



A Vision for Maternity Services in Rural and Remote Australia

▶ WITH THE CLOSURE OF SMALL HOSPITALS, the loss of proceduralist GPs and insufficient midwives, the future of maternity services has become an increasingly urgent issue for many rural communities. Midwives are unable to sustain their practice in some States due to workload and indemnity issues, and in very small communities the irregular birthing workload creates challenges to all service models. Universities are not able to train enough nurses to fill vacant positions, and recruitment and retention of nurses and midwives in rural and, especially, remote areas are a constant challenge to the authorities, the communities and the professions themselves.

When it comes to birthing, rural people face issues of choice, quality, safety and follow-up care. The fundamental choices are about where and how to have the baby. This is an issue in rural as well as remote areas. A primary concern is for safety of delivery, and on this there are at least two schools of thought. There are



PHOTO: ARTHUR MOSTEAD

those who believe that safety is the only issue and that women in more remote areas should give birth in hospitals where they will be safe under all conditions. On the other are those who ask why safe practices are so different in Australia from the rest of the world where home birthing is considered both normal and safe. Availability of health teams to provide follow up care, for baby and mother, is also an important consideration.

Issues relating to maternity services for Indigenous communities are even more complex and urgent. Recent comparisons show that Australia's Indigenous population have worse health statistics and less access to health care than the Indigenous population in any comparable country.¹ Maternal mortality for

Indigenous women is significantly higher than for non-Indigenous women.² The perinatal death rate for Indigenous babies is over twice the rate for non-Indigenous babies and the percentage of low birth weight infants is also double.³ In the Indigenous population the rate of teenage mothers is almost five times as high, complications in pregnancy are more frequent, and the percent of women who have had no antenatal care is higher.^{4,5} (See the good news story from Gunnedah in this issue.)

At the Alliance's *Birthing In The Bush* Forum on 7 December, people heard evidence from the Australian Institute of Health and Welfare's National Perinatal Statistics Unit about the relative safety of

in this issue:

- ▶ Evaluating 15 years of investment
- ▶ Maternity services: a matter of urgency
- ▶ 7th State of the Regions report
- ▶ WA aged care review
- ▶ Placement crisis for allied health

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These evaluations of health status and the health system will be ongoing. Currently they are likely to show that the situation is highly variable across rural Australia, with some areas doing well and many others doing very badly. Overall, however, the rural health and aged care system continues to struggle to provide access for local rural communities to comprehensive, appropriate health and aged care services.

In 2003 the Australian Health Care Agreement Rural Reference Group recommended to Ministers the following six key actions as having the most potential for improving health and aged care services in rural Australia.

1. Additional funding for “genuine incentives to increase the rural GP workforce”.
2. Creating a critical mass of rural specialists.
3. Providing resources to improve aged care services.
4. Targeted increases in rural health expenditure on Aboriginal health services.
5. Better use of existing private and community providers of transport in rural areas.
6. Development and implementation of community and regional models for funding and governance that build the

community’s capacity to work with the Commonwealth, State and the private sector in planning comprehensive health and aged care services in their own communities and regions.

Healthy Horizons provided seven underpinning goals for the improvement of rural and remote health and well-being:

- to improve the highest health priorities first;
- to improve the health of Aboriginal and Torres Strait Islander peoples living in rural and remote Australia;
- to undertake research and provide better information to rural Australians;
- to develop flexible and co-ordinated services;
- to maintain a skilled and responsive health workforce;
- to develop needs-based flexible funding arrangements for rural Australia;
- to achieve recognition of rural health as an important component of the Australian health system.

To solve the significant health disparities between many rural communities and their urban counterparts will take a sustained, integrated and inclusive strategy that addresses the health system,

rural and remote infrastructure, and funding issues. Special rural and remote programs and interventions will continue to be needed.

We need to build on the work of the past fifteen years, integrate the various programs now in place, and check on the way in which they interact with each other on the ground to ensure that they make the best possible impact on health outcomes.

Currently, non-metropolitan Australia scores badly on the underlying social determinants of health: housing, employment, income levels, education, transport, and social security. We need to build and maintain a comprehensive rural and regional development policy that focuses on a strong economy and good transport and communications. With that in place, people in rural and remote communities can have health equivalent to that of their city cousins by 2020. ❖



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small volume birthing units. Helen Haines and Janet Baker, midwives at Wangaratta, described the collaborative Community Midwifery Program working so well there. Consumer advocate Danette Watson, from Young in NSW, talked with conviction about the value of local midwifery services as international best practice.

