PARTYline

newsletter of friends of the Alliance

Number 3 August 1999

Rural Communities May Miss Out on Sydney 2000 Olympics

In September next year, an estimated 3,500,000,000 people will be watching a live telecast of the Opening Event of the 21st Olympic Games, direct from Homebush Bay, Sydney, Australia. They will include people from every part of the globe, but not thousands who live in rural and remote areas in Australia – the country hosting these Olympics. Many Australians will not be able to join in.

Most Australians take for granted their access to television, in fact it's been available here for over forty years. The vast majority of homes in metropolitan areas have two or more TV sets each. How can it be that so many people can't share in this everyday resource? We are not just talking about people being able to view the historic events of the Olympic Games, but also to keep in touch with the rest of the country and the world. And we haven't even touched on the lack of access to newer technological developments such as computers, with internet and e-mail, and mobile phones. Do you know that some areas of Australia still have very limited telephone services, for example for only a couple of hours a day?

What can we do to improve this dreadful imbalance which disenfranchises so many of our fellow Australians?

With regard to television access, the response from Channel Seven, 'The Official Games Channel' is that their signal goes from the telecast site straight up to a satellite circling way out in space, and then is beamed back all over Australia. This signal is picked up by Channel Seven 'affiliates' who then telecast the program, in this case the Olympic Games, to their local viewing audience. Channel Seven is still negotiating with local stations to become 'affiliates', at an undisclosed price. This will inevitably mean that in some areas, there will be no local television station that is affiliated with Seven, so if no-one picks up the Channel Seven signal in your region, you won't be able to get the Games.

Then there are the technical problems. Even if a local station is an affiliate of Channel Seven, you may still not be able to get the telecast. A local television station usually has about 200 kms. coverage, but reception at your end may be blocked by a mountain, or you may be in a valley, or on the wrong side of a ridge. Apparently television signals are like light beams, they can't get through mountains. Your antenna can be re-aligned and sometimes this is successful, but the wind can move it just a small amount to put it out of order.

One suggestion is that people in remote areas purchase a satellite dish which will give them access to the wide range of Pay TV channels, and Pay TV can provide genuine broadband access. Austar has pledged to plough money into providing high speed services to the bush, however although the dish is subsidised, it still can cost thousands of dollars, and you have to pay a monthly premium. This all seems very inequitable…why should some people be discriminated against and have to pay for what others receive for free?

And this discussion so far has only been about television. What about other technology such as computers, the Internet, mobile phones? where does it end?

These examples underline a theme echoed in other parts of this edition of *PARTYline.* There may be high-cost ways in which rural people can buy goods and services, but if there is to be equity for rural and remote people there will always need to be a contribution from government regulation, intervention and public services.❖

inside this issue

.....Happy Reading!!!

friends of the Alliance wishes to acknowledge the support of these **FOUNDING MEMBERS** who helped as *friends* during our formative period.

Judith Adams, Kojonup
Pat Allen, Canberra
Ian Blue, Whyalla Norrie
Ailsa Bond, Launceston
Michael Bishop, Toowoomba
Marg Brown, Lameroo
Marilyn Chalkley, Canberra
Bruce Chater, Theodore
Steve Clark, Townsville
Leanne Coleman, Queanbeyan
Kathy Cook, Burra
Bruce Cullen, Kaleen
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Gordon Gregory, Hughes
Margaret Hansford, Balmain
Bruce Harris, Dubbo
Desley Hegney, Toowoomba
Bill Humes, Yarralumla
John Kerin, Garran
Sabina Knight, Alice Springs
John Lawrence, Lakes Entrance
Sylvia Laxton, Torquay
Noela Lippert, Monash
Joan Lipscombe, Campbell
Jenny McLellan, Brewarrina
Patrick Mahony, Manilla
Kris Malko-Nyhan, Palmwoods
Monash University Centre for Rural Health, Traralgon
Renae Moore, Darwin
Des Murray, (deceased)
Dennis Pashen, Mt Isa
David Petty, Curtin
Anita Phillips, Phillip
Colleen Prideaux, Ceduna
Mandy Pusmucans, Lakes Entrance
Mt Isa Centre for Rural and Remote Health, Mt Isa
Shanthi Ramanathan, Wagga Wagga
David Rosenthal, Renmark
Richard Sager, Newcastle
Lesley Siegloff, Bendigo
Christine Simpson, Walgett
Lexia Smallwood, Oxley
Margaret Smith, Wallendbeen
Fiona Tito, Wanniassa
Maria Vincent, Nichols
Sue Wade, Eugowra
Storry Walton, Ryde
Christine Ward, Bathurst
John Ward, Bathurst
Geoff White, Manilla
Womens' Hospital Association and Aust Association Paediatric Teaching Centres

CONFERENCE TIMETABLE

Forward Schedule of Rural and Remote Health Conferences

DATE	CONFERENCE	VENUE	CONTACT
15th - 19th September 1999	4th National Undergraduate Rural Health Conference	CSU Wagga Wagga	Anita, NRHA (02) 6285 4660
21st - 24th September 1999	9th Annual The Mental Health Services (THEMHS) Conference	Melbourne	(02) 9926 6057
26th - 29th September 1999	26th Australian Association of Social Work National Conference	Brisbane	(07) 3844 1138
6th - 8th October 1999	3rd National Men's Health Conference	Alice Springs	
17th - 19th October 199	Workshop on Cardio-vascular Disease in Aboriginal Persons and Torres Strait Islanders and Rural and Remote Populations	Southbank, Townsville	Anita Phillips, NRHA (02) 6285 4660
24th - 26th February 2000	Infront Outback and Rural Nurses Conferences: • 5th Biennial Australian Rural and Remote Scientific Conference • AARN Conference • ARN Conference • Congress of Rural Nurses	Toowoomba	
March 2001	6th National Rural Health Conference	Canberra	NRHA (02) 6285 4660

PARTYline is the Newsletter of *friends of the Alliance*, a network of people and organisations working to improve health and well-being in rural and remote Australia by supporting the National Rural Health Alliance. **The Member Bodies of the NRHA are Association for Australian Rural Nurses, Rural Interest Group of the Australian Community Health Association, Australian College of Health Service Executives (rural members), Australian College of Rural and Remote Medicine, Rural Policy Group of the Australian Hospital Association, Australian Nursing Federation (rural members), Australian Rural and Remote Allied Health Taskforce of the Health Professionals Council of Australia, Aboriginal and Torres Strait Islander Commission, Council of Remote Area Nurses of Australia Inc, Country Women's Association of Australia, Health Consumers of Rural and Remote Australia, Isolated Children's Parents' Association of Australia, National Association of Community Controlled Health Organisations, National Association of Rural Health Training Units, National Rural Health Network, Rural Doctors' Association of Australia, Rural Faculty of Royal Australian College of GPs, The Australian Council of the Royal Flying Doctor Service of Australia, Rural Pharmacists Australia, Services for Australian Rural and Remote Allied Health.**

The Editorial Group for this issue of *PARTYline* was Mandy Pusmucans, Storry Walton, Anna Nichols, Gordon Gregory and Anita Phillips. *PARTYline* is distributed free to all members. Articles, letters to the editor, and any other contributions are very welcome. Please send these to: **ANITA PHILLIPS Manager, *friends* NRHA PO Box 280, Deakin West ACT 2600 Phone: 02) 6285 4660 Fax: 02) 6285 4670 E-mail: friends@ruralhealth.org.au** The opinions expressed in Partyline are those of contributors and not necessarily of the National Rural Health Alliance, or its individual Member Bodies. ISSN 1442-0848 ❖

ASSOCIATION FOR AUSTRALIAN RURAL NURSES (AARN)

For a small organisation AARN has notched up some big achievements. One of the most important is the first comprehensive review of rural nursing, which it recently completed under a RHSET grant. Its recommendations will go directly to Government. President Kris Malko-Nyhan points also to AARN's success over the past few years in making Governments aware that rural nurses are a separate group and that rural nursing has special characteristics and needs. Put that down to effective promotion and good lobbying!

