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



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)

continued on page 3

EDITORIAL>>>>>>>

The Best Medicine: Boosting Rural Populations

At last: some positive discrimination in a major policy area, directed at revitalising non-metropolitan Australia. On 12 January 2004 there was a joint announcement from

John Anderson and Amanda Vanstone about two new programs to give migrants to Australia preferential access if they agree to settle in rural areas.

"From 1 July 2004, qualified people who want to come to Australia as skilled migrants will be able to obtain a three-year temporary residents visa if they commit to living and working in regional Australia. After two years they will be able to apply for permanent residency."

These special migrants will not have access to Medicare or Centrelink benefits.

The new program will be in addition to the existing Regional Migration Program under which there were 8,000 visas issued in 2002–03. This has required settlers to start their life in a rural or regional centre but they have been able to leave for Sydney or Melbourne after a while – unlike what is intended under the new scheme

Senator Vanstone said there will also be a new visa for self-funded independent retirees to encourage them to settle in regional areas. Under this scheme the main applicant will be aged 55 or over, they will pay \$8,000 for the special visa, will have to bring in over \$800,000 in capital and must invest a substantial



Rural industries will benefit from the skilled migrant regional migration scheme.

amount in State and Territory bonds. (Where is the line between 'national prudence' and exploitation?)

Migration is one of the big ticket items or 'major policy levers' that has to be used to turn around the market forces that have been pressing down on regional, rural and remote areas. Not long ago it looked as if the Government had given up all hope of making significant dents in the direction of demographic and economic change in country areas. Governments were unwilling (as they saw it) "to pick winners" and used this as a global reason not to intervene in industry or tax policy. So let us hope this migration policy initiative is a sign of bolder and more positive things to come.

Other possibilities for major investment in rural areas include through improved zonal tax allowances and providing incentives (perhaps through a mechanism something like the Innovation Investment Fund) to encourage the flow of superannuation funds to rural infrastructure.

Helping a greater number of Australia's rural regions to grow will be beneficial for health and wellbeing – as well as for business. Health services and professionals will naturally gravitate, without special support, to places that are growing and to larger communities.

Responses to the government's announcement on migrants have included questions about the desirability of making the same rural and regional opportunities available to those already in Australia on Temporary Protection Visas. Fixing that too would be a further win for both the Government and rural areas. ❖

Editorial details

PARTYline is the Newsletter of the National Rural Health Alliance, the peak body working to improve health and well-being in rural and remote Australia. The Editorial Group for this PARTYline was Michele Foley (Editor), Shelagh Lowe, Gordon Gregory and Irene Mills. PARTYline is distributed free. 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.





Continued from page 1

Preparing for Election 2004

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/communiq ues/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 heath 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." •

The Universality of Medicare

In the debates over the past twelve months on the future of Medicare, much has been made of the importance of its universality. But what is meant by 'universal' in this context?

It does not mean that under Medicare bulk-billing is available to all. A frustrated Senator Sue Knowles, at the Senate Select Committee hearing in Canberra in July, said: "I am just a little concerned that history is being rewritten in some of this area. The universality of Medicare never included universal or compulsory bulk-billing."

The Government's view of Medicare's universality was promoted at the same hearing by Deputy Secretary Philip Davies:

"Any solution to the problems facing Medicare needs to ensure that the fundamental principle of universality is maintained. In Australia, all citizens are entitled to the same MBS rebate and are entitled to be bulk-billed - and that is not going to change. All Australians have an entitlement to free care in a public hospital, to which the Commonwealth government makes a significant contribution. All Australians have an entitlement to subsidised access to essential medicines through the Pharmaceutical Benefits Scheme. That will not change either."

This passage reflects the common view that 'Medicare' is the whole package of health policies funded through taxation: the Medicare Benefits Schedule and its operation; the Australian Health Care Agreements on public hospital funding; and the Pharmaceutical Benefits Scheme. The Senate's Inquiries – and most of the public attention – has been on the first of these and in particular on maintaining high levels of bulk billing by general practitioners. Interestingly, high and increasing out-of-pocket costs charged by medical specialists have received almost no attention.



No doctors - no Medicare. People in country areas are still missing out

From the Alliance's point of view two things are vital. First, universality should mean that everyone has equivalent access and therefore an equivalent likelihood of obtaining necessary health care at no or low cost at the point of service – subject as always to the billing decisions of the individual doctor.

Secondly, Medicare's universality is the fundamental and first-order principle from which the others are derived. It is far and away the most important characteristic.

The Medicare scheme is simple because it is universal: it potentially applies to all doctors and applicants in the same way. It can therefore be understood.

Medicare is fair because it is universal. In particular there is a universal obligation to pay for Medicare through the income tax system, which makes it progressive: the more you earn, the more you contribute. The more you earn, the higher will be your contribution through the Medicare levy – which covers a proportion of the total costs of the

scheme – and through income tax which covers much of the rest.

Medicare is administratively cheap because it is universal. Because everyone is in and treated the same, unit administrative costs are low. The administrative cost of the tax system is said to be about 1%, compared with 10–12% for the private health insurance system, for instance.

