

Preparing for Election 2004

There will be a Federal Election within 12 months. The current period of relative political quiet gives us an opportunity to consider what should be 'on the menu' and how it will improve health and well-being in country Australia.

Do we get tax cuts or better services? How are we going as a nation with plans to revitalise rural and remote areas? How do we strategically improve the national health system? (Another matter is the perennial issue of working to improve the health and welfare of Indigenous Australia; see the article on page 12).

Social investment v tax cuts

Happily the tide in the debate has turned and there is now more hope of long-term national investments in health, education and infrastructure, instead of tax cuts. Hopefully the major political parties will be bold enough not to engage in another bidding war on tax cuts.

It is to be expected that people on the street will agree they would like a tax cut when not asked about any alternatives.

in this issue:

The Universality of Medicare

Keeping doctors in rural communities

A Reality Check for Teenagers

Health Project for Aboriginal Communities

The Outback Highway



PHOTO: ARTHUR MOSTEAD

New initiatives hope to revive rural centres

Of greater value is the finding that over 70% of Australians would prefer extra expenditure on health and education to a small tax cut (as would the National Party now, it seems).

Further tax cuts are not justified by any notion that Australia is a high taxing country. It is not. In terms of the burden of taxation in the 30 OECD countries in 2001, Australia ranked 20th from the top (or 11th from the lightest) when superannuation levies and all social security contributions were included.

The government's projected Budget surplus has increased again (www.abc.net.au/pm/content/2003/s1005844.htm) so there is greater hope than ever that commitments of

substance can be made to social investment (including public health and education).

On the infrastructure front there is also cause for optimism. Both the substance and the rhetoric of the government now seem to reflect greater determination to turn things around for rural and remote areas – and greater understanding of the urgency of doing this. The Alice Springs to Darwin railway has been completed, there is a renewed National Water Initiative (www2.premiers.qld.gov.au/about/igr/communiques/coag290803.htm)

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and ambitious plans (under the general heading of AusLink) for integration of road and rail transport funding. (As we go to press the Prime Minister has promised more money for roads.) Progress on AusLink and copies of the submissions made in response to the Green Paper are at www.dotrs.gov.au/transinfra/auslink/submissions/Quick_Guide.htm

'Growing' the country in rural and remote areas

Some very positive rhetoric is reflected in the activity of the new Regional Development Council (www.alga.asn.au/newsRoom/communications/regDev20030730.php). This brings together State, Territory and Commonwealth Ministers for Regional Development and the President of the Australian Local Government Association.

The Council is due to meet again in March 2004. The agenda will likely include skilled migration (see the Editorial in this issue), infrastructure, water reform, co-operation among regional development agencies, the Indigenous Action Plan, zonal taxation and regional universities.

People and businesses in rural and remote areas will be looking for action on these various areas: meetings and committees are one thing, changes on the ground quite another. But a good start has been made – and it is encouraging to see differential tax treatment and national infrastructure projects on the agenda again. The current proposal for regional migration (see article page 2) is also significant, both in its own right and as a marker of the government's intentions.

The Australian Council of Social Service (ACOSS) and bodies such as the Institution of Engineers and the Royal Australian Planning Institute are among those drawing attention to the depleted and degraded state of much of Australia's infrastructure (ports, roads, bridges, railways). There are proposals for

government incentive or regulation to increase investment in national infrastructure – including from superannuation funds. The Outback Highway (see page 10) offers one immediate and exciting nation-building opportunity that will have particular benefits for rural and remote areas.

Improving the national health system

The story so far: Australia has a world-class health system but its universality and its quality of outcomes are under threat. All Governments in Australia (national, State/Territory and local) have a stake in health services and in the political liability of the perception of poor health services. Cost-shifting and blame-shifting are the order of the day.

Medicare's universality needs first to be protected and then made a reality in more remote areas through extension of no-cost or low-cost primary health care services to areas where fee-for-service general practice is not sustainable.

The PBS is an excellent system that needs to be protected against outside forces so that consumers of pharmaceuticals continue to have access to low-cost drugs, including generics. Despite earlier assurances from government, there are still fears for the integrity of the PBS in the Free Trade negotiations with the US.

Staff shortages threaten the quality of service in hospitals and the aged care sector – and mean sub-optimal access to services in many areas, notably rural and remote Australia.

Now read on: Major opportunities for fundamental reform to the health system are being missed. The Australian Health Care Agreements process ended up with "argy bargy" again (see the excellent summary in Healthcover – available on subscription: contact hcover@ihug.com.au).

The proposals of the Australian Health Reform Alliance (AHRA) have been painted as party political, which is unfortunate and untrue. At the Medicare hearing in Canberra in January Prof John Dwyer was accused of being funded by the NSW Labor Government. Health reform is far too serious a matter to be left to the political parties! The AHRA led by John Dwyer continues to promote its findings, including for the establishment of a National Health Reform Council (see www.healthsummit.org.au).

