

Strengthening 'friends' in 2000

This edition of Partyline includes two articles on the Regional Summit held in Canberra in October (see pages 5 and 15). An Implementation Committee has been established and its first report is due before Christmas. All friends will want to keep in close touch with the follow-up work and Partyline will bring you further reports in future editions.



1998 Amata Clinic Christmas Party: Caroline Wilksch, Community Health Nurse, and Anita Amus, Anangu Health Worker, with her son Gavin. Photo: courtesy Stewart Roper

The NRHA has a new Executive headed by its Chairperson, Dr Steve Clark. Steve is Director of the North Queensland Rural Health Training Unit based in Townsville. Deputy Chairperson is Lesley Siegloff, a nurse academic based in Bendigo. Mark Dunn, pharmacist at Dover in Southern Tasmania, is Treasurer and Margi Stewart from Moranbah in Central Queensland is Secretary.

The significant number of organisational (rather than individual) members of friends of the NRHA (see list on page 2) has led to further consideration of how friends can best be served by the NRHA, and vice versa. See page 10 for further details.

The Multi-Purpose Service (MPS) Program has now become the Regional Health Services Program. Details of this and of the new fly-in, fly-out,

female GP service can be found on page 14. MPS-type services are the subject of a current study in NSW. The New South Wales Minister for Health, Craig Knowles, has established two important rural health reviews. Gratton Wilson, a Member of the friends Advisory Committee, is a Member of one of these and has written a special article for us (page 10).

It has been an exciting establishment year for friends. I have enjoyed working with you all and will be thinking of you when I go to live and work in Townsville. Please keep feeding us your comments and suggestions so that friends can continue to be relevant to the needs of its members. Have a wonderful Christmas time and exciting 2000!

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Happy Reading!!!

friends would like to acknowledge the support of its many organisational members, including those listed below. Maybe your organisation would also benefit from membership of friends.

Adelaide University Rural Medical Society
Arthritis Victoria
Australian Institute of Radiography
Australian Podiatry Association (Vic)
Burke Aboriginal Community Health Service
Brewarrina Aboriginal Health Service
Ceduna/Koonibba Aboriginal Health Service
Central Australian Division of General Practice
Central West Queensland Rural Division of General Practice
Central Wheatbelt Division of General Practice
Centre for Clinical Nursing and Research
Centre for Remote Health
Centre of Research for the Advancement of Rural Health
CoCare Gippsland
Coleraine District Hospital and Aged Care Services
Continence Foundation of Australia
Coonealla Health Aboriginal Corporation
Cunningham Centre
Co-ordinating Unit for Rural Health Education, Victoria
Dareton Community Health
Far West Ward Aboriginal Health Service
General Practice Division of WA Ltd
Hesse Rural Health Service
Inspire Foundation
Kimberley Aboriginal Medical Services
Macquarie Health Service
McIvor Health and Community Services
Medical Defence Association of SA
Mid-Richmond Neighbourhood Centre
National Asthma Campaign
National Farmers' Federation
Netimpact Online Publishing
Pius X Aboriginal Co-operative
Remote and Rural Health Training Unit – Dubbo
Rural and Isolated Pharmacists' Association of Australia
Riverina Medical and Dental Aboriginal Co-op
Robinvale District Health Services
Rural Health Education Foundation
SOS Visiting Nursing Service
South Australian Centre for Rural and Remote Health
South Australian Rural and Remote Medical Support Agency
South East Local Government Association
The Rural Development Centre
Thubbo Aboriginal Medical Co-operative
University Department of Rural Health, Tasmania
Vasse Leeuwin Community Health Service
Victorian Farmers' Federation
Vietnam Veterans' Counselling Service
Walgett Aboriginal Medical Service Co-op
Walhallow Aboriginal Corporation
Weigelli Centre Aboriginal Corporation
Wellington Aboriginal Health Service
Western Australian Centre for Remote and Rural Medicine
Women's Hospitals Australia and the Australian Association of Paediatric Teaching Centres

PARTYline is the Newsletter of *friends of the NRHA*, 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 **National Rural Health Alliance** is the largest and most significant body of rural and remote health organisations. Its Member Bodies are:

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The Editorial Group for this issue of **PARTYline** was Mandy Pasmucans, Gratton Wilson, Storry Walton, Gordon Gregory, Michele Foley 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:



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The opinions expressed in *Partyline* are those of contributors and not necessarily of the National Rural Health Alliance, or its individual Member Bodies. ISSN 1442-0856. ❖

featuring

RURAL PHARMACISTS AUSTRALIA (RPA)

The National Spokesperson for RPA, Mark Dunn, describes himself as the least-isolated, isolated rural pharmacist in Australia! Isolated because he is the nation's southernmost practitioner, working at Dover on the D'Entrecasteaux Channel in Tasmania's southwest tip. *Least* isolated because the boon of the Internet keeps him and his professional colleagues in relatively close contact. More about the Internet and the RPA later.

RPA is a good example of the knock-on effect of the NRHA's own networking power. Mark explains, "RPA was formed to draw together the interests of three separate organisations with no previous formal links, in order to represent the profession in the National Rural Health Alliance – a coalition formed to join a coalition!". The three member bodies are the Pharmacy Guild of Australia, the Pharmaceutical Society of Australia, and the Society of Hospital Pharmacists of Australia.

RPA is only five years old, but it is impressively active, and borne along by an overwhelming consensus for change by all its members, it has already developed some far-sighted projects. "It won't surprise other NRHA *friends* to learn that like so many other professions, our principle concerns are the recruitment and retention of pharmacists in the bush, and professional support", says Mark, who, incidentally was recently elected

Treasurer of the NRHA.

In partnership with other planning groups, RPA is doing something about its problems. It has secured funding through the Department of Health and Aged Care, to establish a Rural and Remote Pharmacy Workforce Development Program (thus also providing us with a welcome new acronym RRPWDP).