The issue is one that raises strong feelings and is critical to the sense of identity of

rural families and their communities. The NRHA will continue to work with interested parties to identify and promote answers on maternity services for rural and remote areas, including for Indigenous women. ❖

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- 3 Day, P., E. A. Sullivan, et al. (1999). *Indigenous mothers and their babies Australia 1994–1996*. Sydney, Australian Institute of Health and Welfare National Perinatal Statistics Unit.
- 4 d’Espaignet, E. T., M. Woods, et al. (1997). *NT Midwives Collection: Mothers and Babies, 1995*. Darwin, Australian Government Printing Service.
- 5 NSW Health Department (2001). *NSW Mothers and Babies 1999*. Sydney, Public Health Division.

International Federation on Ageing – 7th global conference

Irene Mills, Chair of friends of the Alliance, attended the 7th International Conference on Ageing in Singapore in September 2004 and, upon returning to Dalwallinu, sent us this report.

▶ IT WAS A VERY BRIGHT and colourful conference with 40 countries represented and over 700 delegates attending, many of them dressed in their countries' traditional costumes. Comparisons were made between developed and underdeveloped countries with regard to ageing, life expectancy and the linkages to income security and active

ageing. It was reported that 70% of the world's older population rely on some form of income security from family members. Access to affordable transport is seen as a major challenge for the health and well-being of aging populations.

A number of sessions focused on 'active ageing' and the role of the carer in future.

A key message was the overwhelming desire

of older persons to stay at home and be supported with services. Planning needs to move away from a 'needs-based' approach (which assumes that older people are passive targets) to a rights-based approach that recognises the rights of people to equality of opportunity and treatment in all aspects of life as they grow older. Policies to support the older generation will entail costs, hence many governments are reluctant to implement change.

Issues such as the mental well-being of the older person and the increasing incidence of dementia as people live longer were also addressed. In developed countries dementia is almost at epidemic

proportions. In Australia, 68% of those over 65 have some form of dementia. Interactions between children and older persons produce benefits, particularly for people in nursing homes who have difficulty communicating but will interact readily with children.

The country with the highest numbers of aged is Japan but other developed countries are catching up. In South Africa only 7.3% of the population are aged 60 years or more. Of Africa's 800m people, 50% don't have electricity or running water. This has huge consequences for those who are older. 80% of the world's population do not have social security – only family support. In Singapore, there is no government provision of welfare or pensions for people over 60 years, and the reliance is on families. The ever-increasing problem there is the shrinking family unit with a limit of two children per couple. Australia's aged care system was described as "world class" because access is based on need and not ability to pay.

'Ageing in Place' was the strong message across all sessions and speakers, as the alternative to nursing home care. There will be an increasing role for carers and home care. As the Productivity Commission has reminded us, ageing will become an increasing challenge to all of us as populations across the world age and lifespans increase. ♦



PHOTO: BARBARA GURNEY

World Summit on Sustainable Development Johannesburg, August–September 2002

► As an implementation-focused Summit, Johannesburg did not produce a particularly dramatic outcome – there were no agreements that will lead to new treaties and many of the agreed targets were derived from a panoply of assorted lower profile meetings.

But some important new targets were established, such as: to halve the proportion of people without access to basic sanitation by 2015; to use and produce chemicals by 2020 in ways that do not lead to significant adverse effects on human health and the environment; to maintain or restore depleted fish stocks to levels that can produce the maximum sustainable yield on an urgent basis and where possible by 2015; and to achieve by 2010 a significant reduction in the current rate of loss of biological diversity.

For the first time, outcome documents were not the sole product of the Summit.

While the negotiations still received the lion's share of attention, the Summit also resulted in the launch of more than 300 voluntary partnerships, each of which will bring additional resources to support efforts to implement sustainable development. These partnerships, tied to the government commitments, provide a built-in mechanism to ensure implementation.

Tony Benn talking to John Cleary on Radio National, February 2003

"The Business News we hear on the hour is the worship of money. We're told what's happened to the FTSE and the Dow Jones and the dollar and the pound, as if it was a sort of guide to the success of our society. We quite obviously worship Mammon. If for example on the News every hour, instead of telling you what's happened to the FTSE and the Dow Jones, they told you the up-to-date figures

for unemployment, how many people have died of asbestosis, how many people are homeless and so on, people would say, 'Oh Gosh, well now we know what we ought to be doing'.