Another national consortium involved in planning a better long-term future for the health system is the National Healthcare Alliance. Its 2004 Budget Strategy Submission focuses on Australia's ageing demographic and its potential impact on the costs and sustainability of our health sector. The Submission says:

"An effective health system is fundamental to having a healthy and productive older workforce, which is the key to maintaining national prosperity. An effective health system cannot be had without investing to ensure a skilled and motivated workforce of professionals and carers, with the health technologies at hand to do the job. Neither can we have a healthy and productive older workforce without investing in assisting them to help themselves remain healthy and productive."

The full Submission from the NHA is on the NRHA's website at:

www.ruralhealth.org.au under Publications and News /Other Papers.

There is much to think about and much to hope for. Let's remember what Edmund Burke apparently never actually said (see Google!): "All that is necessary for the triumph of evil is that good people do nothing." ❖



health system and the wider community in linking professionals such as midwives, teachers, secondary school nurses, youth workers, Aboriginal health workers and community nurses.

Core of Life now includes approximately 90 schools across Victoria, reaching approximately 10-12,000 students since it commenced locally in 1999.

320 facilitators have now been equipped to teach Core of Life in Victoria, and training has commenced in the Northern Territory and Western Australia.

Today's adolescents face many problems on a daily basis. Some may turn to idealised notions that having a baby may provide an escape and be the answer to their problems. Core of Life confronts the reality of having a baby. It aims to challenge adolescents in their beliefs, and to inspire them for their futures.



The joys of childbirth. Mornington secondary students participating in the Core for Life Program.

The program encourages adolescents to seek further information about their choices related to pregnancy, birth, infant feeding and early parenting, and to utilise this knowledge for the future.

For further information on the Core of Life or information on facilitator training, please contact Debby Patrick or Tracy Smith, Program Managers, on coreoflife@phcn.vic.gov.au / www.coreoflife.org or phone 03 9784 8233. ❖



The 8th National Rural Health Conference

Alice Springs,
Northern Territory
Mid March 2005

The Call for Papers
will open
in early April 2004
when we will activate the
Alliance website for the
on-line abstract
submission process.

Watch the website –
www.ruralhealth.org.au



REFA Update

REFA met with John Anderson's Regional Women's Advisory Council at the end of November. The Deputy PM was reported to be interested to hear of things that could be fixed on rural education.

In the same week Megan McNicholl and John Halsey met with some of Dr Brendan Nelson's staff and briefed the Coalition's Back Bench Education Committee. They also caught up with members of the ICPA Executive who were in Canberra at the same time.

The REFA website will be rolled out in May to coincide with the Roundtable in Roma on Friday 21 May 2004-note for your diary. REFA has produced a brochure which includes term dates for 2004. It is also being used to seek sponsorship. Reports continue to be provided to the Department of Education Science and Technology which is funding REFA's work.❖

John Halsey

Safety or Submission – Is this Too Much Too Soon?

Many farmers in NSW are unhappy with new rules under the *NSW Occupational Health and Safety Act 2000*, and *Occupational Health and Safety Regulation 2001*. Whilst many recognise there are procedures and practices they could instigate to protect health and safety on their farms, there are those that believe the guidelines are unachievable and impractical and that they are at risk of losing their farm in the event that someone reports them.

Requirements such as on-farm consultations on risks are seen as ‘over the top’ and ‘impractical’. Farmers are fearful of visiting their medical practitioner when injured, or having anyone come onto their farm in the event they are reported to WorkCover, a scenario which some believe puts them at greater risk than the situations the regulations are aiming to prevent.

However, the NSW Farmers’ Federation says that the risk of farmers losing their farm has been “grossly exaggerated”. WorkCover inspectors will generally issue improvement notices for minor breaches of the legislation. Only if there is a failure to address duty of care principles or provide risk control measures resulting in serious injury or death will Occupational Health and Safety prosecution be instigated. More on this issue from the NSW Farmers’ Association.

Agriculture is the second most dangerous workplace industry in Australia, with approximately 150 work-related fatalities per year and approximately 6,000 compensable injuries per year. This equates to more than four times the average across all industries.



PHOTO: ARTHUR MOSTEAD

Tractors are the major agents of death and serious injury on farms.

With this in mind, the new changes to health and safety legislation in NSW are of extreme importance to rural employers.

The *NSW Occupational Health and Safety Act 2000*, in conjunction with the consolidation of all regulations into the *Occupational Health and Safety Regulation 2001*, is the most significant reform to occupational health and safety laws in almost 20 years.