Remove universality and you destroy Medicare. Without everyone being entitled to access the same range of services and paying predominantly through the tax system, any health funding scheme will risk poorer access, reduced equity, less efficiency, greater administrative costs and more complexity.

So the first thing the Alliance wants to see is preservation of Medicare's principle of universality. Next, the Alliance wants to make it work in remote areas where there are no doctors. "No doctors – no Medicare" ought to be a strong call to arms in the Medicare debate but the numbers are of course in the cities and the more closely





settled areas. People in remote areas are still missing out.

The Health Department was sticking to its guns when the Senate Select Committee re-convened in January. It stressed again that nothing in the new package (MedicarePlus) would undermine Medicare's universality. It said that this means that "all Australians receive the same level of rebate". Even this is arguably untrue. There is a new Medicare item to provide the \$5 incentive for GPs to bulk bill. This item is only available to defined groups (children and Commonwealth concession card holders) - and only if the GP bulk bills. For the first time in Medicare (and possible a first for any Australian Government program), the level of benefit is determined not by individuals' needs and circumstances, but by the decision of a third party: the patient's GP.

Further than this, even in the Department's simple formulation there's a phrase missing: all Australians receive the same level of rebate *where they have* access to the rebate at all.

The so-called 'rural Medicare shortfall' is the difference in the amount paid in a given period from the public purse for Medicare services to people in rural and remote areas compared with people in the cities. It is a function of the number of people and the number of their subsidised interactions with doctors, x-ray machines, pathology testing machines and so on. The shortfall has been estimated at \$400–500 million a year. Yet rural people contribute to Medicare in the same way as everyone else through the Medicare Levy and income tax.

There are special programs to offset this shortfall. The questions are: does their value make up for the shortfall? and to what extent are they actually working? The compensatory programs include the Primary Health Care Access Program, the Royal Flying Doctor Service, some of the Regional Health Strategy, and assistance with Telehealth. The Health Insurance

Commission is piloting schemes to encourage greater enrolment by Indigenous Australians. The Australian Government provides special programs to support doctors for rural and remote areas. State and Territory Governments have also worked to improve access to health services away from the major centres.

But still the health of people in remoter areas is worse and still they have poorer access to primary health care.

Access to health services at affordable cost is a social justice issue. As part of the social contract between the Australian government and the people, funds must be increased for expenditure on alternative means of providing primary health care ('doctoring', nursing, podiatry, physio, dentistry, health promotion and illness prevention) in the more remote areas where fee-for-service general practice is not sustainable. ❖

Landmark report launched on keeping doctors in rural communities

On 27 November 2003 the Minister for Health and Ageing, Tony Abbott, launched a landmark study "Viable Models of Rural and Remote Practice, Stage 1 and Stage 2 Report".

The project, which spanned two years, was conducted by the Rural Doctors' Association of Australia (RDAA) in conjunction with Monash University and was funded by the Department of Health and Ageing in response to the ongoing challenges of meeting the medical needs of rural Australians.

Initial reaction to the report by both policy makers and academics is favourable.

The major finding is that one in five rural practices do not meet the requirements of viability and that in five years over 50%

of rural practices will be non-viable. This gives urgency to achieving effective policies to meet the benchmarks.

The research used a multi-factorial methodology to determine the content, complexity, context and costs of rural and remote practice and established the factors that determine viability. It was shown that for practices to be viable each arm of an inter-related viability framework had to be met. These three dimensions relate to practice economics, professional issues, and practice organisation and infrastructure. Minimum requirements for viable and sustainable practice have been benchmarked. The framework and related benchmarks provide a tool to allow a systemic approach by policy makers to

provide an effective policy environment for the future. Achieving these benchmarks will give the confidence for the newly emerging rural medical workforce and their families to move to rural and remote practice and provide quality medical care to rural Australians. The framework also provides individual practitioners with the means of assessing their own practices in order that they may be made more sustainable.

For more details see the RDAA website: www.rdaa.com.au or email project@rdaa.com.au &

David MildenhallChair RDAA Research Committee

A Reality Check for Teenagers

Inadequate education and limited information prior to pregnancy has long been a concern for midwives who are attempting to support women and their families during pregnancy, childbirth and parenting. Core of Life is a Victorianbased program attempting to address this education gap. It aims to create an opportunity where all adolescents will be informed of the challenge and beauty of childbirth and parenting, thus empowering them for future informed decision making.

Australia has one of the highest rates of teenage pregnancy, birth and abortion rates in the developed world. The birth rate per 1000 women aged between 15-19 years in non-Indigenous population is 17.6 (Indigenous 75.9) compared with rates in the Netherlands of 4.5 and Germany 8.2 (ABS Births, Aust 2001).

Recent figures from Victoria indicate that the rate of teenage pregnancies is much higher in rural and especially remote communities than in metropolitan areas. It is likely that this is due to issues of isolation, discrimination and lack of confidentiality faced by pregnant teens in rural communities. Some are not willing to buy condoms or pregnancy testing kits from chemists or supermarkets due to everyone knowing about it. There are also stories of frustration from youth attending local General Practitioners and fearing their confidentiality has sadly been breached.

