

PARTYline



JUNE 2000

NEWSLETTER OF friends OF THE NATIONAL RURAL HEALTH ALLIANCE

MOMENTUM GATHERING FOR A HEALTH SYSTEM RESTRUCTURE



PHOTO: DAVID PETTY

Ownership and control of health care for individual rural communities – a big plus from a restructure.

Just as the taxation system in Australia is completing its restructure, it seems that momentum is starting to gather for a restructuring of Australia's health system. The recent release by the Australian Democrats of "Delivering a Remedy: A New Proposal to Restructure Australia's Health System" has already attracted some strong support.

The National Rural Health Alliance has announced in-principle support for the proposal and the ACT Health Minister, Michael Moore, has offered to conduct a three-year trial of the proposed system in the ACT.

The essence of the Democrats' proposal is a more equitable distribution of health care dollars right across Australia. This is to be achieved by the cashing out and combining of all government health, aged care and community care expenditure into a single pool of funding. The combined funds will then be allocated on a per capita basis to local regions. The funds will be utilised within these regions on a needs basis determined by the community itself.

"The key to our model is the single funding source because it brings with it increased purchasing power and, at the same time, eliminates the incentives for cost-shifting and the administrative duplication between different health programs and levels of government," says Democrats leader and health spokesperson, Senator Meg Lees.

The proposal has attracted in-principal support from the Alliance in part because it accords with some of the strategies that the Alliance has been developing as part of its work with the Department of Health and Aged Care on health financing. The Alliance believes that the principles of the Australian Democrats' proposal for a radical new approach to the funding and structure of Australia's health system are likely to be strongly supported by people in rural and remote areas.

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Editorial details

PARTYline is the Newsletter of *friends of the Alliance*, a network of people and organisations working to improve health and well-being in rural and remote Australia by supporting the National Rural Health Alliance. The Editorial Group for *PARTYline* is Michele Foley, Gordon Gregory, Irene Mills, David Petty, Mandy Pasmucans, Storry Walton and Gratton Wilson. *PARTYline* is distributed free to all members of *friends*. Articles, letters to the editor, and any other contributions are very welcome. Please send these to: David Petty, Editor, *PARTYline* PO Box 280, Deakin West ACT 2600 Phone: (02) 6285 4660 Fax: (02) 6285 4670 E-mail: david@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.

The Federal Budget 2000 contained unprecedented allocations and initiatives for rural health in Australia. Many stakeholders in rural and remote health have been quick to praise the Coalition government for this. Others, such as the nursing profession, have felt their position has been compromised, marginalised or ignored. Certainly, the inclusion of nursing under the banner of Allied Health was an unusual precedent and one which has not been welcomed by either the nurses or the Allied Health professionals. Nonetheless, Allied Health are pleased to finally be acknowledged as a professional group in their own right within the Budget context.

Our Special Feature on Budget 2000 provides a glimpse at how some of the Member Bodies of the Alliance reacted to the Federal Budget content. The response is overwhelmingly positive, but there are still plenty of cautionary words to be found.

The Alliance Pages this Edition deal with another financial matter – the GST. We welcome an old *friend*, Jim Groves, who provides valuable comment on a subject that will affect us all. Jim’s very practical comments also provide a warning to us that the way we prepare for the GST may not be as straight forward as we first thought.

Looking a little into the future with a glimpse of the Australian Democrats’ new health policy which has received in-principle support from the Alliance. It does have the potential to address the imbalance of services between urban and rural Australia.

The page 16 story this Edition on salinity is perhaps a wake-up call for those involved in rural and remote health – that we all have a vested interest in assuring that this developing crisis is addressed adequately and promptly. And this makes the news of next year’s National Rural Health Conference even more timely with its theme of Good Health – Good Country.

This time in *Meet a friend* we cross to the West and meet Nan Gurner, a truly remarkable *friend* whose lifetime achievements are exhausting for most of just to read. And she has no intention of slowing down.

I’m sure you will enjoy this edition of *PARTYline*. There is plenty of news here to celebrate, plenty to feel good about, some to be optimistic about and just a little to worry about.

David Petty ✦

CONFERENCE IN GOOD HANDS

Meet Lyn Eiszele. Lyn joined the Alliance staff in February as the Project Manager for the biennial National Rural Health Conference to be held in Canberra from 4 – 7 March 2001.

Lyn began her working life as a teacher and enjoyed many years working with primary school children in NSW, Tasmania and the ACT. She was also actively involved during this time with the parent groups associated with her own children’s schools, organising school fetes and other community events.