The Project includes the following:

- Four full-time scholarships of \$6000 a year for four years to enable school leavers or mature age students to undertake undergraduate pharmacy courses at universities.
- A number of \$500 scholarships to support clinical placements of tertiary students in rural practices. The aim is to expose students to rural life and its benefits in the hope of attracting them to live and practise in the bush.

- Up to \$50,000 has been allocated to provide professional development opportunities for rural pharmacists to undertake course work which is only conducted at city universities.
- Development of a rural pharmacy curriculum. This has the support of all the Schools of Pharmacy whose representatives met in September at a workshop convened by Donna Bull. The first stage – a general purpose subject together with revision of entry level competencies for rural practice, should be ready by 2001.
- A national locum support program.
- An Internet web site – already being trialled by Mark Dunn and his colleagues, which will, among other things, facilitate the search for pharmacists, and the sale of pharmacies.

For further information on scholarships or

THE NATIONAL ASSOCIATION OF RURAL HEALTH TRAINING UNITS (NARHTU)

Rural Health Training Units were established variously across Australia between 1989 and 1996, mainly to support rural and remote health and health workers. A strong motive for their establishment was to improve the commitment and retention of the workforce – better access to continuing education and training, improvement of working conditions, the pooling and sharing of expertise. The National Association was formed in 1992, and now co-ordinates eleven units at Alice Springs, Broken Hill, North Queensland, Rockhampton, Toowoomba, Tamworth, Dubbo, Orange, Wagga Wagga, Moe and Adelaide.

NARHTU and the NRHA owe a debt to bronchitis, because it was this condition which drove Steve Clark north from rheumy Melbourne to Queensland where, at Townsville, he is now Director of the North Queensland Rural Health Training Unit (covering Townsville and Cairns), the NARHTU representative to NRHA, and of course the newly elected Chairman of NRHA. Steve's doctoral thesis was on rural education (1992) and he has spent many years in rural and remote Queensland. He was Chairman of the Health Education and Welfare Committee, and Chair of the Welfare Council of Mt Isa.

Steve says "One of the most important

developments of the Association has been the extension to nursing, allied health and Aboriginal health. This had lent strength to the multi-disciplinary nature of the training units and to the primary health care focus".

NARHTU now plays an increasingly important role in the gathering and collation of information across Australia – regional data sets. "With this resource of knowledge we are set to play an important consulting role to governments and agencies" says Steve, "and we will be doing this assertively, so long as the needs of our rural and remote communities remain in any way unfulfilled".

NARHTU is a young organisation and dynamic. So much so that it intends to extend its role and its constitution further at its next Annual General Meeting, to include University Departments of Rural Health. NARHTU will then become the National Association of Rural Health, Education and Research Organisations. In doing so, it will maintain the NRHA's tradition of encouraging acronyms, and will have the honour of having created the most noble – NARHERO!

For further information, contact **Steve Clark, on 07) 4771 4880, or e-mail: sclark@health.qld.gov.au** ❖

Meet a friend

Welcome to our newest *friend*, the **Coleraine District Hospital and Aged Care Service**. Nestled amongst the green hills in Victoria's south-west, life in the small town of Coleraine seems to epitomise a quality that one equates with living 'rurally'. Coleraine, with its population of only 900, is 35km from Hamilton and 100km from Mount Gambier. The town boasts a number of businesses including a post office, police station, solicitors, two banks, chemist, ambulance, chocolate factory, newsagency, two hotels, swimming pool, tourist centre, historic railway station, wildlife sanctuary, caravan park and the Points Arbour and Coleraine District Hospital and Aged Care Service which services the town and surrounding district of approximately 2,500 people. Around 23% of the population are aged over 65, which is approximately 16% higher than the national average.

The Coleraine District Hospital and Aged Care Services made its humble beginnings as a Bush Nursing Hospital in May 1935, replacing a small private hospital that operated in the town at that time.

In 1969, Coleraine Homes for the Aged Committee was formed. In 1976, a house, 'Mackie House' was purchased and developed for hostel purposes. Over the pursuing years this was added to in the format of Nurses' Home and Matron's Flat being relocated to the Mackie House complex. In 1980, the Wannoo Motel was purchased and renovated for additional hostel accommodation, bringing the total number of beds to 34. The Homes Committee also developed 14 independent living units on a site adjacent to Mackie House. During the past three years, more land and some incompleting units have been purchased and a further 8 independent units were built. In the early 1990s, the Hospital Board incorporated the Merino Bush Nursing Centre after the closure of the hospital in the town.

Currently the Coleraine District Hospital operates a fully accredited **15 acute bed facility** with a **12-bed nursing home**. A **40 bed hostel** and **22 living independent units** and the **Bush Nursing Centre** at Merino, whilst operating as separate entities, are now incorporated with the hospital.

The Board of Management unsuccessfully applied for funding for the facility under the Multi-Purpose Service Scheme (MPSs). However, the Board saw the positive aspects of the MPS model and has adapted these in the running of the Coleraine facility.

The services provided include *midwifery* (including post delivery, medical, paediatrics, medical/surgical after care including physiotherapy, dental services and dietitians), extended care, *community services* (including district nursing, hospital in the home, community education, diabetes support, adult day care and a community car service) and in liaison with other *community based services*, provide meals-on-wheels, infant welfare, home help and senior citizens activities. Three years

ago, the facility installed a hydrotherapy pool which is used extensively both for accident rehabilitation and in particular by the aged.

Judith Pymer is the Director of Nursing at the facility, and has been so since 1992. Judith says that with the increase in the aging population, there is an emphasis on provision of aged care.

"The aged care facility naturally feeds our acute care services. I think one of the reasons why we have remained so viable is that we have really targeted our services to the community's needs. The community is very supportive of our facility, playing an integral part on our Board of Management. Members of the Senior Citizens are representatives on a sub-committee of our Hospital Board and provide direct input as well as serving to keep the community informed".