But I do think we worship money; this is the total Capitalist control of our mind, and yet it doesn't conform to what it is we want. After all, people don't want much, they want a decent home, education, good health care, dignity when they're old, and peace. I mean it's not an awful lot to ask. In a world where the technology available is on such a scale, you could solve, not all, but many of the problems of poverty if you diverted it from Stealth bombers and Star Wars and bunker-busting nuclear weapons, and moved it into the issues raised by the Johannesburg Summit." ❖

Beating heart disease



► THE HEART FOUNDATION has recently launched *Reducing Risk in Heart Disease 2004*, a handy one-page guide which provides an "at a glance" summary of the major interventions, goals and management guidelines. Also available is a complete guide which brings together best-practice protocols for the management of coronary heart disease. It focuses on the diagnosis, treatment and ongoing care of patients with coronary heart disease and associated conditions.

Coronary heart disease is the single leading cause of death in Australia, accounting for 19.5% of all deaths in

2002. The death rates from coronary heart disease were higher in regional and remote areas of Australia compared with major Australian cities¹.

The Heart Foundation encourages all rural health professionals to access the new resources. For copies of the summary (and complete guide) please go to www.heartfoundation.com.au or call Heartline, the Heart Foundation's national telephone information service, on 1300 36 27 87 (local call cost).

Reference

1. Australian Institute of Health and Welfare (AIHW) 2004.

Most importantly, the reports argue that a higher level of government intervention in regional development is now justified. This is for three reasons: first, successful knowledge-based regional economies require complex policy strategies involving a whole of government approach; second, governments can afford to borrow and spend on such investments; and third, such public investment on infrastructure

would replace increases in household expenditures as the engine of growth.

In sum, the State of the Regions reports, including 2004's, argue that infrastructure investment is one of the few remaining policy mechanisms that can significantly enhance productivity and international competitiveness. Coupled with changes in

education, research and science it can make Australia 'The Clever Country'.

Information on the 2004 State of the Regions report is at www.alga.asn.au/sor/2004/ ❖



AJRH Editorial Traineeship

▶ John Marley, Editor of the Australian Journal of Rural Health (AJRH), has recently announced a new initiative designed to engage younger members of the health professions in the journal publication process. Editorial Traineeships are being offered to new or recent graduates with an interest in journal publication. Editorial Traineeships will be a one-year commitment. Trainees will have opportunities to use their critical appraisal abilities, develop new editorial skills and gain refereeing experience.

The AJRH is a multi-disciplinary, peer-reviewed journal with a particular focus on rural and remote health. To obtain a Role Statement or submit an expression of interest in an Editorial Traineeship, write to the Editor, Australian Journal of Rural Health, PO Box 98, Union Building, Callaghan, NSW 2308, or by email to AJRH@newcastle.edu.au. ❖

Spot the NRHA Calendar!



▶ Nigel Stewart has issued a challenge to *PARTYline* readers. He writes ...

"I saw a copy of the Rights of the Child poster in Ceduna yesterday. And it got me wondering where our stuff ends up. Maybe *PARTYline* should run a competition on where *PARTYline* readers have seen Alliance policy documents, calendars, Conference bookmarks, posters, etc."

The recent CouncilFest delegation to Parliament was pleased to notice an NRHA Calendar hanging in Martin Ferguson's office.

So, keep your eyes peeled and let us know what you discover! ❖



❖ There is still time to register for the 8th National Rural Health Conference. www.ruralhealth.org.au ❖

Rural Women's Health Forum



NRWC to promote the views of rural women.

The forum aim was to explore and identify solutions to the issues affecting the health and well-being of women and communities in rural, remote and regional Australia.

Participants received an information kit as preparatory reading. They were also invited to contribute their experience by recording initiatives that have been successful in their communities. As a result of the forum, the community initiatives submitted and other research undertaken, the NRWC will prepare a position paper on rural women's health as advice to the Australian Government.

to the Australian Government.