It seemed a logical step for Lyn, when approached in 1990 by a fellow parent, to put some of that enthusiasm for organising events into a commercial venture. Over the past ten years she has been part of a very successful conference management company which has organised many major national events and conferences including the Constitutional Convention and the Regional Australia Summit.

Lyn decided that it was time for another change with the new century



PHOTO: DAVID PETTY

Lyn Eiszele

coming and left the commercial world at the end of 1999. Soon after she was delighted to be approached to become part of the Alliance team.

Lyn has been married to Ron for the past 27 years and they have 2 children, David and Katherine, and a Labrador called Tiger. ✦



MERGER CREATES A COMPREHENSIVE CONFERENCE

6th NATIONAL RURAL HEALTH CONFERENCE TO INCLUDE INFROUNT-OUTBACK'S SCIENTIFIC STREAM

A recent decision made in Toowoomba will see the creation of a single biennial national conference on all aspects of rural and remote health research and policy.

The Toowoomba Hospital Foundation, The Cunningham Centre and the National Rural Health Alliance have agreed to merge the Infront-Outback Rural Health Scientific Conference with the National Rural Health Conference.

Steve Clark, Chairperson of the NRHA, has warmly welcomed the decision. "There will now be only one biennial rural and remote health conference, not two, so that the focus of rural people, researchers, governments and policy makers on the event will be even stronger. This will make the biennial conference an even more exciting and important event."

Peter Rookas, Chair of the Toowoomba Hospital Foundation, also emphasised the benefits. "It's a bit sad for us in Toowoomba, of course, but rural people will clearly benefit from the closer relationship between scientific health research and the policy development that will remain the focus of the National Rural Health Conference. We've produced a healthy adolescent in Toowoomba and now's the time for the adult Infront-Outback to make a stronger national contribution", Mr Rookas said.

Lesley Fitzpatrick is Director of the Cunningham Centre, the other local body involved with Infront-Outback. Ms Fitzpatrick is also a Member of Council of the NRHA and is on the organising committee for the 6th National Rural Health Conference.

"We've only just had the most recent Infront-Outback in Toowoomba, and we're asking rural and remote health researchers

to saddle up again and to contribute the Infront-Outback stream at the 6th Conference in Canberra next year." Ms Fitzpatrick will be involved with the refereeing process for scientific papers to be put in place for the 6th Conference.

"There's no doubt in my mind that an integrated conference, in which there are both empirical studies and policy evaluations, will contribute most to improving health programs and so to better rural health," Ms Fitzpatrick said.

The 6th National Rural Health Conference will be held at the National Convention Centre in Canberra on 4-7 March 2001. The Call for Papers is included with this edition of PARTYline. Additional information is also available on the NRHA web site www.ruralhealth.org.au ❀

MOMENTUM GATHERING FOR A HEALTH SYSTEM RESTRUCTURE Continued from page 1

According to Dr Steve Clark, Chairperson of the NRHA, there are at least three principles that most rural people will welcome with outstretched arms. "Firstly, implementation of the proposal would result in a far more equitable distribution of health resources across the nation as a whole. Secondly, it is clear that the Democrats continue to support a multi-professional approach to the health workforce, a position that has long been supported by the Alliance. And thirdly, through the establishment of 'Regional Health Services' with control over much of the health and aged care money, there will be a greater sense of local ownership and control, and the opportunity for more community participation."

Senator Lees says that their model is an integrated and cost-effective health funding system which focuses on health outcomes, preventive health and quality of care.

"It is not about more money. It's about making better health-care choices. In fact, if the model is adopted, much of



PHOTO: COURTESY - OFFICE OF SENATOR LEES

Senator Meg Lees

the current unmet demand for health and community services could be addressed without any additional expenditure," predicts Senator Lees.

However, the Alliance is far from giving unqualified support for the proposal. There are still a number of key questions to

be answered before the Alliance and its Member Bodies could offer this.

"We will want to see what the proposal might do to improve access to general practice, allied health, nursing and pharmacy - and to account for the particular needs of those services in rural and remote areas," says Steve Clark cautiously.

Overall, the response to the proposal has been encouraging and optimistic. Senator Lees has delivered a copy of the proposal to Dr Wooldridge. It is hoped that the proposal will receive strong bipartisan support for further discussion and development at all levels of government.

