainability Plan for 2006 and beyond.

It is anticipated that the model that is being developed in Pyramid Hill will be replicable and transferable to other isolated communities across Australia.

For further information:

- ▶ Web: www.rch.org.au/fhl
- ▶ Ph: (03) 9345 6011 or 0419 378 042
- ▶ Email: harry.gelber@rch.org.au ❖

1. Fiske, E. (2000) *Champions of Change: The Impact of the Arts on Learning*, Arts Education Partnership and President's Committee on the Arts and the Humanities, Washington, DC.
 Royal Children's Hospital Mental Health Service (2002) *Festival for Healthy Living: A Mental Health Promotion Strategy: A Step by Step Guide for Schools*, Royal Children's Hospital, Melbourne.
 VicHealth (2003) *Creative Connections: Promoting Mental Health and Wellbeing through Community Arts Participation*, VicHealth, Carlton.



are committed to our style of service being available to many more women across Australia.

Preserving rural maternity units

by Susan Stratigos (RDAA policy advisor), Jenny May (RDAA rep on the NRHA Council)

The Rural Doctors Association of Australia (RDAA) maintains the right of women to give birth in their own communities supported by their family and friends, and with continuity of care by their own local health care professionals.

This right is threatened by a catastrophic decline in the number of rural maternity units. Across the country, 120 of them have been closed down over the last decade. It is difficult to understand why this happens, given their excellent outcomes, their documented safety, and the high level of community and professional support for them.

The RDAA believes there are better options than closure.

Firstly, the Australian Health Care Agreements must be changed to include quarantined funding for small rural hospitals to enable them to compete successfully with prestigious urban institutions for a fair share of the hospital budget.

Secondly, any proposal to close a rural maternity unit must be accompanied by a formal, objective health impact assessment. This must consider whether mothers and babies will be safer birthing in their own community or attending a distant hospital. It must also balance the price of maintaining the unit with the cost of closing it – including cost-shifting to families and the larger hospitals. It must also consider the broader socio-economic effects of closure.



The third factor is an adequate workforce of doctors and midwives. Indemnity anomalies need resolution, and on-call and after-hours arrangements must be flexible. Rural doctors value patient relationships and the team approach with midwives. The health care system must learn to value all members of the rural maternity care team as much as rural communities do.

The survival of these teams in rural areas is worth fighting for: the risk to quality maternity care does not lie in small obstetric units – the risk to rural communities lies in losing them.

W(h)ither Provincial Obstetrics?

by Dr Peter Bland, Obstetrician

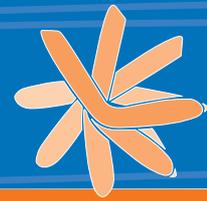
Currently 30% of confinements in Australia occur in non-urban facilities. There is a relative deficit of provincial vs urban specialists, particularly female provincial specialists. Anecdotally, the providers of medical services in non-urban areas are declining in numbers. I have attempted to confirm this perception and quantify the problem by establishing the current figures.

I have undertaken a survey of provincial obstetricians and contacted all non-urban maternity units in Australia. The data (awaiting publication) confirm that, like GPs, specialists are leaving provincial practice with gathering momentum. About half of the incumbent specialists intend to be obstetrics-free within 5 years.

The solutions to this crisis are complex - there is a need to develop multiple locally acceptable and applicable models of care. Midwifery-based models will form a significant part of the solution but require 'medical back-up' – therefore the rate-limiting step is the provision of that medical back-up. It is here that ingenuity and imagination need to be used – ascertain what centres have found answers and apply the principles to comparable units.

To know where we are going, we need a point of origin – establishing the current 'coalface' resources is the basis of my survey work-in-progress.

Continued on page 8



The RFDS and partners in Cape York

▶ THE ROYAL FLYING DOCTOR SERVICE of Australia (Queensland Section) has been providing full-time medical services to Kowanyama since 1998 following the establishment of the Rural and Remote Medical Benefits Project.

This project, a partnership between the RFDS, Queensland Health, the Commonwealth Government, the Health Insurance Commission and the Apunipima Health Council, was established to increase medical services to five communities of Cape York: Kowanyama, Aurukun, Pormpuraaw, Lockhart River and Coen.

RFDS Doctors based in Cairns share the Medical Officer's position in the Cape on a fly-in, fly-out two week rotational basis. Strong collaborative working relationships have developed with the Primary Health

Care Centre in Kowanyama, Remote Area Nurses and Indigenous Health Workers.