Core of Life was developed in 1999 in response to the rising number of teenagers presenting to give birth at Rosebud Hospital on Victoria's Mornington Peninsula. It was first introduced to Year 10 students on the Mornington Peninsula. After its introduction, the

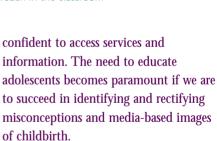
teenage birth rate for the area fell from 6.6~% to 3.2~%; equal to the State average.

The program has four primary aims:

- to introduce a reality perspective on pregnancy, birth, and early parenting to encourage responsible decision making;
- to assist in alleviating teenage pregnancy rates;
- to minimise victimisation and maximise the support of teenage mothers in schools and the wider community; and
- for breast-feeding amongst the adolescent and general population.

Core of Life uses an innovative multimedia, interactive approach to educating youth about becoming a parent. An element of fun along with intimacy and respect is engaged within the session, enhancing the 'connectedness' between students. The program encourages a sense of acceptance and support rather than victimisation and alienation should one of their peers experience a teenage pregnancy.

With many changes occurring simultaneously and at differing rates, adolescence is a time when lifelong attitudes and beliefs about health and healthcare services are being formed. Young people need to feel equipped and



The structure of this hour-and-a-half program is designed to complement any health education curriculum and aligns with the Level 6 Health and Physical Education Key Learning Areas. Facilitators visit each school after the students have been given information on contraception and sexually transmitted diseases through the schools' own health education program.

Core of Life aims to enhance the relationship between the school, the



Birthing – a realistic approach in the classroom





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 Pattrick or Tracy Smith, Program Managers, on coreoflife@phcn.vic.gov.au/www.coreoflife.org or phone 03 9784 8233. ❖



The 8th National Rural Health <u>Conference</u>

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

LOCAL GOVERNMENT >>>>>>>>>>>

Prize-Winning Environmental Health Project for Aboriginal Communities

Every year the Department of Transport and Regional Services holds the National Awards for Local Government. Winner of the Health Services Category, as well as this year's overall winner, was the Shire of Derby/West Kimberley in Western Australia. Nick Alford, the Environmental Health Officer/Building Surveyor from the Shire, writes to *PARTYline* about the prize winning Environmental Health Education project for Aboriginal Communities.

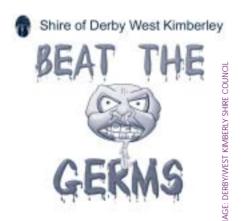
The Kimberley Region of Western Australia is a beautiful place. Located in the far north of the State, the area sees thousands of tourists visit each year to explore a diverse landscape of harsh mangrove coastline, beautiful gorges and mountain ranges, cattle stations and inhospitable desert country.

It is easy to get caught up in the beauty and adventure of the Kimberley, all the while being blissfully unaware of the terrible living conditions and health problems experienced by many of the Aboriginal people who live here.

The battle to provide adequate services to address the issues that affect Aboriginal people has led to some more complex

problems: the inability of service agencies to co-operate and work together, and sometimes an increasing feeling of frustration and hopelessness associated with the failure to make a real difference.

It is vital to focus on the positives. There are many people who are putting their heart and soul into making a difference. From my own experience, it is encouraging to see a 'ballooning' contribution from local government to provide dedicated Environmental Health Services to Aboriginal Communities.



Prize winning CD Rom - Beat the Germs

Partnerships have formed between the Western Australian Department of Health and a number of local governments to establish Aboriginal Environmental Health Programs in over ten Shires within WA. The Shire of Derby/West Kimberley was the first partnership initiated in Western Australia in 1993.

One of the primary focuses of the Shire of Derby/West Kimberley Aboriginal Environmental Health Team over the last four years has been to develop education programs to increase the level of awareness in communities of environmental health, signs and symptoms of disease, the benefits of good personal hygiene and the importance of safe food handling and storage.

To achieve this, our team has developed computer-animated slide-shows that can be run from a laptop computer and projected onto a large screen.

The presentations are all graphically intensive so it can be presented to people of various ages and cultural backgrounds.

The presentations are in Microsoft PowerPoint format and easily edited, modified and improved. They incorporate images from the World Wide Web, digital images taken on camera and mini 'mpeg' movies.

One such presentation is entitled 'Beat the Germs', a presentation that is specifically designed for presenting in schools. It includes images and animations of different types of germs, dog health, lice and nits, flies and rubbish, hookworm and trachoma, food poisoning, personal hygiene and housing hardware problems.

All our presentations are included on CD-Rom and over the past two years, this CD-Rom has been made available to all Western Australian local authorities that are involved in Aboriginal Environmental Health, and to Regional Public Heath Units, Aboriginal Resource Agencies, Schools and Communities.

Mainstream Environmental Health encompasses regulation, enforcement and to an extent, education. It is important to recognise that many Aboriginal communities lack the information, resources or ability to comply with the authorities' rigid rules and regulations. In these cases, education becomes the key to initiate behavioural change and empowerment, so that Aboriginal people can improve their health and well-being. Local governments are well-placed to provide services to Aboriginal Communities – I hope the commitment from local government continues to grow and be supported through sustainable funding by both State and Federal Governments. ❖





The Outback Highway – Bridging the Nation

Have you ever wanted to drive from Perth to Townsville for a journey through the heart of the nation? Follow the red ochre road!

