

SEPTEMBER 2004

Newsletter of the National Rural Health Alliance

The Free Trade Agreement and new lamp posts

IT MIGHT BE CALLED 'Memorial Drive'. People in public office feel a sense of responsibility to those who elected them and there is a human imperative to give it palpable expression. They need to leave monuments to their term of governance. It is not enough to manage moves towards greater equity, or to protect the environment, unless these things have visible, tangible form. It is certainly not enough merely to ensure that good things keep happening and that nothing detrimental occurs. Better to erect a new lamp post, convert the main street into a mall - or bequeath to the nation a monumental free trade agreement.

The main reason Parliament was recalled in August was because of the opportunity for the Government to make political capital out of the uncertainty of the Opposition on the proposed Free Trade Agreement with the United States. "No sugar, no Agreement" may have been too narrow a mantra, but acceptance of the FTA for a mixture of short-term political reasons and misconceived bilateral ones is likely to end up being an even worse mistake.

Estimates of the impact of the FTA on Australia's national income vary from a negative amount to plus \$4 billion a year. Estimating such future effects is notoriously difficult and, as with other

costings of 'structural change', it's unlikely that the estimates included intangibles like the cost to those who will lose jobs or the adverse effect on the trade balances of other nations.

In the face of econometric uncertainty, serious opposition to the FTA had to be based on principles. There were at least three available: energy spent on multilateral trade promotion is better for developing nations - in fact bilateral trade agreements between developed ones reduce the amount of trade and thus development opportunities for others; not falling in with US interests and culture may be seen as protecting cultural diversity, not as anti-Americanism; and the FTA endorses and follows from an overall relationship about which many Australians are suspicious, afraid or scathing.

First, consider multilateral versus bilateral trade deals. The multilateral trade system is governed by a set of rules to which trading nations are expected to adhere. Their general intent is to promote 'comparative advantage' as the determinant of commodity production and trade flows. Production subsidies and payments that distort trade are discouraged or prohibited under multilateral trade rules.

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- ▶ Future Broadacre Agricultural landscapes

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Healthy Politics

POLITICS CAN BE A GREY and turgid affair. This edition of *PARTYline* includes cries for some more political brightness and clarity – in articles that can be seen as indictments of current political processes and choices. There is a hankering for political options and decisions based on high principle: options that are bold, ethical and aimed at greater economic and social security for the people of the world. There is a concern that we have let ourselves down recently by failures to get involved at the

right time with the Big Decisions until it is too late. Retrospective angst and inquiries after the event cannot compensate for the failure to make principled and ethical decisions when the political heat is on.

At the highest level the world's leaders have diverted most of their own energy and many of their people's resources to 'the war on terror'. Yet perhaps the majority of their people believe that little has changed really and that the way to reduce terrorism is still to encourage tolerance and to work towards providing all the world's people with a safe and reasonable standard of living. Instead of working towards these aims, affluent nations have tilted their industrial and military focuses towards self-protection and aggression, largely because fear of terrorism is a potent political force.

One of the ways to lift up the world's people together is through enhanced trade opportunities for developing nations. An article in this edition argues that such an

approach would be better for the world than more bilateral trade agreements between developed nations.

Domestically there is some real concern about the increasing differences between the prosperous and needy segments of our society, and the fact that so many of the latter are concentrated in particular areas. A second article in this issue suggests that such a clear and serious matter ought to be susceptible to clear and serious policy responses. Those in the health sector will agree, on the grounds that disadvantage

'Retrospective angst and inquiries after the event cannot compensate for the failure to make principled and ethical decisions when the political heat is on.'

and poverty are the strongest determinants of a lifetime of poor health. People in health will want to be involved in shaping and managing such policy responses.

People on all sides of politics are anxious about the apparent inability of the political system to deal with such major issues. The greyness of contemporary politics means that no leader with serious aspirations to government seems willing to adopt positions on the grounds of ethics or equity. What seems to matter is

whether their Party has a batch of 'positions' that, between them, will secure the vote of 51% of the people the next time around.

Australia would be a better place if its politics were driven more by internationalism and ethics, and less by national and personal self-interest. More and more people are becoming proud of the reputation we once had for the fair go and the warm welcome, and more concerned about how we are currently seen overseas.

In such turgid circumstances it would not be surprising if people were to remain uninterested in politics. But this would be a mistake because we get the politics we deserve. We must remain actively involved at local, regional and global levels. We must continue to listen, think, correspond and vote. If we use the system craftily, politics will help us improve health outcomes. ❖



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), Gordon Gregory, Irene Mills, Chris Shoemaker, Lexia Smallwood, Robyn Williams and Gratton Wilson. PARTYline is distributed free. Articles, letters to the Editor, and any other contributions are very welcome. Please send these to: Lexia Smallwood, Editor, PARTYline PO Box 280, Deakin West ACT 2600 Phone: (02) 6285 4660 Fax: (02) 6285 4670 Email: lexia@ruralhealth.org.au

The opinions expressed in PARTYline are those of contributors and not necessarily of the National Rural Health Alliance or its individual Member Bodies.



Free Trade Agreement — Continued from page 1

In the real world, the principle is compounded by international transport costs and the relative costs of processing. Nevertheless it can be better for consumers everywhere if sugar comes from wherever in the world it can be grown most cheaply - and better for the people of that producing region and nation. The same is true for cotton, rice, coal and wool.

The 147 nations in the World Trade Organisation have recently agreed to abolish all forms of agricultural export subsidies and to substantial reductions in trade-distorting domestic support in agriculture. There are enormous difficulties in implementing such an agreement, and as yet no timeline is set. Nevertheless it is expected that the agreement will help reduce poverty in the developing world and boost the global economy by an estimated \$500 billion. The US-Australia Free Trade Agreement will do nothing to reduce poverty in the developing world.