Judith says that there are potential changes in the future. There are three hospitals in a 70 km radius, two of which may attract funding due to one being a base hospital, and the other quite remote. However, the Board is remaining proactive, and is currently in the process of a conceptual plan for the future.

"I think the key to surviving is not to 'stand alone' or to be territorial in these matters. We share some staff from the Western District Health Services in Hamilton and it is important that small rural towns look to each other for support. Coleraine, whilst having a strategic alliance with Western District Health Services has also formed with Balmoral and Harrow Bush Nursing Centres and Edenhope Hospital an alliance named Western Alliance as the issues in each rural facility are often the same".

Judith sees that joining *friends of the Alliance* is a valuable way of networking with other organisations with similar issues, as well as keeping up-to date with the current policy changes.

Ph: (03) 5575 2377 ❖

**Merry Christmas
and
Happy New Year
to all our friends
from the friends
Advisory Committee**



Regional

There was a major meeting in Canberra in October on the future of rural Australia. What was it all about and what will it all mean?

The Regional Summit was held in Parliament House, Canberra, on 26-29 October. It sprang from a commitment by National Party Leader John Anderson made earlier in the year. A great deal of planning went into the event, mostly by staff of the Deputy Prime Minister's Department of Transport and Regional Services.

The high level of excitement and its political profile meant that many people from rural and remote areas wanted to attend. Various Ministers, other parliamentarians and organisations nominated so many people that there was a list of over 600. Eventually there were 280 delegates, not including the public servants from interested agencies who attended as observers. An effort was made to get people to attend who have current practical experiences.

Minister Anderson addressed the Summit and impressed those who attended with his commitment and personality. The Prime Minister also addressed the Summit and used the opportunity to confirm the Federal Government's commitment to the Darwin-Alice railway line, and to announce a contribution of \$14.5 million to the Sidney Myer Fund "to support its good works in regional Australia". The Government hopes that the private sector will add significant extra amounts to that fund.

Theme papers were written before the event by selected experts and the whole thing was put on the Departments' homepage on the internet. If you are lucky enough to have access to the net their address is: dot.gov.au/regional/summit

There were 12 themes: communications, infrastructure, health, community wellbeing, government, finance, value adding, new industries and new opportunities, community and industry leadership, education and training, philanthropy and partnerships, and sustainable resource management.

The health stream was one of the largest, with 24 people, including 5 members of the NRHA Council (a sixth, Margaret Smith, was in the Community Wellbeing and Lifestyle stream). It was facilitated by John Humphries. There were four theme papers for health: by Jack Best, Lexia Bryant and Roger Strasser, Paul Mara, and John Wakerman. These papers are available from the Department's homepage for those of you who have access to it.

John Lawrence, Immediate Past Chairperson of the NRHA, says that it was encouraging to find that discussions in the health stream emphasised that "health is not just hospitals, doctors and dentists, but democracy, participation, employment, education, value-adding, niche market and collaboration with indigenous communities".



So what does it all mean and what will be the results? It proves that the Federal Government is making a special effort to 'listen to' people from rural and remote areas. (One of our correspondents enjoyed it but was disappointed that it did not deal more with the major regional centres.)

So the Government is listening. Is it also *hearing*?

In his closing address John Anderson said in part:

"The communique identifies a wide range of actions that must be taken to help us secure the future of the bush. They are actions for government,

Federal, State and local. They're actions for business. Most important of all, they're actions for you - individuals, and local communities.

They're actions that must be taken in partnership and guided by a philosophy that we do things best when we do things from the bottom up and from the inside out. And that's the strongest message that I think we're all taking away from this Summit.

So I want to leave you today very conscious of the need to ensure that those things the Federal Government does to foster regional economic community and social development are done with the local focus. And it may very well be, you know, that the political mantra of the new Century will be, 'It's local, stupid' rather than 'It's the economy, stupid'."

An implementation committee has been established to firm up the recommendations and produce a plan to take them forward. Its chair is John Chudleigh from Orange. It will produce a preliminary report before Christmas. John Anderson has also indicated that there will be a meeting of the State and Territory Ministers responsible for regional issues and the Australian Local Government Association to consider how to respond to the recommendations.

It will be important for all of us to keep in touch with the work of that Committee and keep the pressure on governments and business for real change. The best meeting in the world (and this seems to have been one of the best) is only as useful as the results that stem from it. Let's hope there will be a sustained effort by governments to support community development in rural areas, to keep the pressure on the private sector to make a major contribution. Efforts have to be locally-based and locally-owned but government has a key role to play, including by making sure that the big picture items like tax, fuel, transport, health and education are tilted in favour of rural people. (DTRS Ph: (02) 6274 7871 ❖)

Networking

LAUNCH OF RURAL AND REMOTE HEALTH INFORMATION PAPERS CD-ROM



On 8 December 1999, the Minister for Regional Services, Territories and Local Government, Senator Ian Macdonald

launched the second release of the National Rural Health Alliance's CD entitled 'Rural and Remote Health Papers 1991-1999'.

The launch, held at Parliament House, was attended by representatives of many organisations interested in rural health and by parliamentarians.

The original CD contains a comprehensive collection of eight years' worth of Conference papers and research material, and is the only one of its kind. *friends* will recognise this as the free CD they received when joining.

The updated version will include the Proceedings from the 5th National Rural Health Conference including photos, *Healthy Horizons*, Competition Policy Reforms, a paper on the Fringe Benefits Tax (FBT), a submission on Infrastructure, an open letter to the Prime Minister, a Submission on tax, and twenty six additional abstracts from the Australian Journal of Rural Health.

The technology used to condense so much material on only one CD has been so advanced that the publishing company, Net Impact Publishing, recently received a silver medal in an international competition for scientific information technology.

This updated version of the CD will of course be made available, free, for all members of *friends* when they renew their membership. If you would like more information, please contact the National Rural Health Alliance on (02) 6285 4660.



IS YOUR DOCTOR VOCATIONALLY REGISTERED?