The changes are a move away from detailing how hazards are controlled in every situation, to a position where employers assess risks posed by hazards and determine how best to modify their work processes to effectively eliminate or control them.

Further changes introduce the concept of consultation on health and safety matters in the workplace between employees and management. The legislation is flexible

and consultation mechanisms can be set up to best suit your organisation.

The Act is based on the principle of ‘duty of care’. Implementing this principle means planning for the prevention of workplace accidents, injuries and illnesses. It is the employer’s responsibility to ensure that all reasonably practicable measures have been taken to control risks against all possible injuries arising from the workplace.

The Regulation aims to support the new Act and introduces the concept of risk management – a systematic process that is used by employers, managers and supervisors to create a safe working environment.

While this was previously required for some hazards such as hazardous substances and manual handling, it is now a uniform requirement for all hazards in the workplace.

Risk management is made up of the following steps:

Hazard identification – what hazards do we have on our farm?

Risk assessment – how dangerous are these hazards?

Risk control – how do we eliminate, control or manage the hazards?

Review – are the controls implemented and effective?



PHOTO: SABINA KNIGHT

Accessing health care still a major issue facing rural and remote communities



Although most hazards are addressed by the risk management principles outlined above, farmers should be aware of various specific requirements prescribed by the Regulation for particular hazards, such as:

Hazards:	Regulation:
<i>Confined spaces, i.e. silos and field bins</i>	Entry permits Person remain outside Barriers
<i>Earth moving machinery</i>	Roll-over protective structures
<i>Hazardous substances</i>	Material safety data sheets Labelling Register
<i>Load-shifting machines #</i>	Certificate of competency

It is WorkCover's position that providing all other relevant obligations under the Regulation for safe use of plant are satisfied, operators of tractors fitted with attachments that enable the tractor to be used as a front-end loader, backhoe or forklift, shall not require a certificate of competency for use or operation in agriculture.

Further provisions specify how incidents that occur on your farm need to be notified to either your workers compensation insurer or WorkCover.

Depending on the circumstances surrounding a breach of the legislation, a WorkCover inspector may:

- issue an improvement notice directing a farmer to undertake corrective action;

- issue a prohibition notice directing the immediate cessation of any activity that would endanger the health or safety of workers or visitors to the farm;
- issue a workers compensation notice;
- issue a penalty notice (also known as an on-the-spot fine); and/or
- initiate investigations that may lead to a prosecution.

Further information on the new Occupational Health and Safety legislation can be obtained through the WorkCover website on www.workcover.nsw.gov.au ❖

Activity testing in rural areas

The Welfare Rights Centre (WRC) is a community legal centre specialising in Social Security law and its administration. Danny Shaw talks about some of the inequities in the system for those living in rural and remote areas.

For many people living in rural and remote areas, social security provides an important part of income, and in some cases it is their only source. This is due to the high rates of unemployment in rural areas and to the fact that older people often retire to coastal areas.

The Australian Social Security system is complex, with over thirty payments available, and the laws surrounding payments are constantly changing. A recent feature of the system is the concept of 'activity testing' where a person is required to undertake a range of activities in a specified period - unless specifically exempt from the requirement to do so. These 'activities' may range from seeking work and performing voluntary work, to undertaking study. The activities to be undertaken are 'negotiated' with

Centrelink to take into account a person's circumstances and needs.

These requirements previously affected only payments under the Newstart and Youth Allowances, but they have recently been extended to people in receipt of Special Benefits and Parenting Payment (where the eldest child is aged 13 or more). Failure to comply may lead to a reduction in a person's payment of up to 24% for 26 weeks or, in the worst-case scenario, payment is cancelled for eight weeks.

There are fewer activities that people in rural and remote areas can feasibly undertake. Centrelink should take account of remoteness when 'negotiating' an activity agreement with a person. Where this does not occur a person can appeal to a Centrelink Authorised Review Officer (ARO). Such action may prevent a breach being imposed for a person's 'failure' of the relevant activity test.

Breaches are often imposed on the most vulnerable people, with recent statistics showing that Indigenous Australians are



PHOTO: ARTHUR MOSTEAD

twice as likely to have a breach imposed than other Australians. The recent extension of the penalty system to more Social Security payments will inevitably impact differentially on people in rural areas – who are already facing tough times.

For more information about the National Welfare Rights Network: www.welfarerights.org.au ❖



BEHIND THE WIRE: Children in Immigration Detention

Brian Connor, a retired general practitioner from Armidale, provides feedback to *PARTYline* on the 'Behind the Wire' article (see Sep 2003). He highlights a proactive rural community doing great things for refugees.