What is AARN?

AARN was formed in 1992, and currently has between 200-250 members across Australia including some 20 corporate bodies, like hospitals. It places strong emphasis on education and workforce issues, and also promotes rural health and nursing issues, lobbies on rural health policies, planning and practice – and importantly, acts as an information exchange for nurses in rural areas.

Wide Interests

AARN's interests are wide. For instance the RHSET project mentioned above covers education and training, legal aspects of practice, new technology and the role of Rural Health Training Units in the provision of education for nurses. To help it understand nursing practice and needs better, AARN has also conducted two searching surveys – one of its own membership, the other of non-member rural nurses. "One of the rewarding additional aspects of the surveys has been the feedback", says Kris. "Nurses realize they are not alone in their problems and in their aspirations. The contact itself is important."

Influence

AARN's increasing influence is evident in the way that professional bodies and government are now seeking its advice. For example, AARN has recently been asked to put forward nominees for a major workforce survey in Victoria. In other States, AARN is regularly invited to contribute to decision-making bodies, with representation on the NSW Nurse Practitioner Advisory Committee, and similar committees in Tasmania and South Australia.

Future

Kris cites the ageing of the rural nursing profession as a major challenge. AARN's surveys have revealed that the average age of rural nurses is 45 years. Without an increase in recruitment there could be a significant shortage of nurses, including for instance midwives, in 15 years' time as people retire in great numbers.

Through all the challenges of rural life, Kris notes one over-riding characteristic of all her members, and all the nurses the AARN has surveyed. "Nurses really care deeply about the communities they serve. There is such a perceptible kind of commitment. It comes through time and time again".

AARN wants to communicate more with consumer groups and other rural health bodies. You can find out more information on the NRHA web-site at **www.ruralhealth.org.au** or by phoning Lesley Siegloff, the AARN representative on the NRHA, on (03) 5444 7596. Kris Malko-Nyhan, the National President of the AARN, can be contacted by telephone/fax on (07) 5445 9072.❖

ROYAL FLYING DOCTOR SERVICE OF AUSTRALIA (RFDS)

RFDS saves countless lives. Last year for instance it made over 20,000 aerial evacuations – many of them for patients in life threatening conditions. It is a field in which the Service is a world leader. RFDS conducts its remarkable work invisibly, to most Australian citizens, looking after those who live, work or travel in the 7,500,000 sq. kms. of remote Australia.

Primary Healthcare

But the emergency work is not the full story. RFDS has always been a primary healthcare provider of course, through its fly-in clinic services. But a landmark survey in 1993, *The Best For The Bush*, indicated a wider role for the Service as a provider of proactive, nationally co-ordinated services for priority needs – all at a high level of activity.

Current Priorities

Main areas of attention are mental health, men's health, the health of Indigenous people, care of the elderly, women's health, child and adolescent health, and occupational health and safety. In the mental health field, several Sections are trialling telemedicine projects. RFDS is completing a CD-ROM which will help train its medical and nursing staff to identify, treat and appropriately refer diverse forms of stress and mental illness. In S.A. men's health needs are being addressed through a mobile touring health unit initiated in 1997 by the RFDS Consumer Group. Indigenous people's health needs have been additionally addressed through a Qld program started in 1995, to train two Aboriginal healthcare workers, and through recent involvement in the Medicare Access program, which has seen significant increase in services to communities. This involvement extended to W.A. last year. The Service has assisted outback women through the preparation of a series of health packages for use in clinics and with a weekend conference in Broken Hill in 1997.

RFDS Structure

RFDS comprises seven autonomous Sections which together fund a national office. Funding comes from the Commonwealth Government, the State and Territory Governments, and from its own fundraising and sponsorship activities. It operates from 20 Bases, and last year its 40 aircraft flew over 13,000,000 kms., attending some 180,000 patients and conducting over 5000 clinics. Full-time staff at RFDS include 36 doctors, 87 nurses and 93 pilots. Gerry Macdonald is its Executive Director, and Barbara Ryan-Thomas its National Health Program Manager.

For further information contact:
the Australian Council of the RFDS on
Phone: (02) 9241 2411
Fax 02) 9247 3351❖

meet a *friend*

Des Murray, who passed away in June, was a pioneer of public service work on rural and remote health and will be sorely missed by his friends throughout rural and regional Australia. Des was a gentle and compassionate person who enjoyed extending a helping hand to people in country areas who devoted energy and commitment to improving their own situation. Des' calm and organised contributions to the work of the Federal Government in rural areas stand in marked and ironic contrast to the personal turmoil and anxiety which he had to bear for the latter part of his life.

Des Murray had a long career in the Australian Public Service, including stints in the Dept of Veterans' Affairs in Brisbane and in a number of areas of the Commonwealth Dept of Health. But it was the rural health area that became Des' greatest enthusiasm and it was as Director of Rural Health and Workforce Support that Des became best known throughout Australia. A number of rural and remote health programs of importance today were started in the time when Des was in this role and the senior officer in charge of the Rural Health Support, Education and Training (RHSET) Program.

In his capacity as Director of Rural Health and Workforce Support, he was a key player from the early 1990s in the establishment of the RHSET Program, of the biennial National Rural Health Conferences, the establishment and consolidation of Rural Health Training Units, the formation of the Australian Rural Health Research Institute and of a number of related initiatives. Des was also one of the key public servants involved in the awarding of the first grant to the National Rural Health Alliance and in the support to that organisation in its formative years.

Des was born and raised in Victoria and in some ways he remained a Victorian. Australian Rules was his preferred code and some of the recollections at his funeral service were about his own time as a determined and robust footballer. In the later years of his life he worked with Anna Nichols in Victoria, including on evaluations of CURHEV, that State's Co-ordinating Unit for Rural Health Education.

Des was a good team player and he had a strong belief in the importance of teamwork among health professionals. This suited his work with CURHEV and also his time with the Alliance.

Des retired from the Department in 1995. This allowed him a greater amount of time for his wife, Mary, to whom Des was extraordinarily and publicly devoted, and for his golf, reading and other family and personal pursuits.

Des began work for the Alliance in September 1996 and he soon became the central person in the Alliance's organisation and management of the 4th National Rural Health Conference. In his work in the Alliance Office Des was warm, supportive and genial – a real pleasure to be with. His work was characterised by an extraordinary level of care and meticulous attention to detail. The 4th Conference in Perth, February 1997, was a huge success due in large part to Des' work.

He then stayed on with the Alliance and organised the National Rural Public Health Forum, held in Adelaide in October 1997.