For more information on the Alliance's views refer to the NRHA website www.ruralhealth.org.au

For more information on the Democrat's proposal, refer to their website www.democrats.org.au ❀

BUDGET 2000 – THE BUSH BUDGET

The Federal Budget 2000 delivered by Treasurer Costello on 9 May 2000, could well have been called “The Bush Budget”. Whilst some stakeholders in rural affairs were left unimpressed, this Budget contained unprecedented favourable attention to rural and remote health. In this PARTYline Special Feature we look at some of the practical outcomes for rural and remote communities, particularly as seen through the eyes of Member Bodies of the Alliance.

What the Budget provided

A large proportion of the Budget’s allocation to rural health will be spent on programs and activities that aim to increase the number of doctors practising in rural and remote Australia. These include:

- \$102.1 million over four years to fund additional GP registrar positions, with additional financial incentives for medical practitioners to take their vocational training in rural and regional locations.
- \$10.2 million over four years to resource the rural Divisions of General Practice for providing support to rural doctors in their regions to expand their role to attract and keep doctors in areas of need. The types of support on offer for doctors will include professional and family support, links with other health professionals, mentoring of medical students and continuing medical education.
- \$117.6 million to establish nine new Clinical Schools in rural and regional areas and three new University Departments of Rural Health.
- \$4.3 million over four years for graduating medical students who are willing to commit to regional practice to “work off” their HECS debt in a designated regional area.
- \$32.4 million over four years for additional scholarships worth \$20,000 a year to be offered to new medical students each year in return for a commitment to practise in rural and regional areas for at least six years after completing post graduate training.
- \$8.0 million over four years to expand the RAMUS scheme, doubling the number of RAMUS scholarships.



PHOTO: SANDE TALESKI

Dr David Mildenhall

“...rates this budget 8 out of 10”

- \$48.4 million over four years for an outreach program for specialist services. This includes incentives and/or travel costs for specialists to conduct outreach speciality work.

Allied Health was mentioned in the Budget as a separate entity for the first time although this reference included nurses who would not normally be included under the Allied Health banner. The Budget 2000 announcements under this category included:

- \$49.5 million over four years to increase the range of allied health services available to rural and regional communities, including practice nurses, psychologists and podiatrists, and to support GPs in caring for their community.

The importance of and the difficulties facing rural pharmacists have been receiving increasing recognition over the recent years. Budget 2000 further recognises the need to assist and enhance the prospects of rural pharmacy. The Budget 2000 announcements:

- \$41.6 million over four years for a new Rural Pharmacy Maintenance Allowance which will subsume the Isolated Pharmacy Allowance and the Remote Pharmacy Allowance.
- Funding for new pharmacy workforce development activities.

Regional Hospitals

- \$30.3 million over four years will be spent revitalising bush nursing, small community and regional non-government hospitals.

Aged Care

- \$30.8 million for Extension of the Adjustment Grants comprising viability and capital grants
- The capital grants will assist with building new services to boost the number of aged care places available and will allow existing rural aged care services to expand and upgrade their buildings.
- The viability funding recognises the higher day to day operational costs of aged care services in rural areas.

Education and training

Increased assistance for isolated children

- \$16.4 million over four years under the Assistance for Isolated Children (AIC) Scheme and the comparable ABSTUDY School Fees Allowance, for students who have to live away from home to attend secondary school.

What the Alliance thinks

Dr Steve Clark – National Rural Health Alliance

The National Rural Health Alliance has warmly welcomed the range of new initiatives and enhanced programs for rural and regional health services announced in Budget 2000.

"Three announcements in particular stand out for us. First, the Alliance is delighted that there will be nearly \$50 million over four years for allied health professionals and nurses to be available through Divisions of General Practice to help build multi-professional health teams in rural and regional areas. The Alliance has long argued for the Commonwealth to show national leadership on allied health and nursing workforce issues and this is a major step forward," Dr Clark said.

"Secondly, we are particularly pleased that there will be three new University Departments of Rural Health and nine Clinical Schools located in rural and regional areas. With these initiatives the health sector, through the Federal Department, is leading the way in re-establishing physical and social infrastructure in country areas. The results will be beneficial to the fabric of country regions in the long-term, as well as to the training and support of health professionals for country areas.

"And thirdly, we welcome the relatively small but significant program to prevent and better manage chronic disease in rural and regional communities. This is a good signal to give, focusing as it does on health promotion and illness management, and recognising that certain chronic diseases (including coronary heart disease, asthma and diabetes) are proportionately more prevalent in country areas."