Six Shires through central Australia spanning two States and the Territory are making this dream a reality by way of the Outback Highway. The proposed highway will span 2,800 km and link Laverton in Western Australia's North Eastern Goldfields to Winton in Queensland via Alice Springs.

The current roads that would comprise the Outback Highway provide some access to communities and rural industries, but some of them are of poor standard and provide unreliable transport links.

The Outback Highway Development Council, made up of representatives from six local government shires that border the highway, together with Regional Development Councils, tourism groups and Area Consultative Committees, are working with the AusLink program to attract \$50 million over five years from the Australian Government for this \$100 million investment. The balance is to be funded by the two States and the Northern Territory.

The Outback Highway will build the nation as a whole, providing enabling infrastructure for communities, tourists, industry, defence, exporters and service providers. This investment will reinvigorate inland Australia and inspire a prosperous future.

Inland communities rely on the road to deliver fresh food, fuel, perishables, and other supplies. Due to uncertainty of transport access, some communities receive goods and services of compromised quality and at an inflated price. For example, some communities are unable to access fresh food and must receive their food frozen or packaged for a long shelf life. The current price of a loaf of frozen bread at Tjukayirla Roadhouse (WA) is \$4.00, and 2 litres of frozen milk is \$4.60. By providing reliable access, the highway will help to ensure better health outcomes for rural and remote communities.

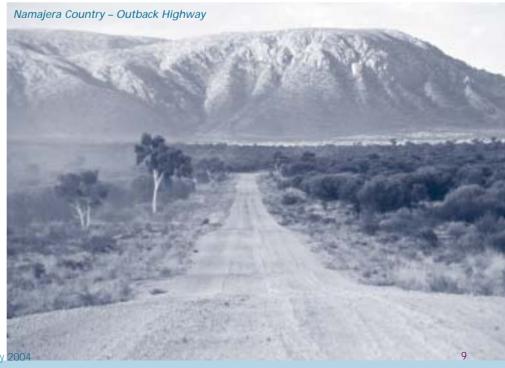
Reliable access is critical for continuity of health care and prevention, education services, and basic quality of life requirements such as visiting relatives in hospital, and meeting up with friends in other communities. Currently the road can be closed up to three months of the year, restricting movement and availability of basic services that most Australians take for granted. With improved access, governments will be better able to focus on addressing the social inequities that currently exist in these communities in areas of health and education.

When the road is upgraded, it will provide a vital link to the Adelaide to Darwin railway, offering more accessible export opportunities for inland Western Australian and Queensland produce.

The increased economic activity will help to secure the viability of small towns and communities along the route, creating jobs and business opportunities across Australia.

The Outback Highway offers an exciting tourist route, providing a genuine journey through the heart of Australia to experience its unique and diverse landscape. The additional tourism generated will benefit the entire nation, with job opportunities and crossfertilisation of knowledge and cultural experience. The potential is enormous.

Western Australia has allocated funds to develop its section of the Outback Highway and major road works are underway. The Northern Territory is upgrading the route form Glenormiston to Alice Springs. However, the project requires additional investment if the Outback Highway is to be completed and the benefits it promises delivered to all Australians. For more information about the Outback Highway contact the Executive Officer, Helen Carrell, on 07 4661 7393 or visit the website at www.outback-hwy.gov.au ❖



James Cook University's Nursing Degree in the Torres Strait

David Lindsay, the Director of Undergraduate Studies at the School of Nursing at James Cook University, writes to *PARTYline* about a new initiative to train more nurses in the Torres Strait.

The School of Nursing Sciences at James Cook University (JCU) has recently commenced its Undergraduate Nursing Degree on Thursday Island (TI) in the Torres Strait. This initiative is supported by the Commonwealth Department of Education, Science and Training (DEST) to increase local access to selected tertiary courses in this remote region. It provides Indigenous and non-Indigenous people in the Torres Strait with the opportunity to gain a tertiary nursing qualification, which was a strong recommendation in recent reports on the national nursing workforce.

The School of Nursing Sciences has for some years provided its Undergraduate Degree internally in Townsville, Cairns and Mt Isa, as well as in full external studies mode for students from across Australia and overseas. Establishing a campus on Thursday Island has drawn on this experience in multi-mode, multi-campus Course delivery.

Starting the Nursing Degree required extensive consultation with the local community, to ensure that their voice was clearly heard throughout the process. A Consultative Committee comprising key stakeholders from the community and JCU was established early in the planning stages, and continues to meet regularly via teleconference.

David Lindsay is Director of the Undergraduate Nursing Program in Townsville and Cairns, and also oversees the Thursday Island campus. Ms Wendy



Wendy Mackay, second from right, the local parish priest and nursing students at the opening of the new nursing training facility on Thursday Island.

Mackay, a senior Registered Nurse who lives and works in the Torres Strait, was seconded to provide local teaching and support to the cohort of students. Wendy is well known and respected within the community, and has been ably assisted in a multitude of administrative areas by Ms Norma Wright, a well-known identity on the Island.