At the conclusion of the forum, the participants were asked to identify the priority issues that the NRWC should be strongly advocating based on the presentations and discussion at the forum. The Forum's key priorities and messages include:

- a strategy to raise awareness of and address Foetal Alcohol Syndrome;
- developing a cohesive and comprehensive national health strategy, with strong emphasis on mental health;
- improved information and communication;
- engaging governments to secure more resources for rural communities;
- expanding and improving maternity services;
- community capacity building solutions in communities, housing availability and independent living; and
- sustainability of a rural women's coalition.

The NRWC Council will work closely with its member organisations and stakeholders in considering the key issues and recommendations to be progressed and advocated.

The full report on the forum can be found on the NRWC's website www.ruralwomen.org.au For more information, please call the NRWC Executive Officer, Judy Swann, 02 6162 0430. ❖

▶ THE NATIONAL RURAL WOMEN'S COALITION (NRWC) hosted a successful national forum Healthy Women – Healthy Communities in Melbourne on 18–19 October 2004. Around 150 women attended from around Australia. The forum was funded by the Office for the Status of Women (OSW), as part of its contract with the

Where's Michele?



Michele and Ryan

▶ MICHELE FOLEY, the previous Editor of *PARTYline*, is on maternity leave with new arrival, baby Ryan. Michele now has five boys – including husband Neil. Michele illustrates her continuing interest in health and

well-being by telling us what she hopes Australian communities will offer baby Ryan and others of his generation:

Opportunities to:

- climb trees and feel fresh grass under his feet
- know his neighbours
- fish
- have the self confidence to give anything a go

- have a group of friends who accept him for who he is
- travel
- get along with his brothers
- see the cup half full and not half empty
- 'take time to smell the roses'
- visit his mum when she's old and grey, and remember her birthday.

A bit of vested interest in the tail there Michele! ❖



A Moving Story

Helen Byles-Drage is looking for people in the Great Southern Region of Western Australia who are willing to participate in a research project.

► “As a rural mobile psych I found I had an increasing caseload of people who had moved to a rural area from an urban one and found the experience was different from their expectations. They had a number of interesting reasons for moving to an inland area and I found a variety of difficulties that they were encountering. I am hoping this research will uncover stories about meeting challenges and about resilience.”

Helen is working under the supervision of Professor Margaret Alston in the Rural Social Research Centre at Charles Sturt University. Stage One of her investigation has been to canvass professional people working in Local Government and Government Departments in the region to learn how rural Shires attract and welcome newcomers, and whether Health Centres and welfare agencies are aware of particular difficulties relating to in-migrants.



Helen Byles-Drage (left) with Professor Margaret Alston

Stage Two is now beginning with a survey of people, both locals and newcomers, living within the Great Southern. Helen wants to know: How long have you lived in your area? If you moved there, when and for what reasons did you move? How satisfied are you with your current life? What are the good points about living in a rural area? What problems, difficulties or shortcomings have you encountered? What are you actively doing to overcome these problems? The final question is: What support do you personally offer to newcomers to your area?

This survey is available in print and online. Information from all sources is treated in confidence and names and places are kept confidential throughout the research. If you would like to describe your life in the country, Helen will be delighted to hear from you.

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Urgent changes needed for farm safety laws



► THE NSW FARMERS' ASSOCIATION is calling for changes in Occupational Health and Safety laws to better reflect the particular challenges facing agricultural industries.

Chair of the Association's Industrial Relations Committee, Jock Laurie, is advocating more practical measures that recognise the unique nature of farms as a workplace. "The laws can't be one size fits all," Mr Laurie said. Characteristics that need to be taken into account

include the isolation of farms, scarcity of resources, unreliable communication (eg poor coverage for satellite phones is the norm), geographical distance between employer and employees, the impact of weather conditions and the unpredictability of animals.

"OH&S laws must be practical and the Association will be working to ensure a common sense approach to farm safety," said Mr Laurie. ❖



Thinking about a career in medicine?

Consider an Australian Government rural medical scholarship

► **THERE IS A SHORTAGE OF DOCTORS** in many rural and remote areas and ensuring good access to health services for all Australians is a priority for the Australian Government.

The Australian Government encourages students in graduate or undergraduate medical courses to undertake a medical career in regional, rural or remote Australia through three rural medical scholarship programs.

- The Medical Rural Bonded Scholarship Scheme offers 100 scholarships for 2005, each worth more than \$21,000 a year, for students starting medical studies who agree to work in rural Australia for at least six years after they complete their postgraduate training as a doctor.
- The Rural Australia Medical Undergraduate Scheme provides up to 500 scholarships of \$10,000 each to assist students from rural areas to study medicine. There is no requirement for these students to work in a rural area when they graduate.