Des had that ability – so important in the Alliance's work – to make those who approached the organisation feel welcome and to respond carefully and compassionately to requests for information. The Rural Public Health Forum was the first Conference of its kind in Australia and was a great success. Des enjoyed in particular the sense of being able to publicise and support a number of self-help initiatives in rural and remote areas, and to be able to celebrate the positive future that they showed was possible.

Des had a balanced but positive view of the future of regional, rural and remote areas of Australia. He was a very early supporter of *friends of the Alliance* because he saw it as another means of encouraging and celebrating the positive future for country areas. It is a tragedy that he left us so early. Des' many friends throughout rural Australia were shocked at his sudden and unexpected departure and will always think very fondly of him.❖

Conference News

Rural Health Conferences Wrap up the New Millennium

Four conferences designed to take rural health care into the new millennium will be held concurrently in Toowoomba on 24-26 February next year.

Infront Outback, the national forum which has developed an international reputation for advancing, challenging and progressing rural health, has joined with the International Congress of Rural Nurses and the Australian Association of Rural Nurses to stage the conferences.

The conferences are the Infront Outback fifth biennial Australian Rural and Remote Health Scientific Conference, the fourth Association for Australian Rural Nurses Conference – Queensland, the eighth annual conference of the Association for Australian Rural Nurses and the second International Congress of Rural Nurses.

The conferences are hosted by the Association for Australian Rural Nurses; Toowoomba Health Service District's education and training unit, the Cunningham Centre; Toowoomba Hospital Foundation; Queensland Health and the University of Southern Queensland.

Convenors, Lesley Fitzpatrick, Cunningham Centre Director and Professor Desley Hegney, Cunningham Centre Chair of Rural Nursing, said the uniting of such significant stakeholders would set the future directions of rural health.

"We aim to examine achievements and developments in rural health care over the past decade, to consider current approaches and technologies, to explore the impact of the rural environment on health and investigate the impact of rural nurse practitioners in the delivery of health care," they said.

"Each conference on its own is of critical importance to the rural health cause but, combined, the strengths of each will no doubt produce ground-breaking inititatives and policy improvement."

Anyone interested in presenting a paper, poster or workshop should send an abstract by July 31 to the Conference Organiser Joy Pugh at the University of Southern Queensland PO Box 282 Darling Heights Qld. 4350 or by email pugh@usq.edu.au. Enquiries should be directed to Joy on (07) 4631 2840.❖

Even in the richest countries, the better-off live several years longer and have fewer illnesses than the poor. These differences in health are an important social injustice, and reflect some of the most powerful influences on health in the modern world. People's lifestyles and the conditions in which they live and work strongly influence their health and longevity.

Medical care can prolong survival after some serious diseases, but the social and economic conditions that affect whether people become ill, are more important for health gains in the population as a whole. Poor conditions lead to poorer health. An unhealthy material environment and unhealthy behaviour have direct harmful effects, but the worries and insecurities of daily life and the lack of supportive environments also have an influence.

Ten different but interrelated aspects of the social determinants of health have been identified. They explain:

1. the need for policies to prevent people from falling into long term disadvantage;
2. how the social and psychological environment affects health;
3. the importance of ensuring a good environment in early childhood;
4. the impact of work on health;
5. the problems of unemployment and job insecurity;
6. the role of friendship and social cohesion;
7. dangers of social exclusion;
8. the effects of alcohol and other drugs;
9. the need to ensure access to supplies of healthy food; and
10. the need for healthier transport systems.

Together the messages provide keys to higher standards of population health. These messages are intended to point out how social and economic factors at all levels in society affect health itself. It is therefore important that policy at all levels takes proper account of these wider responsibilities for creating opportuniities for health.❖

Networking

Health Services Association and National Rural Health Alliance Promote Community Involvement

A new agreement reached last month will improve opportunities for people in country NSW to be more closely involved in contributing to plans for their local health services. The Health Services Association of NSW (HSA) and the National Rural Health Alliance (NRHA) have agreed on ways to collaborate in increasing the flow of information on health matters both to and from rural communities. Part of the new collaboration will see the eight rural Area Health Services joining *friends of the Alliance.*

Paul Naylor, Executive Director of the HSA of NSW, said that development of the partnership between the two bodies would mean planning and promotional benefits for both. *Healthy Horizons 1999-2003*, which was recently launched by Federal and State Governments and the NRHA, details nationally-agreed principles and goals for improving the health of rural, regional and remote Australians. This new agreement will provide a mechanism for the advancement and adoption of those goals in the planning of rural health services.

"Country people want to be involved with their local Area Health Services. In particular they want to hear about how the planning and delivery of health services is going," Mr Naylor said.

The Alliance's involvement will see it providing the rural Area Health Services with information on national trends and developments in health services and programs.

"To be effective, the Alliance has to maintain contact with local communities and real issues on the ground, so that these are reflected in its policy development and advocacy work," said Gordon Gregory, Executive Director of the Alliance. This is yet another initiative that builds up the communication linkages between the community of people concerned with improving rural health.❖

'Burbong', NSW. Photo: Sande Taleski

What Do the Terms 'RURAL' and 'REMOTE' Mean?

Many *friends* have queried just what is 'Rural' and what is 'Remote'? *Healthy Horizons* uses the definition compiled in 1994 as the Rural, Remote and Metropolitan Areas Classification (RRMA), which says that:

- **Rural Centres** are towns with populations 10,000 to less than 100,000, and
- **Rural Areas** are those with populations of less than 10,000.
- **Remote Centres** are those towns of 5,000 or more population, and
- **Remote Areas** have populations within their boundaries of less than 5,000.

The National Rural Health Alliance's Constitution defines rural as "all areas of Australia but does not include the area of the capital city of a State or Territory, or the areas of Townsville, the Gold Coast, Newcastle, Gosford - Wyong, Wollongong or Geelong".

However, work is in progress to develop a new classification, called the Australian Rural Index, which will allow the investigation of population, industry and geographical characteristics in a flexible way and not be reliant on fixed boundaries which can mask critical features of communities.

What do you think???❖

Dear NRHA,

Many thanks for all the information from the recent National Rural Health Conference. I am impressed by your efficiency, but saddened by the fact that the list of issues you need to deal with continues to grow! How are you ever going to deal with them all?

I was pleased to see that the service provided by Telstra was an issue mentioned several times. This is crucial and should include their guaranteeing that these services are maintained 24 hours a day so that when they break down in the middle of the weekend, there is a mechanism to fix them up then and not on the following weekday.

I was also glad to see that road trauma was the subject of several recommendations. For many years I have been advocating the establishment of a rural road trauma research unit, and I was wondering whether the Australain College of Road Safety has any ideas on the subject.

I was also interested to see that the medico-legal issues were not mentioned. They are of major concern to both urban and rural practioners and I belive immediate discussions should be initiated with United Medical Protection, who are trying to negotiate changes in the system for the benefit of all. Best wishes with all the work ahead.

Brian Connor, Armidale.❖

Contributions from friends

At the NRHA Offic we receive many letters about the tenacity of rural communities. This article helps sum up what you are saying.

"The only thing we have left is adversity"

One of the myths of country life everywhere is that the communities in which rural and remote people live are close, supportive and happy environments. There are certainly advantages in living in small communities but it is likely that for most of them there is a counter-balancing challenge.

If there is easy access to services in country areas it is balanced by the fact that services are fewer and likely to be more costly. If there is a higher probability of being self-employed and so independent it may be balanced by low business turnover and the possibility that, if the local population is falling, there is no buyer for the business.