Students are provided with all external studies materials in hard copy, as well as daily tutorial and weekly lab work provided by Wendy and other nursing staff on the Island. They fly to the Townsville Campus once a semester to attend a week of Science residential (1st and 2nd year). A range of local support strategies has been put in place including individual mentoring, tutors, study skills and additional science workshops.

Currently, 19 of the 25 students who commenced the program remain active in either part-time or full-time progression pathways. A number have just finished their first clinical placement on Thursday Island either in the local hospital or the Aged Care centre. Excellent reports have been received from these agencies regarding the students' performance whilst on placement.

Staff and students were excited with the formal opening of 'their building' in November, having had to manage until

then out of a room at TAFE on the Island. This new facility provides
Wendy and Norma with their own office space, classroom areas for the students and a computer centre, which will enable all concerned to develop their own sense of place.

We anticipate that the next intake of students will be in 2005, and look forward to supporting the current students along their pathways to success.

For further information, contact Mr David Lindsay on 07 4781 5352 or email: **David.Lindsay@jcu.edu.au** ❖

Where there's a will there's a way

"Where there's a will there's a way" is the mantra for two Dalwallinu nurses who have recently completed their studies to become registered nurses. Good friends, Valerie Boucher and Debbie Young have more than 50 years' experience as enrolled nurses between them. They both worked in large Perth hospitals until they married and moved to the Dalwallinu district, where they were employed at the Dalwallinu Hospital as Enrolled Nurses for over 10 years.

Valerie and Debbie were always interested in becoming Registered Nurses but family commitments had prevented the initiation. Both felt frustrated by the limitations in the level of responsibility and competencies being an Enrolled Nurse offered. Their decision to become registered nurses was made when they became aware of a new pilot program offered by Curtin University Perth, to study by distance education and upgrade their qualification to become Enrolled Nurses.

Over three hundred applicants were received to fill the 45 positions available, with Valerie and Debbie both being accepted. After successfully passing the





Debbie Young and Valerie Boucher, two new graduates of the Curtin University conversion course for Registered Nurses.

university entrance exam, which recognised their previous enrolled nursing qualification and experience, the two were entitled to undertake the two-and-half year course.

The two did not find the going easy, having to continue to juggle family commitments and continuing their 60 hours a fortnight shift at Dalwallinu Hospital. However, with support from their husbands, families, friends and the staff at the Dalwallinu Hospital, they passed with flying colours. The support they received from each other was also invaluable. Phone lines between them ran red hot and, according to their husbands, Telstra shares went up for the duration of their course!

Curtin University offers computer linkups with various satellite districts, one being in Geraldton some 300 kilometres away from Dalwallinu. Whilst the two were able to access course information and lectures from the comfort of their own home, they sometimes travelled to the Geraldton satellite district to network with other peers and students.

Debbie and Valerie undertook their practical experience at a number of places, including St John of God and the Geraldton Regional Hospitals, Princess Margaret Children's hospital and Graylands in Perth.

Twelve months after completing the course and having received a Bachelor of Science in Comprehensive Nursing (Registered Nurse), Valerie and Debbie have found they are more mentally challenged and fulfilled. Even though they undertook practical experience at a number of metropolitan and regional hospitals they were more than happy to return to their hospital in the rural setting. They have taken on extra responsibilities required by a Registered Nurse, a particular asset in a rural setting where there is seldom a doctor at their fingertips and many patients' assessments and decisions are left in their hands.

Both agree all their hard work has been worthwhile but they couldn't have done it without the wonderful support of their families and friends.

For further information about the course visit the Curtin website at www.handbook.curtin.edu.au *

Nursing Taskforce to bring action to Plan

Rural and remote nurses are optimistic about much-needed reform to their workforce with the formation of a new national taskforce established by the Australian Health Ministers' Conference.

The National Nursing and Nursing
Education Taskforce has been established
to implement the recommendations from
'Our Duty of Care', the report of the
National Review of Nursing Education.
The taskforce, which draws together some
of Australia's leading nursing and nursing
education and training specialists, will
drive major nursing education and
workforce reforms.

It is hoped that the new taskforce will also take the lead on the some of the direct concerns of rural and remote nurses.

Their major areas of concern have been outlined in the 7-Point Plan for rural and remote nurses (available at www.ruralhealth.org.au under Special Projects, Nursing Project) devised by the Rural and Remote Area Nursing Project and steered by the three nursing organisations of the Alliance: the Australian Nursing Federation (ANF), Association for Australian Rural Nurses (AARN) and Council of Remote Area Nurses of Australia (CRANA).

These major concerns include issues surrounding the implementation of Nurse Practitioner models in rural and remote areas; the nursing workforce in aged care in rural and remote areas; and developing the professional image of rural and remote nursing. �

RURAL HEALTH >>>>>>>>>>

Tiwi Troubles – Backflip on Indigenous Community Control



Rob Curry writes about the wind up of the Tiwi Health Board

Rob Curry, a previous employee of the now de-funded Tiwi Health Board, writes about the need to invest in community control over the long haul

In September 2003 the Tiwi
Health Board Pty. Ltd. went
into voluntary administration.
The Board requested additional
financial assistance from the
Commonwealth and NT
Governments. No such funds were
forthcoming.