Secondly, the Free Trade Agreement with the United States looks like just the next step on the inexorable path towards global domination of cultures and commerce by American interests. Boutique beers have



found a place in the world again, but it will be a much bigger task for the rest of the world to roll back the impacts of 50 years of American commercial and cultural imperialism. One thing is certain: it will never happen unless people and their governments take explicit actions to protect and promote their own cultures and identities, and force back those from an external power.

Thirdly, the FTA looks like further corroboration of Australia's new general

relationship with the United States. The genesis and consequences of this new relationship are both things that concern many reasonable Australians.

Those in the health sector are worried about the long-term impacts of the FTA on the availability and price of pharmaceuticals to Australian consumers. Even with the ALP's amendment in place, some are still suspicious. It simply doesn't make sense to assert that both American industry and Australian consumers are going to be better off. But this is a relatively minor issue compared with the potential impact of the FTA on Australia's intellectual property and on our arts, broadcasting and publications futures. The ALP's first amendment was certainly first in importance.

Let us hope that if the FTA does make some sectors in America and Australia stronger and wealthier, they are willing to share their fortune with those in the world who are less well-off. Making lifesaving and health-promoting drugs available generically and affordably in less developed countries would be a great start. •

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NZ Rural Workforce Database – are we losing our grip?

▶ Dr Martin London, Rural Health Consultancy, Christchurch, NZ.

20 miles to the north of Oxford in the UK are the Rollright Stones, a prehistoric stone circle about 20 metres in diameter, of some 70-plus stones. Tradition has it that no matter how many times you count them, you cannot come up with a consistent number. With the large variation in their size, it is hard to decide which are true members of the circle and whether you have counted any of them twice.

Counting rural GPs and their practices is much the same, with the added complication that not only is it hard to define a rural GP but they move around, appear in two places at once and their

practices merge and fragment without warning. However, recording the data is crucial to effective workforce planning, monitoring the effect of recruitment and retention strategies, and in research.

Monitoring the rural GP workforce in New Zealand over the past five years has been a time-consuming and frustrating task. Describing workforce fluctuations over a 12-month period depends on the accuracy of figures from the previous year. In 2003, we completed the Annual Rural Workforce Survey for 2002, the most accurate so far. However, with delays in the Ministry of Health's funding of surveys for 2003 and beyond, we have concerns that the accuracy of this hardwon database may be lost.

In 1999, the Centre for Rural Health in Christchurch was contracted to report annually on the rural workforce. Prior to 1999, any effort to count the numbers of rural GPs was hampered by the lack of a definition of rural practice. In 1992, at the



inaugural conference of the NZ Rural GP Network, we had achieved a breakthrough by asking not if a practice was rural but how rural it was. From there the Rural Ranking Scale (RRS) was developed. It took another seven years of difficult negotiations with health funding authorities to determine criteria that reflected the special challenges of rural practice.

A cut-off of 35/100 points on the RRS defined a rural practice for funding purposes. Higher scores, reflecting greater degrees of isolation, attracted proportionately more funding.

The initial survey identified the comings, goings, length of service and destinations of GPs in rural practices over a five-year period between 1995-1999. Thereafter, postal surveys were sent to the 200-plus rural practices. Ultimately, with nearly 100% coverage, we established the status of the workforce at 31 December of each year and the details of departing and arriving doctors during the year. Subsequent surveys went into greater detail including the contributions of rural nurses, full-time equivalents worked by each doctor, their gender, age, on-call commitments, origins and destinations. We are quite proud of the

detail and comprehensiveness that has been achieved.

We have reminded the Ministry of Health of the importance of holding on to this position, which relies on the accuracy of memory and records of the individual practices to provide the annual updates. For whatever reason, as yet there has been nothing forthcoming to enable the 2003 Annual Rural Workforce Survey to proceed.

This is particularly surprising, as the Ministry has recently implemented some welcome changes and funding streams to the rural sector, clearly reflected at the upbeat and optimistic 2004 Conference of the Rural GP Network. The surveys of 2003 and 2004 would have been the very vehicles to showcase the expected success of their policies.

We continue to lobby for the maintenance of this essential denominator for workforce planning and research but, as each month slips by, there is an increasing threat that five years' work to develop increasingly refined data will be allowed to decay. Let's face it. Anyone can create a database. It takes a lot more to maintain it!



Creating GP heaven in the Outback

▶ Mark Lynch, General Manager of the NSW Rural Doctors Network, reports on an effective model for recruiting and retaining general practitioners in remote areas.

Imagine a general practitioner shortage in a cluster of remote towns with some of the worst health outcomes in Australia. Imagine the life of three resident doctors trying to hold it all together! This was the scenario in 2001 in the north-western NSW towns of Brewarrina, Collarenebri, Walgett and Lightning Ridge.

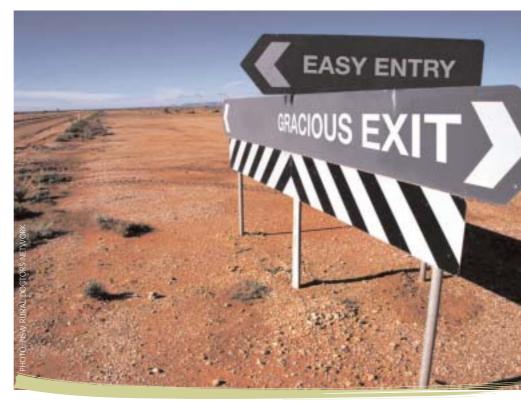
Three years later, these towns are serviced by nine resident doctors.

The communities have improved medical services provided by less stressed doctors, accredited medical practices in expanded surgeries, eleven new local skilled jobs and support for local services. Residents no longer have to wait weeks for appointments. So what happened?