Since implementation of the project, the increased medical services have been very well received by all of the communities involved. This flexible system has had

a positive impact on consistency of health provision, while at the same time providing a good work mix for the employee and good location and educational opportunities for families. ❖



RFDS Medical Officer in Kowanyama Medical Facility

Allied health and nursing initiatives

▶ THE NRHA HAS PRESENTED to the Government a major new initiative to support the allied health and nursing workforce in rural and remote areas. Without taking away from the importance or value of the rural GP strategies, the Alliance is more-than-ever determined to help support the work of nurses and allied health professionals.

The proposed initiative has three parts. The first component is a program to support rural clinical placements for undergraduate students of allied health and nursing. The object is to provide students with good rural experiences that will increase the likelihood of them

working in country areas for all or part of their time as practitioners.

The second element of the proposal would be undergraduate scholarships to assist rural and remote students to study an allied health profession, in the same way that the Rural Australia Medical Undergraduate Scholarship Scheme (RAMUS) assists rural students to study medicine.

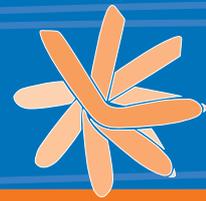
The final component is a scholarship scheme which would allow allied health undergraduates to spend a non-vocational period of two-weeks a year in a rural or remote area. This is premised and modelled on the successful John Flynn

Scholarship Scheme for medical undergraduates.

The purpose of the overall proposal is to provide new and additional support for the recruitment and retention of health professionals to rural and remote areas. It will be welcomed by the general practice profession, whose members recognise the fact that they cannot and will not work alone in rural and remote areas. In recognition of the unsatisfactory implications of Australia's increasing dependence on overseas trained health professionals, this is the next step in "growing our own" rural health workforce. ❖



PARTYline



8th Conference Program – what not to miss

▶ A NUMBER OF ORGANISATIONS are putting on important pre-Conference meetings. In every case their content relates to the mission of the Conference itself, which is to contribute to improved health for people in remote and rural Australia. We therefore expect that the content and outcomes from the pre-Conference events will feature in the overall recommendations from the Conference on Sunday 13 March.

We have some very special Keynote speakers for Alice Springs and want to give a particular welcome to our guests from overseas including Judge David Sheppard and Professor Debra Humphris.

Aboriginal health issues feature strongly on the program, both in Keynote addresses and in concurrent sessions.

There is a strong alcohol and other drugs stream organised by the Alcohol and Other Drugs Council of Australia and the Australian Rural Centre for Addictive Behaviours, and specially supported by the Australian Department of Health and Ageing.

There is the *friends* networking lunch on Friday 12.30-1.00pm at the Novotel, and make sure you get in early for one of the five workshops on Friday afternoon at 4 o'clock. That day, however, be sure to save some energy for the Conference Dinner Dance.

Don't miss the two audiovisual presentations at the National Rural Health Alliance booth during the breaks on Friday and Saturday. Come and see the beautiful images depicting the work in the Kimberley of Dr Leanne Abas, a GP from Derby, WA. On Saturday, Ms Judy Walsh, Senior Occupational Therapist at the State Child Development



Quad bikes – Northern Territory

Centre in WA, presents Family Education Videos for Aboriginal Communities.

The Conference Organising Committee will be working behind the scenes to produce a *Conference Communiqué* and a *Delegate's Commitment to Action*. Finally,

be sure not to miss the special session on emerging issues in clinical practice, facilitated by Sally Matthews and the closing Keynote from Helen Milroy. ❖

❖ **CENTRAL TO HEALTH: *sustaining well-being in remote and rural Australia*** ❖



Remote and rural health themes in 2005

► THE FULL COUNCIL of the NRHA had its annual face-to-face meeting in December 2004. With 21 delegates present, discussions covered a broad range of remote and rural health issues. Delegates raised priority issues with 39 politicians during the Alliance's day in Parliament House. They emphasised the need for health funding reform to overcome the cost-shifting that often occurs as a result of the State/Federal mix. Examples were given of successful pooled funding and other successful flexible funding models. Assurances were sought for legislated protection for rural communities should the complete sale of Telstra eventuate. Delegates advocated support for multidisciplinary teams as the basis for health provision in rural and remote areas, on recognising the social

determinants of health and on maintaining and replicating health programs that work. Questions were asked about the impact of 'mainstreaming' on Indigenous health.

One afternoon of the meeting was devoted to a forum which addressed aspects of the current crisis in maternity services. A proposal was put to Health Minister Tony Abbott for programs to encourage nursing and allied health students to consider a rural career.