Dear Editor,

I write to thank the seven people who contributed the lead article entitled "Behind the Wire: Children in Immigration Detention" in the September issue of *PARTYline*. Although these sorts of articles do little to change anything in the minds of politicians, they do help those of us battling with these sorts of issues to realise that we are not alone. That is so important. And it is doctors who should be campaigning about these issues given their unique understanding of the long-term personal damage caused by Australian Government policy on such matters.

On a happier note you may be interested to hear about a program emanating initially from Coffs Harbour in which one couple have sponsored hundreds of refugees into Australia for many years. The money raised to pay for the transport costs from overseas is paid back by the refugees once they are established in Australia and then the next family arrives. And there are more refugees who have been given visas to come to Australia but there is not sufficient Government assistance to help them all. Armidale has just welcomed its first family under this scheme and one of the local doctors has been helping with their medical requirements. It is good to find an opportunity for a community to do something positive when one's reaction to Government policy over the detention centres verges on despair.

Dr Brian Connor
Armidale

POSTSCRIPT: Armidale Sanctuary Humanitarian Settlement Inc, inspired and mentored by Coffs Harbour Sanctuary, assists families who have been issued humanitarian visas by the Office of the United Nations High Commissioner for Refugees (UNHCR). The Armidale group has recently assisted a Sudanese family to settle in the community, providing them with practical assistance and orientation into the community. Spokesperson for the group, Dr Robyn Jones, suggests the key to success of any proposed group is to ensure the members are concerned, enthusiastic and committed to seeing the process all the way through and ensuring that one goes through the right channels to get incorporated and registered. For further information about establishing a similar group in your community, contact Dr Robyn Jones on 02 6771 5791. ❖

Who's Gone Where?

In our last issue of *PARTYline*, we incorrectly reported Karen Francis' whereabouts. Karen has been appointed Professor Rural Nursing in the School of Nursing, Monash, Gippsland Campus. (Sorry Karen.)

Tony McCartney is now Chair of the National Aboriginal Community Controlled Health Organisation (NACCHO). Tony comes from a longstanding position with the Victorian Aboriginal Health Service and succeeded Henry Councillor as NACCHO chief. Tony will represent NACCHO on the National Rural Health Alliance Council and its Executive.

The office of the Association for Australian Rural Nurses (AARN) has moved. Phone (02 6162 0340) and web details remain unchanged. Their new address is PO Box 327 Deakin West, or you can email them at wendy@aar.n.asn.au

Tony Barns has taken a joint position with the Northern Territory Treasury and Charles Darwin University. Associate Professor Tony Grivell will be acting in his position as CEO of Cooperation Research Centre for Aboriginal and Health, Darwin.

Kathy Bell has accepted the position of Chief Executive Officer of General Practice and Primary Health Care Northern Territory (GPPHCNT), replacing Kim Goodluck. Kathy was previously the Chief Executive Officer of the Australian Rural Health Education Network (AHREN).

James Fitzpatrick is now at jamesfitz@graduate.uwa.edu.au

Suzie Newman has been appointed the National Rural Health Network Administration Officer, located at the Australian Rural Workforce Agency Group.

Anne Cahill has resigned as CEO Women's Hospitals Australia and Children's Hospital Australia due to ill health.

Shelagh Lowe has been appointed Executive Officer of SARRAH starting in February. Peter Brown is leaving the health professions (previously 'allied health') scholarship program.

Chris O'Farrell is Chairperson of the Rural Subcommittee of AHMAC.

Dr Rob Bain is retiring in May as Secretary General of the Australian Medical Association. He will be replaced by Dr Robyn Mason.

Belinda Wozencroft, ex Co-Chair of the National Rural Health Network, has been awarded first-class Honours in her final year of medicine (Yeah Woziel!) ❖

friends of the Alliance 2004 Membership Form and Tax Invoice

ABN 68 480 848 412

friends of the Alliance is a network of people and organisations that support the National Rural Health Alliance in its work to improve health and well-being in rural and remote Australia.

The primary aim of friends of the Alliance is to facilitate communication among people interested in health issues in rural and remote Australia.

Why not renew your membership for 2004 or become a new friend? It will give you the opportunity for direct input into the development of Alliance policy papers and you will also receive a copy of our CD-Rom 'Rural Health Information Papers'.

Please make cheque payable to National Rural Health Alliance.

Application form for friends of the Alliance

Name

Organisation:

Phone NumberAddress

.....

.....

StatePostcodeEmail

Annual Membership (includes GST) (please tick)

\$44 Individual Membership \$165 Small organisation (less than 50 staff) \$330 Large organisation (over 50 staff)

\$27.50 Concessional (not in paid workforce)

Credit card: (please circle) Master Card / Bankcard / Visa

Card Number: Expiry date: / /

Amount:

Signature

Post to: National Rural Health Alliance. PO Box 280, Deakin West ACT 2600

NRHA Website: www.ruralhealth.org.au