An interesting issue to come out of the Regional Summit related to the level of medical benefits. If your doctor is not 'vocationally registered' ie: he or she has not updated skills, then patients will not receive the full Medicare rebate.

Is your GP vocationally registered?

A MESSAGE TO RURAL DOCTORS

The Australian College of Rural and Remote Medicine (ACRRM) is urging all rural doctors who are not Fellows of the College to consider applying for Fellowship before the special 'grandparent' clause expires at the end of the year.

The 'grandparent clause' enables rural and remote doctors who meet set criteria, and have at least three years' experience in rural medicine, to apply for fellowship without having to undergo examination.

The clause will expire on December 31, 1999, after which doctors wishing to become Fellows of ACRRM will have to undertake formal examination.

Interested doctors should contact the State ACRRM representative or phone the National Office in Brisbane on (07) 9952 8600, or e-mail: acrrm@acrrm.org.au

NETWORKING NORTH QUEENSLAND

Networking North Queensland is a two year project that aims to improve the health outcomes of people living in rural and remote North Queensland, by increasing access to improved telephone and computer technology.

The project has been funded by the Commonwealth's 'Networking the Nation' program and Queensland Health.

The use of the new and enhanced telecommunication infrastructure will have major benefits to those living in rural North Queensland. Fifteen communities will have videoconferencing units installed. Other communities will benefit from the new and enhanced telecommunication infrastructure, through projects that will provide practical training and support for health professionals and community members caring for dying patients; basic videoconferencing facilities to remote communities; electronic health and community information network to rural areas; patient information to outreach and remote health centres; health education and community education via the Intranet, and continuity of client care through use of faxes, e-mail and intranet services.

The project team will also be providing training workshops and community forums to raise awareness of the new technology and its potential. For further details contact Julie Watson (Project Co-ordinator) or Lee Gasser (Project Officer) on (07) 4771 4880 or e-mail jwatson@medeserv.com.au ❖



Contributions from friends

Kathy's Story

This is a moving story of a mother's plight to make conditions better for her ill son. Maybe there are others out there with similar stories to tell.

I am taking the opportunity to use the friends of the Alliance to express my distress at the lack of adequate health services in rural areas.

I have an eight year old son, Sam, who suffers from leukemia. We live on a property 23kms from town that has a small hospital, and 80kms from a larger town.

When our son was first diagnosed, we had to travel regularly for treatment to the Children's Hospital in Sydney, 370km away. We had to fly because of Sam's susceptibility to infection, and while our fares can be reimbursed, as a rule we have to get permission to travel by air.

My first concern then is the operation of the Isolated Patients' Travel and Accommodation Assistance (IPTAAS). As other users of this scheme will be aware, it operates on the basis of reimbursing expenses outlaid, which for families is an impossible ask. Why are we in rural areas so disadvantaged in terms of being able to access the services our families need. Some Area Health Services even expect families of children with cancer to outlay money for accommodation at Ronald Macdonald House up front - often thousands of dollars.

In between trips to Sydney, Sam is undergoing chemotherapy and has to have blood tests. The 'system' arranged for us to have the chemo at Orange, 2 hours drive away and he would be sick all the way home



every week of treatment. This is the second issue I would like to raise. Rural people have no freedom of choice, something city dwellers take for granted.

Our best way to try and make things at all bearable for Sam, was for me to take his blood tests at home, and for him to take these with him in an esky on the school bus so that they could then be transported to the next town for testing. Without our brilliant ambulance paramedics we would have to leave our property and move to the city. I had to go down to the school and talk to the teachers about Sam's condition, there were

no other resources to do this for us. The inequalities for rural and remote families are huge, compared with the city.

And now we find that the hospital in our small town will be closed and replaced with a 'Service'. So that is my third issue - how do rural communities become informed so that they can have a real say in what is happening to their Town? We have non-existent palliative care, our hospital is not able to be heard by the 'system' that operates out of the Capital City. Most of the time we feel alone and hidden. I thank God for the wonderful GP we have at Cowra and the terrific staff at Cowra Hospital who work under extremely difficult conditions.

I don't mean to sound negative, I guess there is something therapeutic in just putting all this down, or telling it all to someone who is prepared to listen. I know that there are a lot of others out there who feel the same. What can we do??

Kathy Parker
Lockwood

EDITOR'S NOTE:

Changes to the Isolated Patients' Travel and Accommodation Assistance Scheme formed part of the Recommendations of the National Rural Health Alliance's Submission to the Senate Inquiry into Public Hospital Funding held in November 1999. ❖

Recycling Wastewater - A New Approach

This article has been adapted from a paper entitled "Wastewater Gardens™ Ecotechnic approach for recycling valuable resources, preventing pollution of water and the environment" written by Robyn Tredwell, General Manager and Director of Savannah Systems P/L and Mark Nelson, Ph.D., Chairman, Institute of Ecotechnics

Treatment of domestic wastewater, or sewage, is of particular importance in rural and remote communities as often there is not a centralised treatment facility available.

Conventional treatment systems, such as the septic tank, where the raw sewage is treated in a concrete or plastic tank and is either pumped or trucked out onto the back paddock, are now being replaced by a new ecological approach known as 'ecological engineering'.

These new developments stem from a

fundamental change of perspective. Wastewater is now seen as a valuable source of nutrients and water.

The new systems use the existing treatment of a conventional septic tank. But instead of passing directly onto the paddock where there is little chance of further treatment, it is passed into a subsurface flow wetland. Wastewater is directed below a surface bed of gravel. The treatment area is planted with a wide variety of locally selected wetland plants including lawns, shrubs, flowers or trees.

The Savannah Systems P/L, which is operating in over forty sites in Bali and Mexico, is now being adapted to Australian conditions. Some of the advantages heralded by the new system include the reduction in disease causing bacteria without the use of chlorine, low-cost, low-tech and long-lived, low maintenance, and the aesthetic benefits over conventional systems.