If there is an identifiable network of which the individual is a part, it means also that even those things that an individual or a family would like to keep secret are open to public scrutiny. This results in the well-known difficulties relating to the stigma attached to mental illness, disability, substance abuse, family violence and unwanted pregnancy.

The situation can perhaps be summed up in the question: "What's a sense of community worth without money, work or a local doctor?"

Times of local or regional crisis seem to bring out the best aspects of 'community' in people, sometimes across the whole nation. Is it because the normal quality of 'community' in country towns is relatively poor that the contrast provided by times when they are in crisis seems to be so noticeable? Or is it that country people notice and value a sense of community more strongly than their city cousins?

Some examples of letters and stories that have come in to us include the story of how Bairnsdale in Gippsland decided to prove to itself and to other people that it really is a great place in which to live and work. The inaugural Be Positive (B+) Campaign was held in 1999, and was an initiative of Kilmany Family Care. The B+ Campaign was a great celebration of the area and was strongly supported by local organisations, services, local government and members of the community. It included an East Gippsland Positive Day, which included a parade to honour those services and volunteers that helped through the droughts and floods of 1998. There was also a Don't Drop the N-Word Project – a negative word from anyone's mouth cost a gold coin penalty donation.

Nan Gurner sent us a report on Exmouth which suffered devastating floods in early 1999. The initial heartbreak and horror when the waters receded left some saying that the town would never survive. However, everyone helped, shared, communicated and created bonds in a way that Nan describes as being miraculous. people lent money to each other and gave assistance in kind and the town was reopened in a very short time.

The same stories have come from Moora which was flooded not once, but twice, and from Esperance which also had devastating floods.

It is not clear that this community-building response to disaster is a particularly rural phenomenon. Memory recalls that Cyclone Tracey's impact on Darwin had an impact on much of the nation. Memory does not recall what the impact on the Hunter Valley was of the earthquake in Newcastle. But the clear thing is that when a sense of renewed community is generated in country towns, the feeling is most welcome and quite palpable.

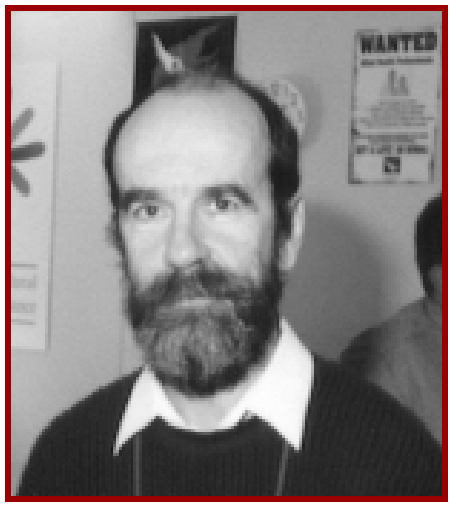
Let's hope that governments, businesses and communities can agree that an important part of their new 'Social Coalition' will focus on ways in which such palpable feelings of community can be generated in country areas without the need for a natural disaster.❖

'Burbong', NSW. Photo: Sande Taleski

Feature Article

Rural Health Equity Challenges

by Gordon Gregory
Executive Director, NRHA



The Market Challenge

A recent item on Radio National informed the listener that it was Nietzsche, not Margaret Thatcher, who may have been the first to suggest that eventually there would be no such thing as the *State*, only a collection of individuals and commercial organisations. I am fond of suggesting to my children that they do not need a university education, only to listen regularly to Radio National for all required information on current affairs, history, ideas and the arts. My children are fond of thinking this suggestion ridiculous. Perhaps the point here is the great advantage and value of being able to access Radio National. How many readers cannot access it, for one reason or another?

In the same week as I heard the item about Nietzsche I attended a meeting about 'telemedicine'. The good news was that the term was defined so as to include anything related to health status (including just information) that is transmitted by telephone. (Because of this broad definition it did not seem necessary to propose use of the term 'telehealth' instead of telemedicine.) The bad news was that of the 60 or so people in the room, none was from the public sector.

All of those at the meeting were apparently involved with commercial organisations in developing various pieces of the growing economic pie related to telemedicine services. The fact that there was nobody there from government made me think of the awful possibility that the *State* may leave all developments and services in the telemedicine area to businesses that must of course make a profit. 'The market' does not work well or at all in rural and remote areas, and it is impossible that market-based services will become the basis of adequate health care in country areas or make a major contribution to improvements in the health of those who are in greatest need, who include people who live in poverty and people in more remote areas.

There are a number of reasons why markets do not work well in rural and remote areas. In the worst situation there is simply no market power (meaning a very small number of potential buyers) to encourage firms to provide goods and services at all. At the next level there will be only one or two providers, because of the small market, and therefore little competition and higher prices than would otherwise prevail. At still another level there will be competition between providers but not the equivalence of power or strength between buyers and providers that exists where there are larger and denser populations.

As a stark example of this – although one that was hopefully exaggerated – the Alliance found itself recently commenting on the possibility that fresh milk will not be available in parts of western New South Wales. The cause of this is deregulation of the milk industry and the abolition of a subsidy to milk transporters and distributers in remote areas. (The economic truth would presumably be that, at worst, fresh milk would be available at a price high enough to compensate someone for the costs of delivering it.)

There are a number of reasons why markets do not work well in rural and remote areas.

One of the reasons why this example is stark is that it contrasts so markedly with the situation where, not many years ago, free milk was provided to all primary school children in the State in recognition of its health value.

There will always be a need for the State to moderate the impacts of a free market. And this need will continue to be strong in rural and remote areas where populations are relatively small and sparse.

The myth that country communities are healthy places in which to live and work was shattered in late 1998 in measured and quantitative fashion by *Health in Rural and Remote Australia*, the first report of the Australian Institute of Health and Welfare on rural health.

The Measurement Challenge

The report summarised the situation as follows:

"…However, the health of rural and remote Australians is worse than their metropolitan counterparts on many measures. These include injury, mortality, specifically road-transport, homicide and suicide, as well as mortality from diabetes and coronary heart disease. The Indigenous population contributes substantially to the health differentials for mortality between urban and remote populations with regards to diabetes, homicide, suicide and coronary heart disease. The distribution of Indigenous people throughout Australia is such that they contribute the most to health differentials in 'remote centres' and 'other remote areas', but not to the rural zone. …"

There is, of course, a distinction between healthy communities and collections of healthy individuals. In neither case does the existence of one guarantee the existence of the other. Communities which are healthy overall are likely to contain both people who are well and people who are sick. Australia as a whole is a good example: in a large number of respects it has those characteristics of community, safety and vitality which give it a deserved reputation as a fine place in which to live and work. The obverse of this is that communities that are unhealthy overall (and which have little of that qualitative element of 'community') may well be inhabited by people who are in fine health.

Despite this, communities which are unhealthy overall will degrade or depress the level of health and wellbeing of those who live in them. Community characteristics impact directly on health. For instance much is clearly understood (although arguably not well measured) about the adverse effects on health of unemployment, low income and a lack of social cohesion. The causes of this relationship include the lower ability of individuals to access and buy the requirements for good health (good food, housing, sanitation, communications, exercise and recreation), as well as the stress which results from being in poor personal and family circumstances.