There was serious discussion about the continuing poor status of Indigenous health and the need to support and provide educational opportunities for the Aboriginal health workforce. Discussion also focused on workforce issues, especially shortages in allied health and nursing, and the changing profile of the rural workforce, including its ageing,

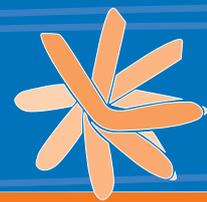
feminisation, and more family-friendly lifestyle preference. The increasing incidence of hospital closures was identified as causing serious disadvantage, not only for health consumers in rural and regional areas, but also for the health workforce. The negative implications of the increasing urbanisation of health service provision were also considered. Other issues for discussion and ongoing work include mental health, child health, transport, accessibility and equity, disability, respite for carers, infrastructure, acute and aged care, rural classification systems, an emphasis on wellness rather than illness, and the worrying dependence on overseas trained nurses and doctors.

It is a vital year for the Alliance, and these issues and concerns will inform its policy and advocacy work. Key projects will clearly include the policy work on 'birthing in the bush', health reform, regional development, and a range of health workforce issues. ❖



Members of NRHA Council in Canberra for CouncilFest

PHOTO: IRENE LOBERGERS



Two more voices for remote and rural advocacy

IN DECEMBER 2004, the National Rural Health Alliance admitted two new organisations into membership, bringing to 24 the number of national rural and/or remote organisations which contribute their voices to the Alliance's advocacy work. The two new members are the Rural Dentists Network of the Australian Dental Association and the Rural and Remote Group of the Convention of Ambulance Authorities.

The Rural and Remote Group of the Convention of Ambulance Authorities represents health professionals who are in the first-line of care provision. They serve in 300 remote and rural locations with over 5800 volunteers and 1000 full-time staff. There is an increasing reliance on ambulance services in communities where medical services have diminished or are non-existent and where community hospitals have closed, or changed to aged-care-only facilities. In Queensland there has been a particular focus on serving remote Indigenous communities. Rural Australians are at high risk of emergency medical incidents due to farm, forestry and mining accidents, as well as road trauma and injuries linked to bushfire, floods and storms. The distribution and composition of rural ambulance services is directly related to the availability of hospital, medical and nursing services. Any variation to these services may impact on ambulance service delivery in terms of time and distance issues. For these reasons the Rural and Remote Group of the Convention of Ambulance Authorities needs to be aware of changes in the health system and also to have an input to discussions on relevant health policy issues.

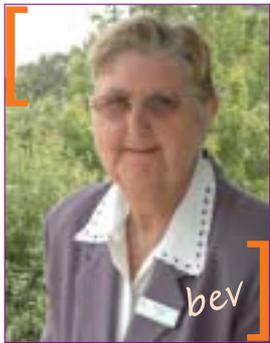
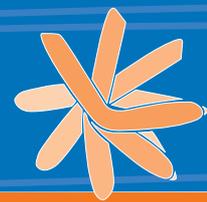


Country paramedics in action

The Rural Dentists Network of the Australian Dental Association comprises 300 practitioners, 20 allied members plus 7 members of the Rural Oral Health Advisory Panel. The inequities in oral health for rural and remote residents and Indigenous Australians have been well documented and the issues relating to the recruitment and retention of oral health workforce are receiving increasing attention. The Rural Dentists' Network aims to facilitate communication between rural dentists to provide a forum for information exchange as well as increasing levels of personal and professional support, particularly for new graduates. The Network hopes to deliver continuing education through various media, as well

as enhancing collaboration with other health colleagues in order to improve oral health inequities. A web-based recruitment service is provided for existing dentists, and recruitment is supported through links to the Australian Dental Association web page.

The NRHA is very pleased to welcome ambulance officers and dentists – two professional groups critical to health outcomes which were previously unrepresented in the Alliance. ❖



“Transport is always an issue in rural areas, especially when long distances are involved and there

is the inability to see specialists as appointed. Dental health is a problem. There is a five-year wait for a public dentist in Portland. Victoria is only a small State, but it is still often a two-hour drive to a hospital to have a baby.”

Bev Cook
(Farmer, Nandaly Vic)



“Transport is a huge issue. People in remote communities with multiple health issues have

particular needs. Respite for carers is also a big issue. There is a general lack of services in the Northern Territory for people with a disability.”

Pauline Wardle
(Aged care manager,
Alice Springs NT)



“My organisation is responsible for ten hospitals across five states. Acute and aged care

and maternity services are provided in most of those hospitals. These services are under threat in many country areas. This infrastructure needs to be supported.”

Lynne Sheehan
(CEO, Rockhampton Qld)



“How many Australians take for granted reasonable access to health services?

By reasonable I mean under 1 hour's travel, within 56kms, and also easily accessible by public transport. One million Australians do not have this.”