The Tiwi Health Board (THB) was meant to have been a successful and innovative approach to community control of Indigenous health services. It came into being as a 'coordinated care trial'. Its funding was from a cashed-up allocation from the NT Government based on historical expenditure for the Tiwi Islands, and new population-determined funding from the Commonwealth based on cashing up Medical Benefits Scheme (MBS) and Pharmaceutical Benefits Scheme (PBS) to the national average expenditure.

The THB set about establishing a community controlled, primary health care service for the residents of the Tiwi Islands. There was a special emphasis on preventing illness and promoting health in addition to the essential clinical care services. Clinical teams of Aboriginal health workers, nurses and doctors were established. New programs were initiated including environmental health, health promotion, youth services, mental health/suicide prevention and hearing health.

As early as 1999-2000, the Board began experiencing budgetary problems as the new services came on stream and costs went up accordingly. At the time, the Board argued that the original cashing up of NT Government funds had been inadequate to cover unforeseen costs in the maintenance and replacement of infrastructure, insurances and workers compensation. Also in 2000, the Commonwealth made a decision not to fund THB for its full population, capping its funding at 2,000 people rather than the true Tiwi population of some 2,600. These were the critical decisions that led to chronic under-funding and financial failure.

The Commonwealth claims that there was poor financial management at THB and that the Board should have radically cut back its service aspirations in 2000-01. The CEO's appeals to the Commonwealth went unheeded. Despite significant service cuts, the financial situation deteriorated. Now this bold and important service initiative is consigned to the scrap heap.

'Community control' is a challenging notion and bureaucracies seem to struggle

with genuine transfer of decision-making power to the community base. Yet what serious options are there to greater involvement and decision-making of local people in their own future well-being?

There should be an urgent independent inquiry into the circumstances leading to the demise of the THB – so its lessons are not lost.

There also needs to be a thorough examination of the remote health services offered by the NT Government. There is only one audiologist available to service more than 15 remote communities in the Darwin Region. The Region has over 15,000 people and is plagued with a disastrous level of ear disease and hearing impairment of infants and school children. It would be hard to quantify the monetary and social costs of large numbers of Indigenous people going through life without being able to hear properly.

Developing genuine Indigenous community control requires years of committed collaboration and reworking to overcome the inevitable difficulties that arise and to build local capacity for management and control. It is not a process amenable to startling short-term successes. �

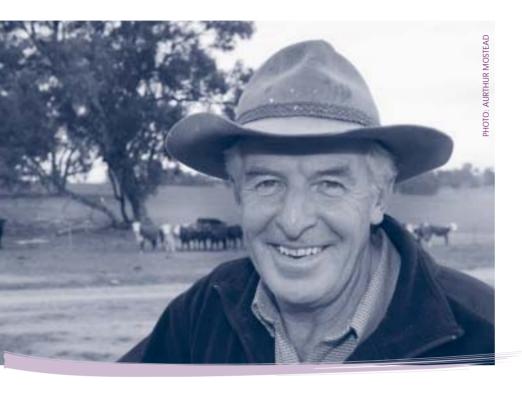
Rob Curry







Men's Health Information



Andrology Australia (Australian Centre of Excellence in Male Reproductive Health), is an organisation established to support research and educate the community and health professionals on male reproductive health throughout Australia.

Prostate disease, testicular cancer, male infertility, androgen (testosterone) deficiency and erectile dysfunction impact on the health and well-being of large numbers of the Australian male population. In all of these conditions, there are aspects that are poorly understood and many men do not have an adequate knowledge of their bodies to be able to fully understand the implications of these disorders and the full impact of treatment options.

"Broadening the availability of educational resources on male reproductive health in rural areas is an important priority for Andrology Australia," said Professor David de Kretser, Director of Andrology Australia. "Andrology Australia aims to work closely with rural health services to increase access to information and encourage rural men to be more proactive in improving their health".

A nationwide community education survey was recently undertaken to determine the extent and dynamics of community education in male reproductive health. Relatively few of the 299 reported education activities were provided in rural and regional locations.

The survey also demonstrated that of all the health issues surveyed, prostate disease, in particular prostate cancer, was most commonly addressed in education activities undertaken in rural areas. There was little information provided on other health issues such as androgen deficiency and male infertility.

The popularity of 'Men's health nights' was highlighted as an effective education

strategy for men in rural and regional areas. Ensuring men have access to quality health information, in a variety of forms, is imperative to ensure that men can be more proactive in enhancing their health, particularly in areas where limitations to health services may exist.

Andrology Australia has undertaken a variety of activities to fill the gap in information and complement existing education strategies. These include the development of information tools such as a website (www.andrologyaustralia.org) and free quarterly newsletter (The Healthy Male). Comprehensive 'Men's Health Matters' consumer guides targeted at men living with sexual and reproductive health issues are currently in production and available upon request.