The range of other programs welcomed by the Alliance includes:

- assistance to rural and remote community pharmacy;
- financial support for bush nursing and other non-government hospitals;
- support for small aged care facilities;
- extension of the Regional Health Services Program, so that there should



PHOTO: NRHA

Dr Bruce Harris

"...an 'engagement' is good – but a 'marriage' would be nice too."

soon be nearly 245 of them (including Multi Purpose Services and Centres);

- enhancement and extension of the post-graduate training and undergraduate scholarship schemes that will lead in the long-term to more doctors in rural, regional and remote areas; and
- support for more outreach specialist services.

For further information:

Steve Clark, Chairperson: 0418-778 003
Gordon Gregory, Executive Director,
(02) 6285 4660

What Alliance Member Bodies think

Dr David Mildenhall – Rural Doctors Association of Australia (RDAA)

"The Howard/Anderson government has built on the Wooldridge Ministry's previous good work in getting more doctors for the bush. RDAA rates this budget 8 out of 10.

"The support in the Budget for rural origin medical students who as doctors tend to return to the bush, but who find it hard economically to survive a 4-6 year course remote from their families, is to be applauded. The extra medical school places available to young Australians committed to rural medicine will also help more rural students get into medical courses.

"There is increased emphasis on training young doctors as GPs in rural

Australia with very significant funding allocated on a regional basis. This means that we now have a rural path from high school and on into postgraduate training. Young Australian doctors who want to practise in rural areas will spend less time in the city. They will be meeting their partners and putting their roots down in the bush. The training dollars will be spent in regional Australia.

"We will be looking to government to give a major role to the Australian College of Rural and Remote Medicine which is the academic arm of rural doctors.

"Other rural health workers such as practice nurses, dieticians, physiotherapists and speech therapists are also needed to help rural doctors improve the poor health of their patients. The budget provides a framework so that increased numbers of these health workers can be available to work with doctors from their surgeries. Improved infrastructure support needs to be rolled out in doctors' surgeries also. The key to the success of these initiatives will be that they build on existing medical and health services and help the doctors' work in rural communities.

"Some rural communities don't get their share of the Medicare dollar because their doctor is not recognised as a GP by Medicare. Many of these doctors hold the highest qualification the Australian College of Rural and Remote Medicine can bestow. Given the commitment to rural Australians, I am sure this will be addressed.

"The budget has the framework and sufficient funding to begin to support those rural general practices in economically depressed rural Australia providing it is rolled out effectively. This needs further exploration and needs to be built on in the future to ensure they can survive. My association looks forward to continued constructive engagement with government over this issue."

For further information:

David Mildenhall National
President 0418 929 201
Brian Curren Executive Officer 05 0082 3333

Dr Bruce Harris – Rural faculty Royal Australian College of General Practitioners (RACGP)

"It's great news and I must congratulate Health Minister Dr Michael Wooldridge and his government. But promises are fine, but we want to know about their implementation – the dates for starting and which towns will benefit.

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BUDGET 2000 – THE BUSH BUDGET

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“People are likely to get sour very quickly – so it is up to the Health Minister now to activate the bureaucracy in making the public fully aware as to how people will start to benefit.

“We want to know where the new clinical schools will be – and when they are to be set up. At the moment, all we know is that sums of money have been announced.

“The news is positive in the sense that once the measures are in the budget, they are going to happen. Promises are terrific. The announcement of an ‘engagement’ is good – but a ‘marriage’ would be nice too. A local paper has been told it could be several weeks, or even months, before details of the package are announced.”

For further information:

Dr Bruce Harris 02 6884 9484

Australian College of Rural and Remote Medicine (ACRRM) – Dr Jane Greacen

ACRRM praised Health Minister Michael Wooldridge for announcing a range of initiatives which had the potential to significantly improve the health problems of rural Australia. A critical part of improving rural health will be to get adequate numbers of appropriately trained doctors into the bush.

Enhanced funding for undergraduate and postgraduate rural training will certainly assist to increase rural doctor numbers and we are looking forward to continuing to work closely with Government and the GP profession to deliver workable solutions to the rural doctor shortage.

Steps to improve training options, flexibility and support for young doctors via the regionalisation of general practice training will be very necessary and important measures.

ACRRM had been invited to provide a range of options to the Government that will assist to continue to address the rural health crisis. Central to the ACRRM options are alternative routes to vocational recognition for rural doctors, dedicated funding for rural general practice training and meaningful involvement of rural doctors in the development of rural health solutions.

For further information:

Dr Lexia Bryant, President,
mobile: 0418 594 088, tel: 03-9380 4633
Marita Cowie, CEO, mobile: 0407 019 701,
tel: 07-3352 8600



PHOTO: SANDE TALESKI

Chris Ward

“...easier to have a foot amputated, than it is to see a Podiatrist?”