Over a four year period, the NSW Rural Doctors Network (RDN) worked with major stakeholders to eliminate impediments to doctor recruitment in these towns. The concept of 'Easy Entry – Gracious Exit' evolved. Doctors were provided with rental housing, business services, surgery facilities and staff. They are also able to leave 'graciously'. The community accept they will move, and the housing, infrastructure, medical records and skilled personnel remain, making it easier to find replacements.

In Walgett and Lightning Ridge, a non-profit company called Rural and Remote Medical Services Ltd (RARMS) provides infrastructure and services to doctors working from RARMS surgeries.

In Collarenebri, the Far West Area Health Service provides this support.



In Brewarrina, RDN stepped in when the sole doctor left, restoring stability after 20 months and 22 locums. Practice operations were then passed to Australian Outback Medical Services Limited, established by Bourke doctors.

Many variations are being implemented both in rural NSW and elsewhere. RDN fields frequent enquiries from parties interested in adapting the "Easy Entry – Gracious Exit" concept.

The concept is likely to spread because of medical workforce demographics:

- In June 2004, 80 NSW rural towns were advertising 115 GP vacancies.
- Of 1550 GPs in rural NSW, 350 are aged more than 55 years.
- Some 62% of Registrars are now female.

 Female doctors work shorter hours (13% of male rural NSW GPs work part-time, 48% of females), and historically, a smaller percentage of female GPs go rural.

In addition, there is growing competition for GPs from urban practices that offer good incomes from a specified number of hours without business management responsibilities. So rural communities will have to be increasingly flexible and competitive to attract GPs. But if "easy entry – gracious exit" has worked in remote towns through a record drought, the concept offers excellent prospects.

Towns most likely to benefit will have significant GP shortages; good prospects of financial viability, a committed organisation to run the business and support of the local Division of General Practice.

Further information available at www.nswrdn.com.au ❖



Income inequality: a challenge to our wealthy nation

DAUSTRALIA'S RECENT
ECONOMIC PERFORMANCE has been as outstanding as that of its cricket team. But whereas we can all share in the triumphs led by Ricky Ponting and Adam Gilchrist, not all Australians are sharing the benefits of economic growth. The marginalised are being left further behind and there is the worrying tendency for such families to be concentrated in areas of disadvantage. The clusters of disadvantage are in inner city areas and a

number of parts of rural and regional Australia. 'Locational disadvantage' requires a coherent policy response.

Consider the long-term unemployed. We are now facing the reality of parents without work whose own parents have been unemployed for a decade or more. In December 2002 there were 850,000 children living in 435,000 jobless families. A polarisation of opportunities is emerging, between job-rich and job-poor areas and households.

The Federal Opposition holds nine of the ten seats most affected by unemployment.

Research published in 2003 indicates that household inequality increased between 1996 and 2001 in every State and Territory – and by 1% nationally. Whereas the bottom one-fifth gained \$13 per week between 1995 and 2003, the top fifth gained \$111.

The State of the Regions report for 2003 showed that higher productivity regions have four times the productivity of lower productive areas. This is an enormous divide to overcome.



Many of the poorer areas are rural, regional or remote. It is not as simple as 'Sydney vs the bush' – although it is true that Sydney represents the top end of all indicators of material advantage. Overall, people and communities on the coastal strip are better off than those inland. A number of large regional centres are prospering – like Toowoomba, Dubbo, Wagga Wagga, Bendigo, Mt Gambier and Geraldton. Such places have probably reached a size at which they are secure from setbacks in individual industries.

A number of medium sized towns are also doing well, usually due to the size and vitality of local industries such as grain, cotton, wine, fisheries, horticulture and minerals production. Last in this encouraging batch of good news stories are a number of quite small places that are thriving due to the work and assets of one or more key individuals.

Overall, however, people in rural regions have average incomes some 30% lower than inner metropolitan areas. Twelve of the 20 least advantaged federal electoral divisions and 36 of the 40 poorest areas of Australia are classified as rural or remote. Analysis of Socio-Economic Indices For Areas reveals that, whether measured by indices of advantage or disadvantage, economic resources, or education and occupation, people who live in the cities are better off than those who do not, with those in remote areas the least fortunate. The 30% of Australians who live in nonmetropolitan areas receive about 20% of Medicare rebates and have 15% of the nation's GPs.

Given the positive developments in coastal zones, regional centres and a few smaller towns, these aggregate statistics for rural and regional Australia as a whole indicate the extreme deficits being experienced by those in the parts of non-metropolitan Australia that are not doing well.

Given our affluence, and if we still believe in egalitarianism and a fair go, we need economic, employment, regional development and community service policies that will reduce the gap between the rich and the poor. These policies need to recognise the fact that being disadvantaged is increasingly becoming a spatial issue.

Eradicating locational disadvantage, both in country and city areas, is now one of Australia's biggest economic and social challenges. ❖

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Networking North Queensland Project



AFTER FIVE VERY SUCCESSFUL years, the Networking North Queensland (NNQ) project is drawing to a close. Supported by the Commonwealth Department of Communications, Information Technology and the Arts, the NNQ project has delivered tangible outcomes for rural and remote health

professionals. Key stakeholders (Blue Care, Queensland Health, Queensland Ambulance Service, Far North Queensland Rural Division of General Practice and North & West Queensland Primary Health Care) were set up with computers and networking capabilities to enable rural and remote agencies throughout North Queensland to link into organisational computer networks and the internet. Twenty-one communities also received videoconferencing facilities which have since become part of Queensland Health's Telehealth Services.