Jack Beach
(Grazier, Qld)



“There is an increasing prevalence of overseas trained doctors in rural areas. Rural

Australia is nothing like as miserable as the countries some of them have come from. ... There are numerous infrastructure problems and therefore numerous commitments are required from Government.”

Bruce Harris
(Medical Practitioner, Dubbo NSW)



“If developed appropriately, a National Index of Access to Health Care could be very important

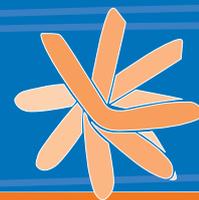
for preventing an equity and access crisis. Rural classifications are important because they are used as the basis for resource allocation. Distance (geography) is only one measure of access, and shouldn't be the entire measure. Other measures include social determinants, Indigenous populations, morbidity and mortality, income (which falls with remoteness), and the proportion of single parent families (25% in rural areas).”

Jane Greacen
(General Practitioner,
Lakes Entrance Vic)



Reflections...

Continued on page 16



Partners in Caring

National Palliative Care Week – 22–28 May 2005

► FOR NATIONAL PALLIATIVE CARE WEEK 2005, the theme *Partners in Caring* has been chosen to highlight the many people who play a role in caring for someone with a terminal illness – family, friends, health professionals, and volunteers. No matter how big or small a role they play as a *Partner in Caring* it is significant, and palliative care in Australia would be very different without this contribution.

National Palliative Care Week 2005 also aims to increase community awareness and understanding of palliative care. Each year thousands of Australians receive high quality care when they are dying. However, we know many are unaware of the fantastic support services available to them during this very difficult time. National Palliative Care Week 2005 aims to highlight those services and encourage Australians to consider such care.

With the support of the Australian Government Department of Health



PHOTO: STEVE STRIKE

Ormiston Gorge – Northern Territory

& Ageing, Palliative Care Australia and its members will conduct a range of awareness-raising activities across Australia. To learn more about the activities planned please visit

http://www.pallcare.org.au/pca_national_week.html or contact your local state or territory palliative care association or palliative care service. ❖

AJRH seeks multi-professional articles

► IT IS LIKELY IN THE FUTURE that generations of health students from different professions will train together (through what is called Interprofessional Education), go on placements together and service patients together. Multi-professional teams are already a key feature of successful rural and remote health service delivery. The Australian Journal of Rural Health reflects this trend, being the official Journal for four organisations – ACRRM, AARN,

CRANA and SARRAH – and therefore representing and serving general practice, nursing and allied health.

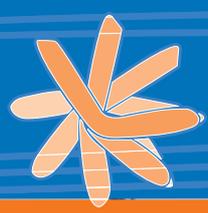
The AJRH is happy to receive articles relating to other health professions, including specialist practice, dentistry and pharmacy. It is particularly keen to receive collaboratively written papers – papers which have been prepared jointly by authors from more than one health professional group. For instance, it would meet the purposes of the Journal very well

to receive a manuscript jointly from a GP academic, a nurse and an allied health professional. There are a number of programs on the ground which could be the source or subject of such manuscripts.

All contributions will undergo a process of peer-review prior to acceptance and publication. Author guidelines for the AJRH are at www.blackwellpublishing.com, and articles may be sent to AJRH@newcastle.edu.au ❖



PARTYline



Australian Allied Health Alliance

▶ COMMENCING IN 2003 with the call at the 5th National Allied Health Conference for a new peak body for allied health, much work has been put into the formation of an Australian Allied Health Alliance. This has intensified over the past six months. The new organisation, to grow out of a re-engineered and expanded Health Professions Council of Australia, is being promoted as “One Voice for the Future of Allied Health”. It will include membership from allied health professional associations, the rural sector, allied health education, management and state sectors. The Steering Committee for the project has been led by Sue Rowell, Director of the Allied Health Support Unit of the Women’s and Children’s Health Service in Perth. ❖

Glen Helen Gorge West MacDonnell National Park – Northern Territory



Australian Government
Department of Health and Ageing



Important information for GPs who provide care for Aboriginal and Torres Strait Islander people.

A new service is available on the Medicare Benefits Schedule.

A two-yearly Adult Health Check for self-identifying Aboriginal and Torres Strait Islander people aged 15-54 years.

The new service includes taking a patient history, undertaking or organising any investigations, assessing the patient, initiating interventions and developing a strategy for good health. The Medicare fee for Item 710 is \$191.65.

For more information about the Item, visit www.health.gov.au/epc/atstinfo.htm

WORKING TOGETHER TO MAKE A HEALTHY COMMUNITY

PHOTO: STEVE STRIKE