If you would like details of this new system you can contact Robyn Treadwell or Mark Nelson on 0891 911275 or email birdwood@compuserve.com ❖

NSW HEALTH REVIEWS

NSW HEALTH COUNCIL

The NSW Minister for Health, Craig Knowles, has recently set up a number of reviews to look at aspects of health service delivery in NSW. Gratton Wilson, the NSW member of our *friends Advisory Committee*, is a member of the Rural Health Committee, and is on the rural reference group for the Health Council. The NSW Premier's Regional Communities Consultative group is also looking at health issues in the context of strengthening community capacity to respond to change. *PARTYline*, through Gratton, will keep you informed.

The NSW Health Council is chaired by Mr John Menadue and has task of developing a plan to reform the NSW health system. Other members are: Ms Gabrielle Kibble, Prof. Margaret McMillan, Prof. Stephen Leeder, Prof. Ian Webster, A/Prof. Brian McCaughan, A/Prof. Jane Hall, Dr Barry Catchlove, Dr Heather Dalgety, Dr Paul Gross, Ms Katie Quirke, Mr Mick Reid.

The Council will deliver a plan to the Minister that provides effective strategies to improve the delivery of quality health services, better manage costs and improve the health outcomes of people in metropolitan, regional and rural NSW.

The Council will further consider:

- the need to ensure a flexible, effective, quality health system responding to community needs, population growth, ageing and changes in clinical practice and technology
- the need to ensure that the unique and diverse health needs of rural and remote communities are recognised
- the available research finding on health policy, service delivery and health financing

The Council is preparing discussion papers on:

- Rural Health
- Funding Models
- Care co-ordination
- Consumer participation
- A metropolitan strategy
- Structures/Governance

These papers are being produced with the help of resource groups, and will be passed to reference groups, with broadly based memberships, for comment.

NSW RURAL COMMUNITIES REVIEW

This Review of health services in smaller rural towns will have an emphasis on Multi-Purpose Service (MPS) style services. The Committee is headed by the Right Honorable Ian Sinclair, former member for New England. Other members of the Committee include Dr Glynis Catterson from Gulgong, Ms Roslyn Tokley from the MPS at Dorrigo, Mr Paul Cook from Inverell, Mr Ernest Hayes from Lake Cargellico, Mr Stuart Gordon from Bourke and our own Gratton Wilson who, as well as being a *friend*, is also the Chairman of the NSW Southern Area Health Service.

The Committee is to:

- Provide advice to the Minister on communities that will benefit from an MPS service delivery model.
- Consult with the identified rural communities.
- Identify issues and barriers to providing services in rural communities, taking account of current services and future population needs.

By the time the Committee reports towards the end of December, it will have visited over 40 small towns and had discussions with many stakeholders. The Committee has been briefed by other groups carrying out related studies for both the State and Commonwealth Governments.

Communities have been encouraged to revisit the MPS model of care by the Minister's recent announcement that existing aged care hostels no longer have to be incorporated in MPS proposals. The Committee is believed to be examining partnership roles between area health service and not for profit providers, and is examining transport issues.

STRENGTHENING FRIENDS

If you would like to discuss proposals for better service delivery models further, you can fax Gratton on : 02 6453 3240❖

When friends of the Alliance was established 12 months ago, it was to provide a way for individuals to belong and as a means of increasing the two-way flow of information between people in rural and remote areas and the Office in Canberra.

While this is clearly happening, we have also been pleasantly surprised by the number of organisations that have joined. This has influenced the thinking of the friends Advisory Committee about the relationship between the friends organisation and the Alliance itself. We want membership of friends to provide organisations with a sense of belonging, although it cannot be in the same way as full membership of the Alliance for eligible national organisations. At the same time, we still want friends to service the needs of its individual members.

We are still grappling with these issues. Consideration will be given to:

- establishing some sort of 'associate membership' of the Alliance for individuals and/or organisations; and
- establishing a place on Council of the Alliance for the Chairperson of the friends Advisory Committee.

Michele Foley will be taking over the networking and 'community outreach' work with friends, and David Petty (Manager of the Australian Journal of Rural Health) will be working with Michele on *Partyline*.❖



SNAPSHOTS OF INNOVATIVE PROGRAMS IN RURAL AND REMOTE HEALTH

Slicker Ticker – - Gippsland Healthy Heart Project

**Julie Geilman – Health Promotion Officer, Latrobe
Community Health Service**

“Slicker Ticker” is one of ten projects being conducted throughout regional Victoria as a result of funding from the Rural Health Promotion Development program of the Public Health Division of the Department of Human Services. The program aims to enhance *capacity building*, which according to VicHealth (1999) refers to “*interventions in organisations and communities that aim to improve health practices and physical and social environments and that do not require ongoing funding*”.

After a number of focus groups involving relevant health care workers from throughout the Gippsland region, a regional health promotion project addressing cardiovascular disease, was developed. Over the next six months a number of both regional and local activities will be conducted. These include health screenings at work places and country shows, a “Stress Less Week” to raise awareness about the impact of stress on the heart, and a “Gippsland Get Up and Go Day” to encourage the community to participate in moderate physical activity.

Health care workers involved will regularly meet and exchange information and feedback about the various activities. Additionally, a regular newsletter, titled “Slicker Ticker News”, will be distributed every five to six weeks to keep workers up to date.

Firearms Injury Prevention Project - WA

Jill Officer, Denise laughlin, Bret Hart

The Firearms Injury Prevention Project, in Western Australia’s Coastal and Wheatbelt Health Region, is unique. It is the first in Australia to develop materials and procedures for preventing firearm suicide in country areas known to have high rates of suicide involving firearms. The aim is to reduce easy access to firearms and to prevent firearm injury by promoting gun safety knowledge, and the safe storage of firearms and ammunition. It also aims to improve community awareness of the risks associated with keeping a gun in the home and the risks associated with unsupervised children having access to a firearm.