In March 2002 the NNQ project was further funded to develop and trial eLearning as an alternative and sustainable training delivery mode to rural and remote health professionals. Several interactive, self-paced programs have been developed and hosted (see www.health.qld.gov.au/cdp/). One of these includes the Cultural Orientation Online (Aboriginal and Torres Strait Islander Communities) – 'COOL' Program.

Aimed primarily at staff relocating to rural or remote Indigenous communities, the COOL Program has been designed to complement the Queensland Health Aboriginal and Torres Strait Islander Cultural Awareness Program. It helps build relationships with local community members and gain an understanding of the local health and cultural needs.

Teaming up with a local community member and 'mud-mapping' the community's history and culture, staff will develop a workbook of local information. The workbook includes cultural protocol information, key health and other contacts, and key terms and definitions.

Program development has incorporated consultation with a Reference Group that comprised a number of Aboriginal and Torres Strait Islander staff across Queensland.

For more information contact Lee Gasser on (07) 4796 1390 or email lee_gasser@health.qld.gov.au.

Incontinence

Too often an incontinence problem is dismissed as being just a part of ageing or pregnancy and childbirth. But incontinence is never 'normal' and can be improved and frequently cured.

Due to isolation some rural and remote Australians find it difficult to know where to turn for help. Continence advisors, skilled in clinical knowledge and also aware of the sensitive social and emotional issues involved, can be directly accessed from home.

The Continence Foundation of Australia is encouraging people to talk to an expert.

Website: www.continence.org.au
Contact the National Continence Helpline. Free call 1800 33 00 66.

Energy White Paper

• Will the Government's recently released Energy White Paper affect rural and regional Australia? Kathy Rea from the Centre for Appropriate Technology in Alice Springs reports.

The Australian Government's recently released White Paper on energy, 'Securing Australia's Energy Future', doesn't contain much of specific interest to regional and rural Australians.

Some welcome clarification over the application of fuel excise may interest anyone spending money on petrol or diesel to generate electricity in remote areas. Currently, there are inconsistencies and anomalies in terms of who can claim excise rebates and for what purposes. A decision to remove effective excise on fuels for remote power generation, from 1 July 2006, will be welcomed by many, especially those organisations that have to meet the high cost of providing electricity from petrol or diesel generating sets but currently are not eligible to claim excise rebates.

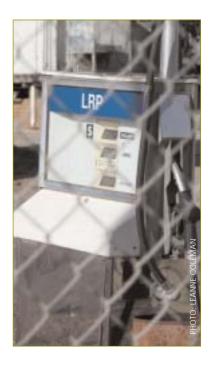
The Government's stated aim is to limit the application of excise to:

- business use of fuel in on-road applications in vehicles with a gross vehicle mass of less than 4.5t; and
- private use of fuel in vehicles and certain off-road applications.

All fuel used off-road for business purposes will become excise free by 1 July 2012.

Other actions of interest

- Energy efficiency initiatives providing incentives for (mainly large) businesses to use energy more efficiently.
- Solar cities trial \$75m to establish trials in several urban centres of large scale distributed solar power and energy efficiency initiatives.
- Incentives for petroleum exploration in new offshore areas.
- Continued energy market reform major structural changes within the energy industry aimed at efficiency and cost effectiveness.
- \$134m to remove impediments to the commercial development of renewable technologies.



 Establishment of a \$500m fund to encourage the development and demonstration of low emission technologies.

Copies of the White Paper 'Securing Australia's Energy Future' are available at http://www.dpmc.gov.au/energy_future/

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Future Broadacre Agricultural Landscapes

Daniela Stehlik is Director of the Alcoa Research Centre for Stronger Communities at the Curtin University of Technology.

A think-tank organised by
AgWest was held in June to
develop a clear and shared
agenda for research and
development to underpin
a prosperous and sustainable future
for the W.A. Wheatbelt.

Professor Stehlik, Professor Peter Kenyon and Dr Fiona Haslam-McKenzie argued that there are five significant issues: growth, diversification, education,

leadership and skills. As signposts to trends, these enable an understanding of potential futures for the Wheatbelt.

The paper reported that global trends together with domestic policy decisions have had a significant impact on sustainable regional development. Relevant policy decisions in the past two decades included fiscal restraint by government, increased use of market forces to drive change, and devolution of responsibilities and functions from governments to the private and community sectors.

The paper argued that there are communities in the Wheatbelt that had grasped their future potential – often through partnership arrangements between government, the private sector and the community. The future viability of rural areas is unlikely to be based on the broadacre agricultural sector alone. New creative rural initiatives have the potential to renew rural vitality.

For further information contact the conference convenor:

mdracup@agric.wa.gov.au or

D.Stehlik@curtin.edu.au ❖

Networking at Roxby

The Roxby Downs Health Service has developed collaborative partnerships to deliver community health programs for their remote mining community. Kathy Wooldridge, the community nurse, reports.

Roxby Downs, with a population of approximately 4000, is a mining town situated in the desert nearly 600km north of Adelaide. Established in 1987, its only reason for being is to provide residential living for the workers of the Olympic Dam copper mine.

Port Augusta is approximately 260 km away. Due to the distance from regional services and facilities, the community needs to be more creative in gaining support for activities and work collaboratively with other organisations.

Community health is co-ordinated by the local hospital, Roxby Downs Health
Service, and is supported by the Northern
Far Western Regional Health Services
(NFWRHS) based at Port Augusta. In
these structures there are two major
initiatives, one being the regionally based
Healthy Regions, Healthy Lives (HRHL),
the other the locally-based Outback
Health Network (OHN).

OHN is primarily a network that operates collaboratively with many organisations within the community (local workplaces, church, schools, youth group, local council, medical services) to provide support and direction.

HRHL assists the OHN by providing access to people and organisations with expertise for their work. This may take the form of consultation, assistance in direction of particular projects or direct financial assistance by way of small grants.