For rural and remote areas, the situation is often one of degraded economic and social circumstances. Jobs are lost as businesses close, and services and facilities are withdrawn as the town loses population and economic vitality. Given the certainty of this relationship and the common belief that country communities are 'different', it is surprising that there is little or no quantitative evidence of the relationship between individual, family and community factors in rural and remote areas (both social and economic) and health.

This sort of all-too-common situation means that every sign of a growing and thriving country community is all the more welcome. Wherever there is the money, leadership and nous to open an art gallery in country towns we should celebrate, just as we do when a new company begins rural operation. For example, an art gallery is a sure sign that there is strong life and, of itself, it may be just what is needed to tip the balance in favour of that next health professional and their family coming to town.

The north coast of Tasmania is one region where we have a serious need for more art galleries, as it were. It has been adversely affected by economic change. Many jobs have been lost in the pulp and mining ore sectors, and there have been job losses in other heavy industries in the area as well. It is likely that the effects of this adversity will include poorer health and a worse outlook for health in the region.

Despite situations like this in many parts of Australia we have no system for measuring changes in people's health or for protecting those in the region by putting in place the range of services which would be required to combat the health effects of economic and social adversity.

The current parlous state of funding of public

The Funding Challenge

hospitals has led to a debate about whether people attending them should pay a fee for the services they provide. At the same time there is renewed interest in a debate about the structure and operations of Medicare. The Australian Medical Association has argued that Medicare cannot be maintained in its present form for three reasons. The first is that there will be increasing demand on it because of our ageing population. The second is the impact on costs of information technology. And the third is the fact that there are more and more people unable to pay for private insurance or private hospital services which would reduce the strain on the public system.

One hopes that this last problem will not persist and that we will not accept it as given that there will be an increasing number of people living in poverty. It is possible to change around this situation but it will require determination and government interventions. It will not be fixed by the free market alone.

A debate about health financing is welcome, as long as people on low incomes do not ultimately pay the price of any changes made to the system.

One of the problems with policy changes in relation to tax, health and transport, for example, is that there is a blind enthusiasm for uniformity and simplicity. During the recent tax debate it was only when the Democrats insisted on distinctions between the taxation treatment of public and private transport, and of diesel used in the country as distinct from the city, that there was any emphasis on differential treatment of individuals or business with different needs. If a policy is to deliver a safety net and equity, then, by definition, it has to distinguish between individuals on the basis of their circumstances.

... in many respects policies for rural and remote people need to be different from those for city people if they are to deliver anything like equity to country areas.

The Alliance has a particular interest in this because in so many respects policies for rural and remote people need to be different from those for city people if they are to deliver anything like equity to country areas. It is so ironic that national uniformity is used as a reason for the shape of particular policies when we do not even have uniformity in relation to regulation and accreditation of doctors, nurses or allied health professionals. (At the 5th National Rural Health Conference, Jean Kittson suggested that this surely could be resolved with just the stroke of a pen.)

Any debate about Medicare brings with it the possibility that the principles that are so important to those on low incomes (its universality and its services being free) might be threatened. If it were not for this, people who support equity would find it difficult to argue with a suggestion that those on high incomes should be treated differently as regards the services of a public hospital than people on low incomes. The same applies to private health insurance where, with the Medicare Levy Surcharge, there is already a useful and progressive element of differential treatment. The same cannot be said about the extraordinarily costly Private Health Insurance rebate.

It is surprising that there has not been more attention paid to the possibility of increasing the Medicare levy. It is a progressive tax and therefore to be welcomed. It is criticised in its present form by those who want it incorporated into the income tax system without the visible 'label' attached. The label gives taxpayers an expectation of 'free treatment'. A refinement of the increased levy would be a differential increase determined by the level of family income, which would make it more progressive still. In terms of overall expenditures on health, Australia's – at around 8% of GDP – is currently significantly lower than that of countries like the US.

Whatever new system might be devised it should include a strong element of government regulation, intervention and provision. There is a very small market for private health services in remote Australia and only a very small proportion of the residents of rural and remote Australia live on oil-rigs. This debate about health financing is one in which everyone concerned with rural and remote health outcomes should have a strong interest.

For its part, the Alliance will be working to see whether it is possible to redesign the system, so that it still protects those on low income but does not inhibit access to 'the public health dollar' for those in more remote areas who have less access to the Medical Benefits Schedule and the Pharmaceutical Benefits Schedule.❖

Current Issues and Research

Why not take part in research projects currently underway in rural health? Opinions and input from *friends* are really appreciated by project staff.

Currently, organisations and groups throughout Australia are supporting rural issues with excellent and innovative research projects. *PARTYline* plans to develop a regular feature on some of these projects and to make contact details available to ***friends***.

Increasing Women's Participation in Vocational Education and Training

Organisation: Centre for Research and Learning in Regional Australia
Investigator: Christine Owen
Phone: 03) 6226 2555
Fax: 03) 6226 2569

This project is designed to develop websites that specifically address the needs, issues and concerns of women studying in Tasmania and using various modes of information technology. The project is funded by the Australian National Training Authority and is designed to address the training needs of women in rural and regional Australia. If you would like to participate, contact Christine on the above number.❖

Urgent Care in Victorian Rural Towns

Organisation: Monash University Centre for Rural Health
Investigator: Heather Kelly, Research Fellow
Phone: 03) 5173 8181
Project Duration: 1998 – 1999.

The aim of the project is to develop models of urgent care for Victorian rural towns. The first part involves the completion of a survey of health practitioners (doctors, nurses and emergency transport personnel) to determine their support needs in relation to urgent care. Subsequently the survey has been sent to other providers of emergency assistance eg. SES personnel, Red Cross workers, St John Ambulance Officers. The second part seeks information from health practitioners and members of the community, via key informant interviews and focus groups about what occurs in relation to urgent care in their communities. This information will be used to devise models of urgent care for Victorian rural towns.❖

Evaluation of Farm Injury Prevention Programs

Organisation: Monash University Accident Research Centre Bldg 70, Wellington Rd, Clayton 3168
Investigator: Dr Lesley Day
Phone: 03) 9905 1811
Project Duration: 1998 - 2001

The aim of this project is to evaluate the State-wide impact that farm injury prevention programs and projects are having on the attitudes, knowledge and practices of Victorian farmers, and to compare this with Queensland. Issues addressed cover: *knowledge* - major causes of farm injury and ways it can be prevented; *attitude* - towards farm injury prevention; *practices* - use of Roll-Over Protection Structures (ROPS) and personal protective equipment, machinery maintenance, safety management systems, exposure to key farm injury prevention programs and *activities* - ROPS rebate schemes, farm safety courses. The work also determines changes in knowledge, attitudes and practices in the previous three years. The strategies for farm injury prevention in Victoria and Queensland will be documented, and analysed for similarities and differences and a secondary aim will be to produce a generic guide for the evaluation of farm safety programs.❖

Aged Care Issues in Rural Queensland

Organisation: Department of Social and Preventive Medicine, University of Queensland
Investigator: Margaret Steinberg
Phone: 07) 3365 5424
Fax: 07) 3365 5442
Project Duration: 1998 – 1999

This project records the views of older people, their families and carers in four rural locations in Queensland. Its principal aims are to develop a log of the major issues which help older people live independently, in their own homes and in the rural community of their choice. The findings take the form of a list of recommendations to families, local government, State government and the Commonwealth and set these against what is currently in place. The main outcome is a strategic framework for action on a whole-of-government basis that indicates the type of collaboration needed between program areas in order to facilitate ageing in place for rural people. Copies of the Executive Summary and recommendations are available from the contacts above.❖

Some of these initiatives may be applicable to your own communities, so take the opportunity to contact the people involved. Each of them would welcome your comments or feedback in any form

Innovation

NEW IDEAS IN RURAL AND REMOTE HEALTH

"Leaping the Boundary Fence – the 5th National Rural Health Conference" provided the opportunity for (among other things) teaching, learning, and sharing ideas. To extend these opportunities to *friends*, here are summaries of three papers that *celebrate rural health*! The hard copy (750 pages) of the Conference Proceedings is available from the NRHA Office, and includes contact details for the programs below. For a publications order form contact Toni Alexandrow on 02) 6285 4660, or e-mail toni@ruralhealth.org.au.