A number of strategies devised in consultation with community members are being undertaken, such as a media campaign, firearm safety information brochures, suicide prevention training for general practitioners, and development of policies and protocols for use by hospitals in the area. These strategies are being evaluated for their community acceptability and effectiveness with a view to their transferability and wider application throughout the State and elsewhere in Australia.

The program is being developed by the Coastal and Wheatbelt Public Health Unit working in collaboration with local farmer's organisations, local gun (firearm) clubs, firearms dealers, injury prevention organisations, general practitioners, the police and education department. Contact Jill Officer on (08) 9622 0127.

“Strong Community Arms” Developing A Child Health Specialist Service in South Australia; Principles, Successes and Problems Over Five Years

Nigel Stewart

Over the last five years a comprehensive, specialist child health service has been developed involving doctors and nurses to provide outreach into Northern South Australia. Over 25% of the people living in the area are children and, in common with many communities in rural and remote Australia, have high health needs. The philosophy and principles underlying such a service, and its basis in understanding community development, were developed with the emphasis on establishing partnerships with local health practitioners, Aboriginal health organisations and also specialist children's hospitals. The qualities for particularly child health specialists, but also many rural general practitioners have been identified. The service has also addressed the issue of rights of children, and having a child and family centred approach and developing a parent/professional partnership. The service has recently been evaluated and copies of the evaluation would be available to interested people. Phone: (08) 8648 5578 ❖

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Australia 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 David Petty, the Journal Manager at the Alliance on phone: (02) 6285 4660 or fax: (02) 6285 4670.

These are exciting times for the Australian Journal of Rural Health! In calendar 2000 there will be five issues instead of the four in 1999. This will be an interim stage on the way to the Journal becoming bi-monthly in 2001.

What this reflects is the growing amount of focus on rural and remote health research and the willingness of authors to contribute them to the AJRH. The Editor, Professor Desley Hegney, has received more offers of papers in 1999 than in previous years. Blackwell Science also recognises the special place of the Journal in its large stable of publications and is a wonderful partner for the NRHA and the Editorial Board to have.

The November issue of AJRH is due out as we go to print with this Edition of PartyLine. The February issue will have a focus on palliative care. In 2000 there will be a special issue on rural and remote health research in which the

THE AUSTRALIAN JOURNAL OF RURAL HEALTH

National Health and Medical Research Council will be closely involved. The year 2000 will also see a thematic issue on mental health.

David Petty has recently been appointed as the Alliance's Manager of the AJRH. David has spent much of his working life in Queensland, has wide experience with health-related publications and with commercial contacts in the rural health area. It is a pleasure to welcome David to the NRHA and to the Journal.

The decision to increase the rate of Journal publication has laid the basis for further growth and development. The Journal fills a niche in relation to rural and remote health information that is very different from that of PartyLine and they are obviously complementary documents.

The NRHA's revised CD ROM is to be launched by Minister Ian Macdonald on 8 December (see Networking on p.6). It will include abstracts of the AJRH articles for the first half of 1999. It has also been possible to include on the CD ROM the full articles from the two very first editions of the Journal in 1993.

Thanks to all AJRH sponsors and contributors - and of course to the members of the Editorial Board for their work. They are Desley Hegney, its Editor, and Tony Balston, Catherine Bendeich (from Blackwell's), Pam Brinsmead, Jane Greacen, Max Kamien, Shirley Preston, Lesley Sieglöf and Lorraine Shepherd. ♦

NRHA TO MANAGE JOHN FLYNN SCHOLARSHIP SCHEME

As this edition of Partyline goes to press the NRHA is completing negotiations with the Federal Department of Health and Aged Care for the NRHA to be the Central Management Agency for the John Flynn Scholarship Scheme (JFSS).

By the end of next year the JFSS will have 600 medical undergraduates making social and professional connections with towns and communities in rural and remote areas. They do this by spending two weeks a year for four consecutive years as the 'guests' of their host community. It is, of course, hoped and expected that this will result in a greater proportion of them choosing to practise in country areas than would otherwise be the case.

The NRHA is very enthusiastic about this work, regarding the JFSS as a program related to its core business. The work will require close liaison with the students and communities themselves, as well as with the Medical Schools and a number of organisations involved with rural health workforce issues, in particular those involved with general practice.

We will keep readers informed of developments.

For further information contact the NRHA on (02) 6285 4660.



*Desley Hegney, AJRH Editor;
Gordon Gregory, NRHA Executive Director and
John Lawrence, then NRHA Chairperson*



Talking Common Ground – Negotiating Agreements with Aboriginal People

Rural Landholders for Coexistence (RLC)

This valuable document provides examples of how groups of primary producers and Aboriginal people have got together to find common ground on issues relating to land use and access. RLC seeks to provide a point of contact for people in the bush interested in pursuing positive coexistence. They ran a series of seminars in 1998 and 1999, including a national workshop at Charters Towers.

**PO Box 1074, Queen Victoria Building
NSW 1230 Ph: 1800 111118**

“Developing Collaborative Strategies for Rural/Regional Service Delivery”

IQPC in conjunction with the National Farmers’ Federation, the NRHA, the Royal Australian Planning Institute and the Agribusiness Association of Australia.

This Conference is to be held at the Armidale ex-Services Club, 16-17 February 2000. In focus will be on acknowledging the need to move beyond political roundtables and apply practical strategies for sustainable service delivery.

**IQPC, Ph: 02 9223 2600
email: registration@iqpc.com.au**

Sustainable Models of Rural Allied Health Practice

CURHEV, October 1999

This is the report of a project to determine methods to strengthen and ensure the viability of allied health practice in rural Victoria. Copies of the report are available from the Co-ordinating Unit for Rural Health Education in Victoria on (03) 9348 1399.

Mental Health Information Brochures

Six brochures are available on some of the most common mental illnesses people experience. They are:

- ◆ Mental Illness: the facts.
- ◆ What is Bipolar Mood Disorder?
- ◆ What is Schizophrenia?
- ◆ What is Depression?
- ◆ What are Anxiety Disorders?
- ◆ What are Eating Disorders?