The mining workforce: predominantly male and isolated.

An on-going challenge for the mining town is men's health. Roxby Downs has a young (median aged 28.7 years), transient and socially isolated population with high levels of disposable income. Issues such as alcohol abuse, smoking, and road accidents are particularly challenging. Isolation from family, friends and other support systems is a compounding factor.

COMMUNITY HEALTH>>>>>>

The OHN recently worked with the Western Mining Company (WMC) Occupational Nurses to work on the issue of Men's Health. The group is looking to introduce the 'Pit Stop Program' developed by the Gascoyne Health group, as well as wellness assessments, Quit Smoking programs and programs to help increase their physical activity using a mentoring system with other workers on site. All members of the group are looking forward to working together once again on a project which will benefit the local community.

Another successful program was a Health Expo which was initiated from issues being raised in the OHN. The local area school focused on Healthy Lifestyle Choices with teachers establishing information stalls that focused on a range of issues, such as smoking,

decreasing stress for senior students, and healthy eating for primary school students. Other health groups supported the Expo including Child Youth Health, Mental Health and Drug and Alcohol. This activity also enabled a showcase of other healthy activities within the local communities such as Yoga, Tai Chi, Karate and Dancing.

By working together and facilitating cross fertilisation of networks, workers feel supported and connected. They are not working in isolation and the community as a whole benefits. ❖



Correction

In the May Edition of *PARTYline*, the photo on page 9 carried the caption 'Improved transition support is now available to nurses in the Illawarra Region'.

The photo was actually taken at Alice Springs Hospital. We apologise for the error.

PARTYline

Paying Attention to Self

Paul Leeves talks to PARTYline about the program designed for rural young people whose parents have experienced a mental illness.

The special challenges confronting children in families where a parent has a mental illness have only begun to be recognised over the last decade. Initiatives that have been developed to assist are also fairly new.

In 2002, the Mental Health Branch of the Victorian Department for Human Services and beyondblue – the National Depression Initiative – announced the availability of funding, which led to the establishment of a program called Paying Attention to Self (PATS) in five sites, including two rural regions, West Hume and Wimmera.

PATS is a group program for 12 –18 year olds that has been run by the Centre for Adolescent Health in Melbourne since 1996. It is a peer support program, taking advantage of the young people's differing experiences and providing a supportive, learning environment that decreases their isolation and confusion.

In the West Hume region we are embarking on our tenth group.
The groups have a life of 8 weeks.
Groups have been run in Shepparton,
Seymour and Alexander. There are few who do not return to participate at least a second time.

As a facilitator of the group it is a privilege to enter discussions with these young people, who at last have a forum where they can talk about some of the extreme experiences they deal with. These experiences can include feeling worried about their parent, taking on a caring role, dealing with a parent's suicidal ideation, that they are not taking prescribed medication, or dealing with domestic violence and the need to protect siblings.



Although from very different backgrounds, the young people develop camaraderie and strengthen each other through their time together, with lasting protective benefits.

Having a close network with other professionals has been essential to ensure that potential participants are located, and that their connection to the 'Network of PATS Friends' is maintained. Once the benefits of this program are understood, other professionals can become quite enthusiastic.

It is often the kids themselves who are the greatest advocates of the group.

Flexibility is the name of the game. It has been easier for me to go to where the participants are rather than base myself in one place and expect them to travel. And yes, sometimes it means I'm the taxi. Of course this brings up the issue of locating a suitable venue at each location. Thank you for the use of the ambulance station, youth hall, and three church halls, all of which were donated for free or as near free as you can get. Thank you for the use of the youth service's van, the charity organisation's troopie and the volunteer driver's bus.

Yep! Out here in the country we sure need each other!

Recreational and social activities are a valuable component to the group. They

allow some real time out from the stress associated with school and family concerns, time to do some self-caring or 'paying attention to self'.

The country is full of fresh air, beautiful bush walks and gum trees, which I know city folk get really enthusiastic about, but at times these things are not enough to excite our young people. Lack of transport, vast distances and lack of facilities can lead to boredom for kids in the country who are not connected to sport or a similar activity.

Finding activities for the group that rate above "You've got to be kidding!" can be hard, especially on a tight budget. I know I'm being stretched!

We've managed to do most activities that can be done with a ball. In summer we have water fights, we've held candlelight dinners, gone to the movies and ten pin bowling... yes, OK, we did a bush walk too!

Some kids want to stick around, some go on and do further training and become peer leaders, for some just the once is enough. But PATS provides them all with the opportunity to be understood and connect. It's my experience that they take it!

For more information about the PATS program, contact Paul Leeves in Shepparton paul.leeves@gvh.humehealth.org.au *



Cancer services for rural and remote Australia on Cancer Council's priority list



Professor Alan Coates, CEO of Cancer Council Australia

IMPROVING CANCER CARE SERVICES for rural, remote and Indigenous communities is one of eight key priorities for which The Cancer Council Australia is seeking all-party political support in the lead-up to the federal election.

In June The Cancer Council Australia released its *Cancer Priorities – issues for the federal election* (available at www.cancer.org.au), which sets a policy platform for improving cancer control nationally over the term of the next federal Parliament.

While all eight priorities (see box) present potential benefits to regional Australia, *Cancer priorities* singles out services for rural, remote and Indigenous communities as a key area for improvement.

Chief Executive Officer, Professor Alan Coates, said many cancer patients living in regional Australia had difficulty accessing quality medical, surgical and radiotherapy treatments, palliative care and support.

"A lot more needs to be done to close the service provision and access gap between metropolitan and non-metropolitan Australia," he said.

Professor Coates said the Commonwealth Department of Health and Ageing had drafted a national services improvement framework (NSIF) for cancer, which included measures aimed at enhancing service provision and access for rural and remote communities.