Other resources available from Andrology Australia include website wallet cards, stickers, magnets and brochures that can be used as part of male health promotion activities. Andrology Australia is also looking to collaborate with rural health associations to disseminate information and provide resources on men's health. Copies of the Healthy Male and other resources on men's health are available at no charge from Andrology Australia. Call 1300 303 878, email info@andrologyaustralia.org or visit www.andrologyaustralia.org



MAGE: ANDROLOGY AUSTRALIA

ALLIANCE NEWS >>>>>>>>>>>

Introducing the new Chairperson

Sue McAlpin, Senior Lecturer in Nutrition and Dietetics at Charles Sturt University in Wagga Wagga, was elected Chairperson of the National Rural Health Alliance in October 2003. Michele Foley talks to Sue about her aspirations for the Alliance.

Having being born and educated in the city, Sue arrived in Wagga Wagga in the mid-1970s. She found that access to health services and attitudes towards health were very different to what she had come to expect in her home town of Melbourne.

"I realised that the social mores of an area influence some aspects of access to health care. As an example, I had come from an area where there had been a lot of work done on women's rights and their access

to a range of health services. Where I had come from there were the services associated with the famous Dr Bertram Wainer which gave women new options in relation to abortion. In stark contrast, doctors in the Wagga Wagga region at the time were making Sydney newspaper headlines when they refused to prescribe the pill to married women".

Wagga Wagga is still seeing the effects of this today, having the highest teenage pregnancy rates in the State.

"Another example was the attitude of some of my health professional colleagues who were discussing a 'controversial new health organisation' called the Nursing Mother's Association!"

Sue, a young mother herself, who had utilised the services of Nursing Mothers and experienced first hand the benefits of the program, was astounded that mainstream health workers would regard what may initially have been a non-traditional practice with such suspicion.

Sue sees that some of the issues that she experienced when she first came to Wagga

Wagga are those the town still faces today, particularly workforce issues, including recruitment and retention, lack of services, lack of support for new graduates and difficulties in professional development.

She sees her experience of working in multidisciplinary teams as valuable for her role as Chair of the Alliance. "The diversity of expertise and experience from the Member Bodies of the Alliance works in a synergistic way to produce the best results of the Alliance, and the cumulative effect will progress improved health outcomes for rural communities," Sue says.

Sue believes that the outstanding issues for the Alliance include ageing in rural areas, some other services like palliative care, and continued pushing for an adequate and skilled workforce. There is also the important continuing need to focus on Indigenous health. Sue believes that while some minor improvements for Indigenous health conditions have been made, there are still major unmet challenges before we can turn around overall health outcomes for Indigenous people.

Sue is also keen to pursue her passion for working on the social determinants of health. "It is now widely accepted that it's not just about an absence of disease and illness, but a broad and holistic way of looking at health including access to housing, education, work and an ability to access early intervention."

Sue gained further insight into the health care system through her role as a carer in the early 90s when her son developed a mental illness. Mental illness remains an important issue for individuals in rural Australia in terms of access to appropriate services, early intervention, treatment and rehabilitation. Mental health remains



The recently elected Chairperson of the National Rural Health Alliance – Sue McAlpin

a priority health issue for all Australians and in rural, regional and remote Australia it continues to be a concern. The Healthy Horizons Outlook 2003–2007 states Goal 1 as improving the highest health priorities first and mental health is one of these.

In her clinical practice, Sue sees young adolescents experiencing eating disorders that require specialised hospitalisation either in metropolitan centres away from support of family and friends or in general psychiatric wards clients with chronic illness.

"Children and young adolescents have a right to be able to access appropriate health care, wherever they live".

As Chair of the Alliance, Sue also hopes that she can ensure the Alliance retains the 'fire in the belly'. Whilst there have been some great achievements in the last ten years, there is a great more that needs to be done. One of the ways to do this is to ensure the 23 Member Bodies stay in touch with their constituents to ensure the work is committed effectively to the rural men, women and children they represent. ❖





CD- ROM: 'Grapple: Coming to Grips With Mental Health'

The Queensland Division of the Royal Flying Doctor Service has released an interactive CD-Rom aimed at increasing the mental health literacy of the general public. Funded by the Department of Health and Ageing, Regional Health Services Program, the CD has universal appeal but may be particularly relevant for those who deal with mental health as part of their work and older children. For copies contact Robert Williams on 07 4053 1952 or email rfds cns@bigpond.com ❖



The newly released CD-Rom from the Royal Flying Doctors Service, Queensland Division 'Grapple: Coming to Grips With Mental Health'

Food for Health

Diet-related conditions such as coronary heart disease and stroke cost the nation an estimated 6 billion a year. To assist in making healthy lifestyle choices, the National Health and Medical Research Council (NHMRC) has released the latest in the Food For Health series Dietary Guidelines for Children and Adolescents in Australia and Dietary Guidelines for Australia Adults. With so many fad diets around, these are well worth a read. Available through AusInfo Government Info Bookshops on 132 447 or visit www.nhmrc.gov.au/publications/synopses/dietsyn.htm *

Cover your Track - Sexual Health Educational Video

This dynamic and innovative Indigenous video aims to increase awareness of the high risk and prevalence of sexually transmitted infections in Cental Australia. Commissioned by the Young Women's Community Health Education Program

at Congress Alukura, the video is supported by a Resource Booklet which includes tools to assist teachers and educators. To order visit the website at www.caacongress.com.au/publications. html or phone Barbara Clifford on 08 8951 4425.