Multiple copies are available free from the National Mental Health Strategy on 1-800 066 247.

Healthy Food Access Basket 1998

Tropical Public Health Unit for North Queensland

The report is based on a 1998 survey of stores in Queensland. The results are presented as maps showing the differences in food cost and quality by geographic area. “While the prices of unhealthy products also rise with distance from main centres, this rise is usually considerably less than that of health food.” The authors are Dymphna Leonard, Anita Groos and Sophia Dunn.

**Tropical Public Health Unit
PO Box 1103, CAIRNS 4870
Ph: 07 4050 3600**

The National Environmental Health Strategy 1999

*State, Territory and Commonwealth
Departments of Health and the Australian
Institute of Environmental Health*

The Strategy is described in a glossy publication which includes chapters on environmental health management, capacity and practice. Subjects dealt with include water, air quality, food and waste management. There are also case studies including on hepatitis A, shade creation, lead and arsenic, and cryptosporidiosis.

**Commonwealth Department of
Health and Aged Care, Ph: 6289 8206**

National Aboriginal & Torres Strait Islander Nutrition Strategy

This is part of the overall National Public Health Nutrition Strategy. Information from the Department of Health and Aged Care (02) 6289 8340 or from the Consultant on (02) 9716 4500.

Australian Divisions of General Practice – Annual Report 1998/99

The ADGP provides national leadership for the Divisions of General Practice. It produces a fortnightly newsletter via email. If you would like to receive it, contact the the ADGP on:

Phone: (02) 6260 4760

Fax (02) 6260 4761.

Email: adgpreception@adgp.com.au
**ADGP Ltd, PO Box 9604
DEAKIN ACT 2600**

“Impact of competition Policy Reforms on Rural and Regional Australia”,

Productivity Commission Report

Key Messages

- Communities in rural and regional Australia are being affected by a range of beneficial and adverse influences, of which National Competition Policy (NCP) is one.
- Most of these influences are of a long-term nature and largely beyond government control (eg declining terms of trade for agriculture, changes in technology and in consumer tastes).
- Such long-term factors are mainly responsible for the declining share of primary industries in Australia’s economy and the associated drift of population away from inland country areas.
- NCP has become a scapegoat for some of the effects of these broader influences.
- Governments should take steps to improve community understanding of NCP, including clarification of how matters of wider public interest, and social considerations in particular, are to be taken into account in its implementation.
- While there are costs associated with implementing NCP, it will bring net benefits to
- the nation, and to rural and regional Australia as a whole over the medium term.
- That said, the early effects have favoured metropolitan areas more than rural and regional areas.
- There is likely to be more variation in the incidence of benefits and costs of NCP among country regions than in metropolitan areas.
- Where adjustment pressures develop rapidly and are regionally concentrated, governments may need to consider whether, in addition to generally available assistance measures, specific forms of adjustment assistance are warranted for some people in adversely affected regions.

**Productivity Commission
(03) 9653 2244**



Commonwealth Department of
Health and
Aged Care

COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE *RURAL HEALTH REPORT*

Regional Health Services Program

A federal government Budget initiative that is progressing successfully is the Regional Health Services Program, aimed at improving the health and well being of people in regional, rural and remote Australia by providing access to a mix and range of health, aged care and other community services under the one roof. This program also aims to play a role in the broader strategy of recruiting and retaining health professionals to work in rural communities.

One of the keys to the success of this new initiative is that local people will decide the services they want provided under the program, depending on the region's needs. Recognising that no two communities are exactly alike, not only in demographics, but also in their local health priorities and the number and mix of health professionals, including allied health workers and carers, that serve the community, there is no single template for service-mix or activity under this program. The Regional Health Services Program will support innovation, and provide communities with the flexibility to meet their changing needs.

An information pack on how communities can apply to be part of this new program will be available soon. For further information contact Kay McNiece on (02) 6289 6996.

Fly-In Fly-Out Female GP Service Getting Off to a Flying Start

Very few rural women are able to choose to take their most intimate health issues to a female doctor. The federal government believes they should have the same choice as women in our cities and so in the last federal Budget \$8.2 million was allocated over four years to introduce a "fly-in, fly-out" female doctor service for rural communities.

In March this year Federal Health and Aged Care Minister, Dr Michael Wooldridge, announced at the 5th National Rural Health Conference that the Royal Flying Doctor Service would play a central role in the administration of this new and innovative program. Although many of the localities identified so far, during extensive consultations with key stakeholders, are within regions serviced by the RFDS, there are some areas, which the service does not cover. However, the RFDS will subcontract the program service to these areas. Communities and resident doctors will be consulted before the service is delivered to their locality and it is envisaged that there will be services in each State and the Northern Territory and that the program will be up and running as soon as possible. Contact Kay McNiece on phone (02) 6289

Giddy Goanna Spreads the Message

The annual cost of injury to the agricultural sector is estimated to be somewhere around \$1 billion while of all farm fatalities, around 20 per cent are children aged 0-14 years - a fact emphasised by former National Party Leader, Mr Tim Fischer, at a launch of the book, *Many Farms to Visit*, in Canberra recently. The book is a child safety resource aimed at children in rural communities, sponsored by the Commonwealth Department of Health and Aged Care, the Southern Queensland Rural Division of General Practice and CSL Vaccines.

Mr Fischer said while injury prevention should be a priority in all workplaces, it is farm accidents that continue to cause considerable concern with an average of one death every three days due to work related injury. Giddy Goanna has now gone national with important safety advice and fun for children both in cities and in the bush. *Many Farms to Visit* is now on sale in newsagencies for \$5.95. For further information contact the Giddy office on 07 4639 3888. For further information contact
J o h n N o b l e o n
(02) 6289 7005.

More than 2500 Aged Care Places for Regional, Rural and Remote Australia

The Federal Government would deliver more than 2500 additional places for senior Australians in regional, rural and remote areas as part of the largest-ever allocation of new aged care places recently announced by Minister for Aged Care Bronwyn Bishop.