"We would like to see all parliamentary parties commit to the NSIF, and to back the proposed measures with an implementation plan that sets measurable targets to ensure the framework translates to real benefits for rural and remote Australia," he said.

"We will be seeking discussions with the major parties in the approach to the election, and it is timely for all rural and remote Australians to remind their local MP that cancer control is a federal government issue." *



The Cancer Council Australia's federal priorities

- a comprehensive tobacco control program;
- a national cancer care agency;
- improvements to services for people in rural, regional and Indigenous communities;
- increased support for cancer research;
- support for clinical trials capacity building;
- a national SunSmart program;
- a comprehensive nutrition and physical activity program; and
- a national colorectal screening program.

Cancer Facts

- Lung cancer is the leading cause of cancer death in Australia.
- Smoking is the main cause of lung cancer. People who live outside Major Cities are more likely to be smokers than those living in Major Cities.
- Lung Cancer death rates for Indigenous people living in remote areas is double the rate of non-Indigenous people in the city.
- Breast cancer is the most common detected and the most common cause of death in women.

- Death rates from colorectal cancer tend to be 10% higher in regional areas, with rates similar or lower in remote areas.
- Death rates from cervical cancer for females from Outer Regional and Very Remote areas were 1.3 to 3.3 times those for females from Major Cities respectively.
- Prostate cancer is the most commonly diagnosed cancer in males after nonmelanocytic skin cancer and, after lung cancer, is the second most common cause of cancer death in males.
- Melanoma (skin cancer) is the most commonly diagnosed cancer overall.

- People living in remote NSW diagnosed with cancer are about 35% more likely to die as a result of their cancer over the ensuing 5 years than are people living in areas with the greatest access to services.
- People residing outside highly accessible areas are more likely to be diagnosed with non-localised cancers of the head and neck, stomach, lung and prostate than people residing in these areas.

Remoteness of residence and survival from cancer in New South Wales, Medical Journal of Australia, http://www.mja.com.au/public/issues/180_12_210604/jon10431_fm.html
Rural, Regional and Remote Health: A Study on Mortality, Rural Health
Series No. 2., AlHW, Oct 2003.



TravelSmart Schools

TravelSmart Australia has developed two initiatives that encourage school children to consider 'environmentally friendly' options to travel to school. TravelSmart Curriculum is a primary school teacher's resources kit. It allows children to become aware of transport options other than cars including walking, cycling, public transport and car-pooling. Walking School Buses is a free service run by volunteers who walk along agreed routes, collecting children waiting at designated pick-up points and walking them to and from school. For more information visit www.travelsmart.gov.au

SANE Helpline

The SANE Freecall Helpline is a national service for people concerned about mental illness. It provides information and referral to local treatment and support services. In 2004, 36% of calls were from rural and remote areas. This is double the proportion for 2001 and, according to SANE, reflects efforts to promote the services to country Australia and the greater difficulty in accessing treatment and support services in these areas. For more information contact 1800 688 382 or visit www.sane.org

National Gynaecological Day

The Gynaecological Awareness
Information Network (GAIN) has set
September 10 as National Gynaecological
Day. The mission of GAIN is to be a
central point to collect, coordinate and
disseminate information on support
available on gynaecological issues. GAIN
provides support for women with
gynaecological concerns including
polycystic ovaries, menopause, infertility,
endometriosis, sexually transmitted
infections, and cervical, vulval, uterine
and ovarian cancers.

Contacts:

4 Boronia Court, Morley WA 6062 Ph (08) 9378 3307 Email: mazzella@bigpond.com Web: www.gynsupport.com

Indigenous Health Careers Website

The North Queensland Workforce Unit (NQWU) has developed an Indigenous Health Careers website in an effort to increase the recruitment of rural and remote Indigenous students to health careers. The Website promotes the role of local Indigenous health professionals in nursing, medicine, occupational therapy, social work and administration and as Indigenous Health Workers. The Website has activities for teachers and counsellors

to use when discussing career options with students. Let your community know by going to www.medeserv.com.au/rhtut/ healthcareers/

Indigenous Health Careers Workshop

The focus of the Indigenous Health
Careers workshop (IHC workshop) is to
build career pathway links for Indigenous
year 10 students who reside in rural and
remote north Queensland. Indigenous
people are under-represented in the health
workforce and Queensland Health is
committed to improving this result. The
IHC workshop attempts to address these
problems through hosting a five-day
Residential Workshop in Townsville on
13-17 September 2004. Further
information: contact Donald Whaleboat
on 4796 1390 or email

 $Donald_whaleboat@health.qld.gov.au$

Primary Health Care Resources Packages

The Northern and Far Western Regional Health Service (NFWRHS) in South Australia has recently released a resource package entitled Primary Health Care Resource Package. The package aims to assist health workers and the community to undertake their own primary health care workforce development. Modules



include health definitions, health promotion and prevention, capacity building, and research and evaluation. Further information available at www.nfwrhs.sa.gov.au or phone Melanie Lawler on 08 8648 5892.

>>>>>>>>>

Small Towns with a future A recent NSW Farmers' Association survey of 60 small towns across NSW (population less than 5000) indicates many are doing well. Results show that health, aged care and child care have improved in the last five years. Identified areas of improvements include getting rid of excessive red tape, providing more local apprenticeships, improving basic services and fixing juvenile education issues. For details, contact the NSW Farmers' Association on 1300 794 000.