- The John Flynn Scholarship Scheme provides living expenses for medical students to spend two weeks a year for four years, during their annual vacation, on placement in a rural community.

Robyn Cooke, a second-year medical student at Flinders University in Adelaide, grew up in the country. Her rural bonded scholarship has provided her with money to live on while studying, with no sacrifice, as she wanted to work in the country anyway, probably as a rural GP. "I can recommend the scholarship to others who are genuine about wanting a career in the country," she said.

Stuart Parker, a final-year medical student at the University of Queensland, migrated to Australia from Africa at five years of age. He decided to study medicine while doing other work in a country hospital. The scholarship enabled him to give up the full-time work he had been doing.

"Medicine is a career one does not undertake lightly and the medical course is probably the biggest undertaking of my life," Stuart said. "I can honestly say that I would not have managed to get through it and pass if I had to work at the same time like some of those around me."

Kylie Alexander, a fourth-year medical student at the University of New South Wales, was awarded a Rural Australia Medical Undergraduate Scholarship in 2001 and will complete her undergraduate studies at the end of 2006. After three years in Sydney, she is continuing her studies this year in the University of New South Wales' Rural Clinical School in Albury Wodonga, near where she grew up in Corowa. The Rural Doctor Mentor Scheme, which supports scholars, has also been a big asset to Kylie.

Her mentor, Dr Greg Gladman from Wodonga, has been able to help her with advice, encouragement and support.

"He and I spend time promoting a career in health to local rural high school students," Kylie said. "I am fully committed to spending part of my career working as a rural GP."

For further information on rural medical scholarships, visit the website www.ruralhealth.gov.au or ring free call number 1800 231 231. ❖

John Flynn Scholar keeps in touch

► In December 2002 we introduced you to Michelle Hyatt from Burnie, Tasmania, who met her future husband Lee, a grain farmer from Calingari while on a John Flynn Scholarship placement. In May 2003 we reported that Michelle and Lee had married and moved to Perth where Michelle was teaching pathology at the College of Natural Medicine. Well, there's more! This is how Michelle broke the news...

"In 2003 I got pregnant (unplanned but great anyway) and life hasn't been the same since. We have moved to Tasmania where our little boy Jake Reuben was born in April. He is very much a handful and as it was too hard to study and look after a baby, I have deferred medicine until next year. I will finish my years five and six in Burnie. Our little boy is beautiful and a real joy. Having a child really is hard work and really changes your life but is the best. We are all really happy – thanks to John Flynn! I did go back for three weeks but who was I kidding? I love spending time with Jake. It is very rewarding, although hard at times. Anyone who tells you parenting is easy is lying! We still plan to move back to WA or to a country town and practise as a GP/Naturopath." ❖



Kylie Alexander, RAMUS scholar

education facilities, opportunities for employment, transfer of Aboriginal control to the Commonwealth from the States, and vocational training, including in farming.

More recent decades have seen increased government expenditure on Aboriginal issues and funded programs for legal and health services, favourable judgements in the Mabo and Wik cases, and an inquiry into the separation of Aboriginal children from their families. Charles Perkins challenged his people to contribute proactively towards their own better future, advocating improved health, well-being, social status and financial independence through a cultural renaissance.

Advocates have achieved some advances in 200 years, but they are just small steps. There is still a giant leap waiting to be dared. ❖

Lexia Smallwood, Editor

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Of frying pans and fire –

► IN THE SEPTEMBER 2003 ISSUE of PARTYline we carried the story *Behind the Wire* which focused on the health of children in immigration detention. One year later, in September 2004, a document entitled *Deported to Danger* was published by the Edmund Rice Centre.

Deported to Danger is a study of Australia's treatment of 40 rejected asylum seekers who have been sent back to their country of origin. Refugees spoke about the fears they faced on return to their homeland – fear of being killed by authorities, of returning to virtual war zones, of arrest, imprisonment or torture.

In its conclusion, the study found that the deportees' ability to cope with these potential dangers was made more difficult by the long term effects of living in detention centres in Australia or Nauru: depression, anxiety states and other psychiatric illnesses. These difficulties were often compounded by debilitation resulting from nightmare journeys of removal. The report further concluded



PHOTO: LEANNE COLEMAN

that this study provides a strong evidence base for the need for urgent reform of Australia's refugee protection system.