Successful Governance in Rural and Remote Communities with Board Education for Community Based Boards

Kathryn Fitzgerald, Irene Mills

This story emphasises the importance of a committed and experienced Board which is quite clear on its role and responsibilities. Rural Western Australia has a strong network of health service Boards which are accountable for the health services they govern. These Boards are established under the Hospital and Health Services Act, 1927. There are fifty-two rural Boards in the State, which means approximately five hundred rural community members volunteer their time and expertise on health service Boards.

The *Health Department of Western Australia* and the *Country Hospital and Health Boards Council* believe that one of the major requirements of successful governance of rural health services is to ensure that all Board members have access to an appropriate education program. A program was developed, and includes regional workshops on roles and responsibilities, annual Board Member conferences and satellite education updates. The full paper outlines in more detail the features of the program, and future developments.❖

Successful Domestic Violence Prevention in Rural Communities

Colleen McMahon, Nick Weetman, Rita Blieschke, Debbie Devlin

The long term goal of the Port Pirie Domestic Violence Action Group is the development of knowledge and expertise in domestic violence and prevention in local communities. The project primarily aims to assist local service providers in addressing domestic violence issues within the context of a rural community. As a consequence, the project also aims to raise the awareness of the general community regarding domestic violence.

The Group results from collaboration between a number of community groups including the Port Pirie Social Development Advisory Committee, the Port Pirie Crime Prevention Management Advisory Committee, the Women's Health Team at the Port Pirie Regional Health Service, and the Port Pirie Regional Council.

Some sub-groups and initiatives have been developed and established to meet the project goals. These include the *MOVE* course, aimed at assisting perpetrators to develop the skills to change their violent behaviour, and the *Domestic Violence Support Group* which supports survivors. There are also training and development sessions for relevant agencies. The group's work has been recognised within the community and also by the State as a worthwhile community project.❖

Christmas Island Student Presentation

Angus Turner

Angus Turner talked about his experience on Christmas Island as a medical student as part of his pre-clinical experience. A recipient of a John Flynn Scholarship, he was the only student at the Christmas Island Hospital, which provided a great deal of opportunity for experience and a very different perspective on the positives of rural and remote life! Angus noted that "from the moment the patient walks in the door, one is able to follow their progress with the GP, then the biochemist, and then the x-ray department. The pharmacist was just around the corner and the nurses were an endless source of useful, practical tips".

The opportunity to return to the same place at different stages of the course was something that Angus found unique to the John Flynn scholarships. It was beneficial to return to a favourite place with good memories and the anticipation of seeing old friends. It also helped reinforce his training and indicated the progress that he had made between visits. Additionally Angus commented that "it was the heart-warming contact with people in all aspects of their lives which is so often absent from an urban practice and makes one value the rural experience".

The John Flynn Scholarship helped provide Angus with a goal and the incentive to learn the skills and gain the knowledge required. Because he had already spent time on Christmas Island, he had a far better idea of the expectations that will be placed on him at his next visit. It provided a look at the "real world of medicine".❖

UPDATES

Commonwealth Department of Health and Aged Care

COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE
REPORTS/UPDATES

Activities of the Department of Health and Aged Care will be a regular feature, as part of our commitment to keep you informed. For more detail on any of the following activities, contact the National Rural Health Alliance for the appropriate phone numbers.

Paediatric Surgical Outreach Pilot for Country Kids

In late June, the Minister for Health and Aged Care, Dr Michael Wooldridge, announced new funding ($200,000) for a *Paediatric Surgical Outreach Pilot* aimed at improved access to paediatric surgical services for children in rural Victoria and New South Wales. The funding will assist paediatric surgeons to travel to country hospitals for operative procedures and training purposes therefore supplementing and enhancing existing services. Funding will also provide training benefits for local anaesthetists and nursing staff.

It is hoped that this will improve the continuity of care for country kids requiring surgery, in that they will have a greater chance to have surgery in or close to their local hospital. The program is an initiative of the Royal Australian College of Surgeons.

Upskilling for top End Surgeons

New funding from the Federal Government ($200,000) will assist surgeons working in both the Royal Darwin Hospital and more remote hospitals and medical centres in the Top End. The funding will help provide upskilling in advanced and new surgical techniques in the Top End by flying in acknowledged experts on a rotational basis.

Funding may also be used for locum support for surgeons needing to take study or other leave. There should be spin-off benefits for others in the area including medical students and trainees and general practitioners, as they may be able to attend training sessions. The project will be run through the Royal Australian College of Surgeons.

Locum Support for Rural Surgeons

A *Surgeon Locum Coordinating Program* is currently administered by the Royal Australian College of Surgeons, which helps provide surgeons for locum relief work in rural areas. The program provides a register of rural surgical practices and surgeons interested in rural locum work. New funding recently allocated by the Federal Government ($100,000) will allow additional activities such as a rural surgical vacancy register to help practices with succession planning where, for example, a practice partner wishes to retire.

This initiative is part of the Government's strategy to increase the rural specialist workforce in order to improve access to health services for Australians in rural and regional areas.

Rural Health Stocktake

Dr Jack Best is well underway in his ***stocktake of rural health***, aimed at reviewing Commonwealth programs and services in rural areas, and hopefully leading to better coordination across current strategies and identify priorities for the future. Dr Best is travelling through rural and remote Australia talking to health care providers and communities. During July, for example, Dr Best was in Geraldton, Carnarvon, Burringurrah, Meekathara, Jiggalong, Newman and Port Hedland.

Particular issues that will be covered are the accessibility and flexibility of rural health care; the involvement of local communities in determining approaches; the development of more innovative ways of service delivery; the progress of rural health workforce initiatives; and the formulation of more effective ways to promote and monitor the health of rural communities. Consultation will be with a wide range of health professionals, academics, community organisations and individuals. The stocktake will be completed by October 1999.❖

UPDATES

COMMONWEALTH DEPARTMENT OF
TRANSPORT AND
REGIONAL SERVICES

DEPARTMENT OF TRANSPORT AND REGIONAL SERVICES

Activities of the Department of Transport and Regional Services will be a regular feature, as part of our commitment to keep you informed. In this edition, our focus is on the latest funding round of the Rural Communities Project.