Genetically Modified Organisms (GMOs)

The mere mention of GMOs can quickly incite emotional and passionate debates at any dinner party. As with any new technology there will be benefits and costs to weigh up. Those supporting the technology, pro-GMO, will claim the benefits include reduced financial costs of production of a range of goods, a reduction in environmentally degrading practices and more effective treatments for a range of medical conditions. The anti-GMO camp will express concerns about risks to human health and the environment, labeling of food or losses of export markets for Australia's farming commodities. Where can one go to get the real facts? Try visiting these government websites for more information: Office of the Gene Technology Regulator (www.ogtr.gov.au), Food Standards Australia New Zealand (www.foodstandards.gov.au) and Biotechnology Australia (www.biotechnology.gov.au). *

Donating Organs

Ever considered registering as an organ donor? According to the AMA, Australia has one of the lowest rates of organ donation in the world, with only 10.6 donors per million population (in 2002). You can register with the Organ Donor Registry (www.hic.gov.au/yourhealth/our_services/aaodr.htm#role) or nominate on your driver's licence *

Health Study Scholarships

Australian Government Rural and Remote Health Professionals Scholarships: 02 6162 0321

Rural Australia Medical Undergraduate Scholarship: 1800 460 440.

Nursing Scholarships:

Undergraduate, Postgraduate and Puggy Hunter Memorial Schemes; 1800 117 262 Re-entry and Upskilling Scheme- – 1800 112 240

Aged Care Scheme - 1800 116 696

AARN

The Association for Australian
Rural Nurses continues to grow and will
soon be implementing a Falls Assessment
and Prevention Project, Mental Health
Emergencies Plan and expanding the
mentor project for rural and remote
nurses. For more information visit
www.aarn.asn.au

A Great overview of the health sector –

- can be found on the Productivity Commission's site at

www.pc.gov.au/gsp/2003/prefacee. pdf (there is an extra "e" after "preface").

Using data from the AIHW and the ABS this provides a good 'helicopter view' of how the health sector works, how it's funded and evaluated, and some of the key elements of health status in Australia. (On related sites are copies of the PC's conference proceedings and speeches, including those on health.)

Consumer Participation in Primary Care Training Resource

A new free resource is available to help run consumer participation training. Consumer Participation in Primary Care Training Resource aims to help organisations enhance service quality, improve consumers' health outcomes and develop a service that is more responsive to consumers' needs. Available from the National Resource Centre for Consumer Participation in Health website:

www.participateinhealth.org.au/train ❖

OCCUPATIONAL HEALTH AND SAFETY >>>>>

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.



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?



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:
Confined spaces, i.e. silos and field bins	Entry permits Person remain outside Barriers
Earth moving machinery	Roll-over protective structures
Hazardous substances	Material safety data sheets Labelling Register

Certificate of

competency

Load-shifting

machines #

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



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 ConnorArmidale

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@aarn.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 Wozie!) ❖



Early reports from recipients of scholarships under the first round of the Australian Government Rural and Remote Health Professionals Scholarships indicate a high degree of satisfaction with the continuing professional education undertaken with scholarship assistance.

Paul Gerken a physiotherapist from
Darwin attended the first Neurological
Physiotherapy conference organised by
the Australian Physiotherapy Association
held in Sydney during November 2003.
In addition to improving his clinical skills
Paul says: "I was able to extend my
professional networking and I now know
senior clinicians in large specialist
hospitals who I can telephone for advice."

Radiographer Vince O'Brien used his scholarship to travel from Nambour, Qld, to Echo Australia 2003 held in Sydney in September 2003. For Vince, a highlight was access to specialists on cardiovascular disease and internal medicine from the Mayo clinic who presented the cutting edge of echocardiography at the conference.



Optometrists are one of the health professional groups benefiting from the AGRRHP Scholarships

For Ruth Fox, a speech pathologist in Robinvale Vic, the scholarship was welcome assistance towards the completion by distance education of post graduate study on Later Language Development at Curtin University of Technology. Ruth is clear about the value of her study: "I have been able to implement new skills into my professional practice throughout the course. I have learnt about different models of service delivery and the unit on multicultural issues will be valuable for our diverse community."

Round 2 Scholarships have been approved for 99 rural and remote health professionals who will also undertake similar activities including attendance at professional conferences, short courses and clinical placements and post graduate degree courses.

The next application round is scheduled for August 2004 for activities commencing in 2005.

For further information visit: www.sarrah.org.au or email: rhps@ruralhealth.org.au &

National SARRAH Conference... A CONFERENCE FOR RURAL AND REMOTE HEALTH PROFESSIONALS

Walking together - side by side

26–28 August, 2004 Alice Springs Convention Centre, NT Phone: 02 6285 4660 Fax: 02 6285 4670

Email: register@ruralhealth.org.au

Website: www.sarrah.org.au



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	
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Annual Membership (includes GST) (please tick)	
\$44 Individual Membership \$165 Small organ	nisation (less than 50 staff) \$\infty\$ \$330 Large organisation (over 50 staff)
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