One of our correspondents attended the Suicide Prevention Australia conference (Sydney, 29–31 October) at which Lyn Bender described some of her experiences as a psychologist at Woomera Detention Centre. The practices at the centre "mirrored brilliantly what the detainees had fled from". Lyn was accused of compassion and of having more sympathy for the asylum seekers than the guards.

She described the roles of the good psychologist as being to validate in a non-threatening way the feelings of the client: to listen to them, to value them, to empathise and to hear the messages in their behaviour. Lyn emphasised that health professionals in such a position need to be advocates as well as healers.

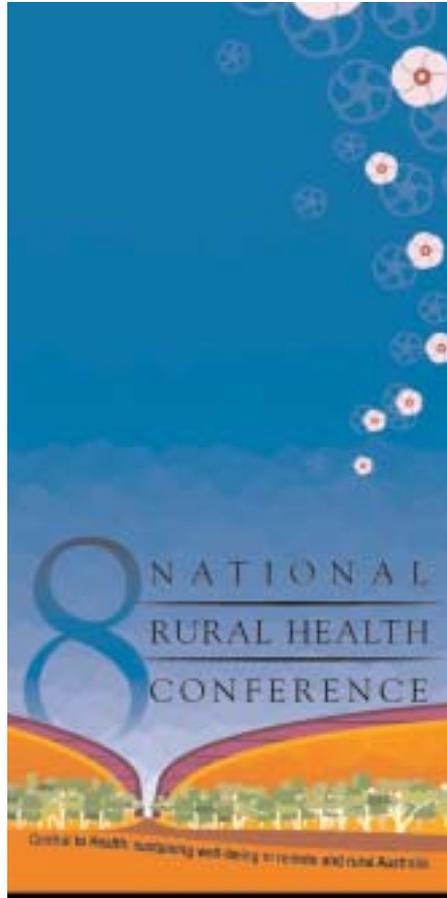
Suicide Prevention Australia is at: www.suicidepreventionaust.org/new_aboutus.htm ❖

Remote area health takes Centre stage

► THE SENSE OF ANTICIPATION IS rising for the 8th National Rural Health Conference. Having been to Toowoomba, Armidale, Mt Beauty, Perth, Adelaide, Canberra and Hobart, this biennial event is at last in The Centre. As a result it will have a stronger than ever focus on remote rather than rural areas, and many of the papers will be on aspects of Aboriginal health. The arts performers at the Conference – musicians, dancers, a circus troupe – are also locals. It will be a great opportunity to showcase Central Australia – both its best characteristics as well as what it can demonstrate about the challenge of delivering comprehensive health services in more remote areas.

The theme is *'Central to Health: sustaining well-being in remote and rural Australia'*. The Organising Committee has been working hard and includes half a dozen from The Centre as well as representatives of the Commonwealth and States/Territory health agencies.

A number of bodies have taken the opportunity to organise events in Alice Springs in conjunction with the Conference, and much valuable activity is expected at those meetings and in their follow-up. There are meetings involving the NH&MRC, Rural Pharmacy Australia, SARRAH, the Alcohol and



other Drugs Council of Australia and ARCAB, RDAA and ACRRM, the ACHSE, ARRWAG and Rural Education Forum Australia.

Over 400 abstracts were received last year and they were subject to a blind review process against the Conference themes.

Some 90 papers will be presented in concurrent sessions, in two streams: Infront Outback for formal refereed papers (for research points) and the General Stream.

There will also be 21 Keynote addresses, and some posters.

There is a strong Alcohol and Other Drugs stream, supported by the Department of Health and Ageing and being run by the Alcohol and Other Drugs Council of Australia (ADCA) and the Australian Rural Centre for Addictive Behaviours.

There will be a smaller post-Conference meeting to begin planning the implementation of follow-up.

Principal Sponsor is the NH&MRC. The NT Government has provided a grant and in-kind support. Local printers Asprint are also involved as a partner in the 8th Conference. Core support for the event is through the Department of Health and Ageing's grant to the NRHA.

It's not too late to decide to come. Look at the program on the website at www.ruralhealth.org.au and contact Travel Makers for the best fare.

And be part of the most exciting biennial event for the Australian remote and rural health community. ❖

Central to Health:
sustaining well-being in
remote and rural Australia

8th National Rural Health Conference
10th –13th March 2005

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