In early July, the Minister for Regional Services, Territories and Local Government, Senator Ian Macdonald, announced Federal funding for sixteen new projects. An overview of the projects follows, and may inspire you and your community to get together. You may also wish to contact one or more of the funding recipients to further discuss their good ideas and good work. The Rural Communities Project grants have, in their twelve months of existence, funded 149 projects, involving expenditure of over $19 million. The Project assists local communities to plan, organise and deliver a wide range of activities relevant to the needs of their communities. "The success of this program reinforces the Federal Government's commitment to improving the quality of life for Australians living in regional and rural areas" Senator Macdonald said. The *Department of Transport and Regional Services* is continuing to receive applications for funding up until 2001. Further information, including program guidelines and application forms can be obtained from *Countrylink Australia* by calling 1800 026 222. You might also like to make contact with one of the funded projects to talk further about their project. Those that have been funded are:

Nimbin Community Development Association Inc – Nimbin, NSW ($13,483). The project aims to provide the Nimbin Community Centre with a community coordinator for twelve months to allow community groups to have access to the community centre and to investigate future opportunities for the community. Contact Ms D Roberts on phone 02) 6689 0000.

Coraki Progress Association Inc – Coraki, NSW ($14,500). The project aims to develop new skills of members of the community by undertaking a capacity building program in the shape of leadership skills training.
Contact Mr R Barwick on phone 02) 6683 2888.

Henry's House – Cygnet, TAS ($19,760). The project aims to strengthen community networks of the isolated population through conducting a community arts and crafts program.
Contact Ms K Allright on phone 03) 6295 1235.

Macorna Hall Committee – Macorna, VIC ($3,055). The project aims to provide a monthly community newsletter containing information on local events and activities.
Contact Mrs D McIntosh on phone 03) 5455 9249.

Tara and District Family Support Committee – Tara, QLD ($3,450). The project aims to provide the community with an information booklet outlining local, State and Commonwealth contacts in the area. Contact Mr G Muller on phone 07) 4665 3508.

Rollingstone and District Community Association Inc – Rollingstone, QLD ($3,705). The project aims to continue to provide the community with a local newsletter. Contact Mr J Cogan on phone 07) 4770 7207.

Varley Resource and Telecentre – Varley, WA ($3,500). The project aims to take on the production of the community newsletter on a weekly basis. Contact Mrs A Hyde on phone 08) 9875 1068.

Dublin Community Club Inc – Dublin, SA ($5,000). The project aims to produce a local newsletter as an information source for the immediate community.
Contact Mrs R Moore on phone 08) 8529 2031.

Ararat Community House – Ararat, VIC ($6,250). The project aims to provide a meeting place with organised activities on weekends for intellectually disabled adults in Ararat.
Contact Mrs M Taev on phone 03) 5352 1551.

Walwa and Community Arts and Radio Inc – Walwa, VIC ($14,085). The project aims to improve and extend the quality and scope of radio broadcasting to the Upper Murray Region of NSW and Victoria. Contact Dr D Hall on phone 02) 6037 1399.

South Australian Rural Women's Gathering, Bordertown 1999 – Bordertown, VIC ($16,145). The project aims to host a gathering in Bordertown to enable rural women of all ages to come together to share experiences, meet new people, celebrate achievements and gain new ideas and skills. The gathering will include high profile motivational speakers, and a wide range of workshops covering fun, fact and future.
Contact Mrs L Staude on phone 08) 8758 7205.

Circular Head Council – Smithton, TAS ($30,000). The project aims to employ a coordinator to formulate and implement community projects and to address issues of priority as identified.
Contact Mr G Jay on phone 03) 6452 3037.

Wimmera Information Network Inc – Horsham, VIC ($36,918). The project aims to provide information to communities in the Wimmera to assist them make informed choices in their lives, businesses and communities.
Contact Mr D Johns on phone 03) 5382 2803.

Riverland Respite & Recreation Services Inc – Waikerie, SA ($14,939). The project aims to employ a volunteer recruitment officer to assist clients access a variety of sporting and recreational programs, and teach disabled clients independent living skills.
Contact Mr P Andrews on phone 08) 8582 1258.

Upper Hunter Rural Counselling Service Inc (Personal Counselling) – Cassilis, NSW. The project aims to facilitate access to a personal counselling service on a contract basis to assess the level of demand for services in the region.
Contact Mr M Clapham on phone 02) 6358 8451.❖

Australian Journal of Rural Health

The Official Journal of the National Rural Health Alliance

The Editor of the Australian Journal of Rural Health (AJRH) is Professor Desley Hegney, Chair of Rural Nursing, University of Southern Queensland and Toowoomba Health Services. The AJRH is published by Blackwell-Science Asia in Melbourne. For further details contact the Journal Manager at the Alliance on phone: (02) 6285 4660 or fax: (02) 6285 4670.

Here are some summaries of articles in the current issue of the Journal.

Health of mid-age women living in Australia

Researchers from the Research Institute for Gender and Health profile the health of over 14 000 women aged 45-50 participating in the twenty year Australian Longitudinal Study on Women's Health. The study began in 1996 and aims to clarify the cause and effect relationships between biological, social, psychological and lifestyle factors and women's health - emotional wellbeing - and use of and satisfaction with health services. The study so far has revealed interesting factors about middle-age rural and remote women in Australia.

- Rural and remote women report less stress than urban women, even though their common life events were similar although researchers expected the reverse because of the difficult economic times and the harsher environment in rural Australia.
- Rural women report a greater use of complementary or alternative services, such as chiropractors and herbalists, than urban or remote women.
- Rural and remote women report less visits to general practitioners and allied health services.
- Remote women were more likely to report suffering from skin cancer and diabetes than rural or urban women.
- Rural and remote women reported a higher rate of surgical procedures, such as hysterectomy, than urban women.
- Remote women reported a higher rate of having a mammogram in the last two years than rural or urban women.
- Rural and remote women were more likely to have a body mass index above the healthy weight range of the National Health and Medical Research Council.

These data do not reflect the health of Indigenous women, as a co-hort study is being undertaken. Further details: Dr Wendy Brown, Director, Research Institute for Gender and Health, University of Newcastle, Callaghan, NSW 2308. Email: whjb@cc.newcastle.edu.au

Common trends in International medicine

Author Professor Richard Hays compares rural medicine in Australia and internationally. He suggests that despite being one of the original forms of medical practice, rural practice has changed substantially in recent years to emerge as a more distinct form of medical practice. He says that international differences in the healthcare system and socio-economic status mean different roles for rural doctors in different nations, although rural doctors worldwide share some characteristics. Areas discussed include:

- recognition as rural doctors
- rural health status
- professional isolation
- social and cultural isolation
- being part of the community
- broader knowledge and skills
- being part of a team
- personal attributes, and
- common problems and solutions.

Further details: Professor Richard Hays, School of General Practice and Rural Health, University of Queensland, PO Box 1805, Townsville, Qld 4810. Email: richard.hays@racgp.org.au

Developing links between aged care services in a rural context

This article explores the need to develop links across the acute and community aged care services in a small regional Australian city. It focuses on a two year research project involving an Aged Care Assessment Team (ACAT) servicing a rural and remote population. Findings include:

- An apparent shortage of community and residential services accessible to the aged upon discharge from hospital.
- Difficulties experienced by some health professionals in accessing community and residential services on behalf of their clients.
- Ineffective linkages between acute and community/residential sectors.
- Unrealistic expectations by hospital staff of the capacity of ACAT to link clients to services.
- Ineffectivenss by ACAT assessors to develop networks and linkages.

For further details: Andrew Robinson, Anne O'Byrne Centre, 287–291 Charles Street, Launceston, Tasmania 7250.