OTDs

There was a flurry of publicity recently about overseas trained doctors - how well trained they are, what the cultural difficulties might be, and so on. A number of organisations have come out in support of OTDs and there is broad agreement that they deserve to be treated better-than-equally in order to ensure that they can meet the challenge of working in rural and remote Australia. There is also a view that, in reality, people in rural and remote Australia would prefer to be doctored by good Aussie-trained Aussie doctors. That's murky country! It will be safer to focus on the contribution Australia can make to global health and security by producing more than enough doctors for our own needs so some can work in poorer nations.



Election Charter

The National Rural Health Alliance has released its 2004 Election Charter. It contains policies on: The social determinants of health; Reform of the health system; Medicare; Health promotion and illness prevention; Recovery from drought and other natural disasters; Indigenous health; Aged care; Child and adolescent health; Oral and dental health; Mental health; Australia's international responsibility;

Strategic health workforce reform; Rural placements for health undergraduates; General practitioners (OTDs, bonding); Allied health; Nursing; Health service managers; Research; Healthy Horizons; and Classification systems for rural and remote areas.

The Charter calls on Political

Parties to support a new approach to health financing. It says that rural and remote areas can lead the way in directing greater emphasis towards disease prevention, early intervention and the adoption of a stronger primary health care approach. It also hopes that advances in rural and remote health over the past ten years can be built on to ensure that health dollars are distributed according to health need. In particular, it calls on Political Parties to work on the key challenges that will bring the health status of people in rural and remote areas up to the national standard by 2020.

The full text of the NRHA Election Charter is at www.ruralhealth.org.au/nrhapublic/Publi cDocs/PositionPapers/ElectionCharter20 04.pdf

Australian Indigenous Health*InfoNet*

Developed by Edith Cowen University in Perth, this website contains regularly updated information on Indigenous health, including a bibliography of over 8000 references, the Australian Indigenous health Bulletin, details of courses and upcoming conferences and links to relevant websites. Visit www.healthinfonet.ecu.edu.au



Child Safety

Contact Inc. is asking faming families to complete a survey on Child Safety on Farms. Working with Farmsafe and the Australian Centre for Agricultural Health and Safety, Contact Inc will use the results of the survey to prepare a report and resource for farm families. A copy of previous reports is at

www.farmsafe.org.au

To participate in the survey, contact the Project Manager, Sue Kingwill.

Phone: (02) 9251 4431 Fax: (02) 9251 4432

PO Box 42, Millers Point, NSW 2000. ❖

NATIONAL RURAL HEALTH ELECTION CHARTER AVAILABLE AT www.ruralhealth.org.au

How many ways are there to claim Medicare benefits?

Medicare offices

There are 228 Medicare offices in Australia where you can make a claim. If you have paid your account in full and would like a cash payment you don't have to fill out a claim form. Just take your original accounts, receipts and your Medicare card to the Medicare office counter. For security reasons a cash limit applies. To receive your benefits by cheque or electronic funds transfer

(EFT), or if the account hasn't been paid, you need to fill in a claim form. If someone else is collecting benefits on your behalf you will need to fill in and sign the claim form.

Drop boxes in Medicare offices

If you don't want a cash benefit you can use the drop box inside the Medicare office – this will mean you don't have to queue. Remember not to put your Medicare card in the box with your claim.

 ${\bf Teleclaiming-using\ your\ home\ phone}$

Telephone claiming allows people to claim their Medicare benefits from their home telephone for the cost of a local call, 24-hours-a-day, seven-days-a-week. You can call Medicare on 1300 360 460,

give your claim details over the phone and then post your receipt or account – there's no need to fill in a claim form. Medicare starts to process your claim while your documents are in the post and once they have been checked your payment will be made by cheque or EFT if the account has already been paid.

This makes claiming much easier for people with disabilities or chronic illnesses who may not be able to visit a Medicare office or make a claim through one of the other claiming options.

By mail

You can send your completed claim form by mail, together with your receipts or accounts, to Medicare, GPO Box 9822 in your capital city – do not send your Medicare card when you claim by mail. You will then receive a cheque by mail or an EFT payment direct into your financial institution account if the account has been paid.

Easyclaim—for people in rural and remote areas

For people living in rural and remote areas of Australia who don't have access to a Medicare office, HIC has a network of more than 1 000 Medicare Easyclaim telephone booths where you can claim your Medicare benefits. These can be found in Rural Transaction Centres, state government agencies, pharmacies, post offices, and many other locally based shops and services. To find your nearest Easyclaim booth visit HIC's website at www.hic.gov.call or call Medicare on 132 011.

Your doctor's practice

An increasing number of doctors now offer you the option of lodging your Medicare claim electronically over the internet.

If your doctor provides online claiming, bring your Medicare card and your bank account details to have your claim deposited directly into your account. You can also have a cheque mailed to your postal address.

For more information

TTY	1800 552 152 (hearing or
	speech impaired)
TIS	131 450 (translating and
	interpreting service)
Email	medicare.enq@hic.gov.au
Internet	www.hic.gov.au
Address	Medicare, GPO Box 9822
	in your capital city 🌣



Medicines without the mix ups

▶ WITH MORE THAN 70% of Australians taking medicines at any one time and 140,000 hospital admissions per year possibly related to problems with medicines, it is important that we are responsible for the medicines we are taking.

To help you better understand your medicines National Prescribing Service Ltd (NPS), has developed an information brochure – Medimate. A sample copy of Medimate is included with this edition of *PARTYline* to assist in the active management of your medicines.

Medimate encourages you to talk to your pharmacist or doctor about all your medicines – prescription, over-the-counter and herbal and natural therapies. On the back inside cover Medimate also provides space to record the information you wish to keep you take.

If you wish to find out more about your medicines contact Medicines Line on 1300 888 763 (for the cost of a local call). ❖



Conference follow-up

▶ THE TWO ISSUES OF *PARTYline* leading up to the 8th National Rural Health Conference will report on action taken by the Alliance on some of the eleven priority recommendations endorsed at the 7th National Rural Health Conference held in Hobart in 2003.