Mrs Bishop said funds had been directed to the areas of greatest need, and senior Australians living outside major capitals were targeted with some 40 per cent of all additional places going to regional, rural and remote areas.

More than 1600 community care packages and over 900 residential care places were for regional, rural and remote areas.

Remote, rural and regional communities would also benefit from \$15 million for 68 capital grants to improve buildings, including fire safety and other safety-related works. This represented more than two thirds (68 per cent) of all capital funding available nationally (\$22 million).

These additional funds and commitments would help to meet the particular challenges for rural service delivery and access to high quality services faced by older people living in the bush. Over a third of aged care places were already located in rural and remote Australia, about equivalent to the proportion of older people living in these areas. Contact Mary Shiers on (02) 6289 5468❖



COMMONWEALTH DEPARTMENT OF
**TRANSPORT AND
REGIONAL SERVICES**

REGIONAL AUSTRALIA SUMMIT

Local government was well represented among the two hundred and eighty-two delegates who attended the Regional Australia Summit held at Parliament House in Canberra from 27 – 29 October.

The Summit was organised in response to the concerns of the Deputy Prime Minister and Minister for Transport and Regional Services, John Anderson about the growing gulf between metropolitan areas and the bush.

The Summit drew together business and community representatives from across the nation to focus on solutions to the difficulties facing regional areas as a result of globalisation, advances in technology, microeconomic reform, and rationalisation of services.

Delegates included representatives from ten councils, including Gunnedah Shire Council, Hinchinbrook Shire Council and Warrnambool City Council. The Australian, Queensland, Northern Territory and Tasmanian Local Government Associations and the Municipal Associations of Victoria and Western Australia were also represented.

Delegates at the Summit listened to Australian and international speakers between intensive meetings of working groups covering twelve key themes.

The Federal Minister for Regional Services, Territories and Local Government, Senator Ian Macdonald, introduced four case studies highlighting creative responses to the challenges facing regional areas. Amongst these were presentations by the Booringa Shire Council in Queensland about economic development in the region and the Delatite Shire Council in Victoria concerning youth unemployment.

Local government's achievements were also showcased in a live transmission of the opening of the first Rural Transaction Centre in Eugowra, NSW.

Working groups produced a Summit Communique which summarised their recommendations. Delegates agreed that new partnerships need to be forged amongst all spheres of government, business and communities to respond to the needs and priorities of our regional communities as well as the opportunities and challenges confronting regional Australia.

A steering committee is being formed to progress outcomes from the Summit. An implementation plan will be developed by the end of the year.

Further information about the Summit, including the Summit Communique, background papers, keynote presentations and a list of participants, can be found at the Regional Australia Summit website at www.dotrs.gov.au/regional/summit.

For further information contact Linda Holub on (02) 6274 7871.

1999 NATIONAL AWARDS FOR INNOVATION IN LOCAL GOVERNMENT

Each year the Regional Services and Local Government Branch manages the National Awards for Innovation in Local Government. This year a record-breaking 338 entries were received in eight categories, with the greatest number in the Community Services, Information Technology and Organisational Practices and Environment categories.

The National Judging was completed on 25 and 26 October at Australian National University, where a panel of judges met with finalists to determine the National Winner and the National Rural Winner.

The Awards successfully identify and promote the diverse range of innovative and resourceful initiatives developed by local government to improve the social economic outcomes of local communities.

The Minister for Regional Services, Territories and Local Government presented the Awards to the winners at a special ceremony on 29 November during the Australian Local Government General Assembly. The overall National Award Winner was Ipswich City Council and the overall National Rural Award was Cabonne Council. Winners of the eight categories were:

REGIONAL AND ECONOMIC DEVELOPMENT

Category award: Maroonah City Council
Rural award: Cabonne Council

ENVIRONMENT

Category award: Newcastle City Council
Rural award: Southern Midlands Council

SPORTS, RECREATION AND PHYSICAL ACTIVITY

Category and rural award: Calliope Shire Council

INFORMATION TECHNOLOGY AND ORGANISATIONAL PRACTICES

Category award: Ipswich Council
Rural award: Buloke Shire Council

ENGINEERING, INFRASTRUCTURE AND URBAN DESIGN

Category award: Rockhampton City Council
Rural award: Bellingen Shire Council

COMMUNITY SERVICES

Category award: Brighton Council

BUSHCARE

Category and rural award: Johnstone Shire Council

INNOVATION IN EMERGENCY MANAGEMENT

Category award: Maroochy Shire Council

If you are not already a friend of the NRHA?

The Goals of *friends of the NRHA* 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
- ◆ contribute to health outcomes by providing a means for input from rural and remote communities, which can be placed on the agenda for discussion and action by the National Rural Health Alliance.

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

- ◆ being closely aligned with the the National Rural Health Alliance, entitling you to participate in discussions and debates about rural and remote health issues;
- ◆ sharing information in a network of people and organisations working to improve health and well-being in rural and remote Australia, by supporting the NRHA;
- ◆ receiving updated versions of the Rural and Remote Health Papers CD-ROM containing conference, research and other information on rural and remote health;
- ◆ receiving regular issues of **PARTYline**, the Newsletter of *friends of the National Rural Health Alliance*;
- ◆ being entitled to a discounted subscription to the **Australian Journal of Rural Health**.

ORGANISATIONS	INDIVIDUALS
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Contact Person:	Address:
Position Title: P/code:
Address:	Home phone: (.....)
..... P/code:	Home fax: (.....)
Work phone: (.....) Mobile phone:	
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Please indicate type of membership: <input type="checkbox"/> \$300 (Large Organisation - over 50 staff) <input type="checkbox"/> \$150 (Small Organisation - less than 50 staff)	
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Please attach your cheque/postal note made payable to <i>friends of the National Rural Health Alliance</i> , or fill in your credit details below:	
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