The 1999 Australian Journal of Rural Health Reader Survey

To evaluate the *AJRH* reader satisfaction rate, subscribers were surveyed this year. Despite the small sample size, the data offer a profile of the readers. The majority of respondents:

- are primarily involved in rural or remote health practice in a clinical capacity.
- have been involved in rural health for more than ten years, with over one-third involved in rural health for more than fifteen years.
- are primarily employed in a General Practice or a hospital, followed by universities.
- over half of readers spent more than thirty minutes reading the Journal, and most readers referred back to Journal articles.
- appreciated articles on rural and remote health policy, found short reports useful, and valued the multi-disciplinary article mix.
- one-fifth of readers had submitted articles to the Journal for publication.
- the majority of respondents were connected to, or had access to, the Internet.

The Editor and Editorial Board welcome comments on the 1999 *AJRH* Reader Survey or future direction of the Journal.❖

Reviews, Reports and Papers in Summary

The Australian Health Consumer

Consumers' Health Forum of Australia

This quarterly magazine provides a range of articles of interest to consumers and providers of health services. In the 2nd edition (1999) of the magazine there is a summary of some current policy issues as well as valuable articles on National Competition Policy and the National Public Health Partnership, among other things.

Consumers' Health Forum
PO Box 52, LYONS ACT 2606
(02) 6281 0811

in Touch

Newsletter of the Public Health Association of Australia

The Public Health Association of Australia (PHAA) has more than forty disciplines related to health represented in its membership. Any person who supports the objectives of the Association is invited to join.

The Editor, in Touch, PHA
PO Box 319, CURTIN ACT 2605
(02) 6285 2373

Cardiovascular Health – a report on heart, stroke and vascular disease

Department of Health and Aged Care, National Health Priority Areas Report

Biennial reports to Health Ministers are produced on each National Health Priority Area – cardiovascular health, cancer control, mental health, injury prevention and control, and diabetes mellitus. The latest report on cardiovascular health was publicly released on 4 August 1999. Its recommendations will be the focus of the National Workshop on Heart Disease in Aboriginal and Torres Strait Islander People and Rural and Remote Populations to be held in Townsville, 17-19 October 1999.

Louis Young, Health Priorities and Outcomes Section, DHAC
GPO Box 9848
CANBERRA ACT 2601
(02) 6289 7010

National Competition Policy Review of Pharmacy

Information about the Review can be obtained from GPO Box 9848, MDP 93, Canberra ACT 2601. There is a Background Paper and a Discussion Paper, both dated 30 June 1999, and the Review is taking submissions. The Review will give Australian governments advice on who can own pharmacies, the location of pharmacies approved to provide medicines under the Pharmaceutical Benefits Scheme, and the registration of pharmacists.

Terry Barnes, Head of Secretariat
(02) 9289 8665
Email: pharmev@health.gov.au

Working Together for Stronger Rural Communities

Office of Regional Communities, New South Wales Premier's Department

This glossy brochure includes sections on building stronger rural communities, promoting jobs and growth, infrastructure, the environment and health. It is a statement of the New South Wales Government's commitment to social justice for the people, families and communities of rural parts of the State.

Premier's Department, NSW
(02) 9228 5555

Multi-Purpose Service Development – Proposed Service Delivery Plan: A WA Guide for Communities Developing an MPS

This community guide, as well as reports from some of the MPSs in Western Australia, is available from the Rural Health Development Section of the Western Australian Department of Health. The Guide includes details of the required format for the Service Delivery Plan to be adopted by new Multi-Purpose Services.

Rural Health Development
PO Box 109
GERALDTON WA 6531
(08) 99643 788

Rural Communities and Rural Social Issues: Priorities for Research

Bureau of Rural Sciences, Agriculture, Fisheries and Forestry - Australia

In May 1999 the Bureau of Rural Sciences and the Rural Industries Research and Development Corporation jointly organised a workshop on priorities for research into rural social issues. A background document was prepared for the workshop by the Centre for Social Research at Edith Cowan University. The researchers prepared a detailed literature review and commentary relating to rural social research.

Carol Reeve, RIRDC, CANBERRA
(02) 6272 4005

Healthcare Brief - Newsletter of the Australian Healthcare Association

The May 1999 edition of the newsletter included an announcement that Mark Cormack had been appointed National Director of the Australian Healthcare Association (AHA). The AHA is the peak body representing the public hospital and health care system. The State Association members of AHA are the Health Services Association of New South Wales, the Victorian Healthcare Association, the Hospitals and Health Services Association of South Australia and the Healthcare Association of Western Australia.

AHA, PO Box 54
DEAKIN WEST ACT 2600
(02) 6285 1488

The Health Inequalities Research Collaboration

National Centre for Epidemiology and Population Health, Australian National University

A pamphlet is available from the NCEPH at ANU 0200, or by phoning Jane Dixon on 02 6249 5623.

Rural and Remote Health Initiatives of the Human Rights and Equal Opportunity Commission

The Commission is producing a number of segments for a television series on various aspects of rural life, including young people and substance abuse, aged care services, remote and indigenous health, mental health services, and flexible delivery in a small country town.

Meredith Wilkie, HREOC
GPO Box 5218, SYDNEY NSW 1042
02 9284 9600❖

Have you become a *friend* of the Alliance?

friends of the Alliance **exists to promote and facilitate communication on rural and remote health issues among the rural community, people working in the field, relevant government agencies and the National Rural Health Alliance.**

The Goals of *friends of the Alliance* are to:

- provide a means to improve communication among the community of people interested in rural and remote health issues and the NRHA;
- increase awareness of the issues to be addressed and the actions that need to be taken to improve health outcomes for people living in rural and remote communities; and
- assist in raising funds for the NRHA which can be used to address specific issues, either through research or undertaking targeted projects, such as awareness programs.

The Benefits of becoming a *friend of the Alliance* include:

- being part of **an information sharing network** of people and organisations working to improve health and well-being in rural and remote Australia, by supporting the NRHA;
- receiving a **CD-ROM** containing eight years of conference and research information on rural and remote health;
- receiving regular issues of **PARTYline**, the Newsletter of *friends of the Alliance*;
- being entitled to a discounted subscription to the **Australian Journal of Rural Health**;
- having an opportunity to **help identify priority areas** for rural and remote health policy, programs and research;
- receiving a **Certificate of Membership**, acknowledging support.

ORGANISATIONS

Organisation Name:

……..……..……..

Contact Person: ……..

Position Title: ……..

Address: ……..……..……..……

……..……..... p/code: ……..……

INDIVIDUALS

Name:

……..……..

Address: ……..……..……..

……..…… p/code: ……..

Home phone: (……..) ……..……

Home fax: (……..) ……..……

Work phone: (……..) ……..……..……Mobile phone: ……..……..
……

Please indicate type of membership:

- ❑ **$300 (Large Organisation –** *over 50 staff*)
- ❑ **$150 (Small organisation –** *less than 50 staff*)
- ❑ **$40 (Organisation Associate Member** - *limited benefits)*

Please indicate type of membership:

- ❑ **$40 (Individual Membership)**
- ❑ **$25 (Concessional Membership –** *not in paid workforce*)

Please attach your cheque/postal note made payable to *friends of the Alliance,* or fill in your credit details below:

Credit Card: *(please circle)* Mastercard / Bankcard / Visa / AMEX / Diners Today's date: ……

Card Holder's name: ……..……..… Card Number: ……..

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