Policy work on child and adolescent health was led initially by Mariper Mercader, from the Philippines, as part of a six-week internship project with the Alliance. It subsequently received strong input from Members of the NRHA Council and friends of the Alliance. The resulting Position Paper on Child and Adolescent Health in Rural and Remote Australia and a poster on the Rights of the Rural Child were produced and

formally launched at CouncilFest in October 2003.

The Alliance collaborated with the National Aboriginal Community Controlled Health Organisation (NACCHO) to issue a joint media release in April 2004 highlighting the extent of periodontal health, dental disease and untreated decay among Indigenous Australians. It also focused on the higher incidence of cardiovascular disease and diabetes, both of which are related to oral and dental health. The Minister for Health was asked to ensure substantial benefit to Indigenous patients from the dental provisions in MedicarePlus.

Some of the practicalities of the existing rural and remoteness indices (ARIA, RRMA and ASGC) were examined, with the assistance of Andrew Phillips (AIHW), at NRHA's
CouncilFest 2003. The Alliance
is currently seeking input into
the Department of Health's reevaluation of these indices,
brought about in part by the
establishment of a new category,
'Areas of Consideration', in the context of
Strengthening Medicare. These
classifications are not merely theoretical
matters, but are used as tools for funding
allocation and incentive programs.

The Alliance has produced a background paper detailing processes for recovery from the post-trauma crises likely to be associated with flood, drought and fire. An Alliance Position Paper on Rural Communities and Disaster Recovery is nearing completion. ❖

Movement at Our Station

THESE ARE SOME OF the movements in personnel we know about.

On Council of the NRHA, Pauline Wardle has taken over from Rosemary Jeffery as representative for Frontier Services. Pauline is the Assistant Manager for Frontier Services and lives in Alice Springs. Leanne Chandler now represents the Association for Australian Rural Nurses. Her predecessor in the position, David Lindsay, remains involved with some of the Alliance's work. Bev Cook now represents Health Consumers of Rural and Remote Australia, replacing Vianne Brain. Bev hails from Nandaly in north-western Victoria and has been a consumer advocate for many years. David Milligan now represents the Australian Rural and Remote Allied Health Taskforce of the Health Professions Council, with Robyn Vines having left for work in the Middle East.

Congratulations to Leigh Cupitt who was awarded a NSW Aboriginal Health 2004 Award in the category of 'Outstanding Non Indigenous person who has contributed to health services'. Leigh Cupitt is now in Port Moresby on a mentoring project for the PNG public service.

Dr Ian Blue is now the Professor and Chair of Nursing with a cross discipline appointment in the Community Health Program at the University of Northern British Columbia (UNBC), Canada. Ian was previously the Director of the University Department of Rural Health, Tasmania.

Jan Southgate has left the Australian Rural and Remote Workforce Agency Group to be CEO of Relationships



Irene Mills, Chair of friends, with Michele Foley

Australia. Carol Bennett, previously at the Victorian Alcohol and Drug Association, is Acting CEO of ARRWAG.

Michele Foley, Manager of *friends of the Alliance* and Editor of *PARTYline*, has just commenced maternity leave, and takes with her the best wishes of her colleagues in the NRHA and others who know her. ❖



line Health calendar

September 2004

Divisions of General Practice Network Forum 2004 23–26 September 2004 Adelaide Convention Centre www.adgp.com.au/site/index.cfm

Council of Remote Area Nurses of Australia 22nd Annual Conference 24–27 September 2004 The Esplanade Hotel, Fremantle WA www.crana.org.au

8th National Undergraduate Rural Health Conference 28 September – 2 October 2004 Tanunda, SA www.nrhn.org.au

RACGP 47th Annual Scientific Convention and AGM 30 September – 3 October 2004 Grand Hyatt Hotel, Melbourne www.racgp.org.au/folder.asp?id=905

October 2004

International Day for Older Persons
1 October 2004
United Nations Information Centre
www.un.org.au/international
%20Observances.htm

Breast Cancer Awareness Month
1–31 October 2004
Cancer Council of Australia
www.cancer.org.au
Aged and Community Services Australia –
17th National Conference
3–6 October 2004
Hobart
Policy, Research and Reality

www.agedcare.org.au

World Mental Health Day

10 October 2004

mhaca@octa4.net.au

Anti-Poverty Week

17–22 October 2004

National Rural Women's Coalition

18–19 October 2004
Melbourne
Healthy Women – Healthy Communities
www.ruralwomen.org.au

Australian Nursing Homes and Extended Care Association 23rd Annual Congress 24–27 October 2004 anheca@aomevents.com

Australian Council of Social Service Annual Congress 28–29 October 2004 Alice Springs Convention Centre

Suicide Prevention Australia (SPA)

Annual National Conference Sydney 29–31 October www.suicidepreventionaust.org

November 2004

13th National Conference on Incontinence 10-13 November 2004 www.continence.org.au

12th South Pacific Nurses Forum 15–19 November 2004 Avarua, Raratonga, Cook Islands www.spnf.org.au

Australian Association of Rural Nurses NSW State Conference 19–20 November 2004 www.aarn.asn.au/

March 2005

8th National Rural Health Conference 10-13 March 2005 Alice Springs Convention Centre 'Central to Health: sustaining well-being in remote and rural Australia'. www.ruralhealth.org.au

April 2005

5th Australian Women's Health Conference 20–22 April, 2005 Carlton Crest Hotel, Melbourne www.womenshealth2005.com.au/

June 2005

Dental Hygienists' Association of Australia Inc. National Symposium 2005 11–12 June 2005 Uluru, NT Indigenous Oral Health www.dhaa.asn.au