Christine Ward – Services for Australian Rural and Remote Allied Health (SARRAH)

Services for Australian Rural and Remote Allied Health acknowledges that the initiatives and expansion of programs for rural and regional health announced in the Budget are a positive step for rural health in general. The Federal Government is taking the first steps towards addressing equity of health care for rural and remote Australians.

SARRAH does however have a number of concerns regarding the implementation of the allied health package and the Government’s view of allied health services.

The Government has allocated \$49.5mill. over four years to be used to increase the range of allied health services available to rural and regional communities. This is to include practice nurses and to support GPs. The inclusions in this statement are of grave concern to allied health professionals.

Firstly, the Government has a simplistic view that more doctors equals better service. Allied health professionals provide essential services to rural people, across all ages and all illnesses. These

diverse groups of professionals are an essential part of the multidisciplinary team which provides health care to rural communities. Allied health professionals assist people to recover after accident or injury, provide people with meaningful lives and are an integral part in the management of chronic diseases.

Secondly, the Government is under the misunderstanding that practice nurses are allied health professionals. This simply is not the case. If funding under this package is to include paying for more nurses then the amount to provide for allied health professionals will be grossly diluted.

Thirdly, the Government is funding health service delivery. There is nothing yet to address the issues of recruitment or retention of allied health professionals.

The General Practitioner shortage is not the only issue here. We often ask the questions, “Why is it easier for someone suffering from depression to be provided with drugs, than it is to see a Psychologist? Why is it easier to have a foot amputated, than it is to see a Podiatrist?”

We would like to see support for Allied Health Professionals go further. For

instance, scholarships to assist in allied health training and incentives to work in rural areas. Allied health professionals share with General Practitioners many of the issues of professional isolation, high workload and sole practice.

SARRAH welcomes the Regional Health Package in principle and would be keen to discuss the above issues to further resolve the inequities of rural health provision.

For further information:

Christine Ward President
Phone: 0409 243 108

Shelagh Lowe – Australian Rural and Remote Allied Health Taskforce (ARRAHT)

The Federal Government is to be commended on its focus on rural health in the 2000 Budget and the funding it is to provide to improve the health of rural and remote communities – More Doctors, Better Service. There is \$49.5 million allocated to increase allied health services. It is the first time that allied health has been mentioned by name in a Federal Budget.

However, the funding is to include “practice nurses”, not normally identified as allied health professionals, and to “support GPs in caring for their community.” There is a concern how much of these funds will actually go to employing allied health professionals.

While the rural health budget initiatives for increasing medical services in the bush will hopefully help to address the shortage of rural GPs, there is nothing in the budget to address the issues of recruitment and retention for allied health professionals and nurses – even though there is a recognition that GPs cannot do it all and work best with a supportive multidisciplinary team at hand. There is still a need for the Federal Government to go that step further to provide incentives and support for ALL health professionals working in rural and remote areas, and to look at the education needs of all health professional students prepared to go and work in the bush – in the way of scholarships, etc. The issues that prevent GPs from going into rural and remote areas, or to stay there on a long-term basis, also apply to allied health professions.

For further information:

Shelagh Lowe. Phone: 03 6372 2111.
Email: lowe_family@vision.net.au

Barbara Foggin – Frontier Services

Frontier Services are delighted with the commitment to provide genuine incentives to get GPs and specialist medical services



PHOTO: DAVID PETTY

Barbara Foggin

“...relieved to see a commitment to assist smaller aged care facilities”

to rural and remote communities. We are also pleased to see a commitment to increasing the number of MPs as it signals recognition that there will never be any other practical way of melding services together in small communities. Flexibility is the key and hopefully we are beginning to see that happen.

Frontier Services are relieved to see a commitment to assist smaller aged care facilities, in particular with the costs of accreditation, which has taken an immeasurable toll on resources, financial but particularly human.

For further information:

Barbara Foggin Phone 08 8981 8444

Megan McNicholl – Isolated Children's Parents' Association of Australia

This is a very positive budget. Many families will welcome the government's commitment to ensuring that students from regional and remote Australia have improved access to education and training. These increases will provide real help to the 14,700 students who are geographically isolated from a school.

The ability will now exist for a family to discount their farm/small business asset by 75%, when their dependent student is applying for the Youth Allowance. This is a long awaited decision, and is an attempt to remove a disincentive for students pursuing a tertiary education. Families will still be subject to the same means testing,

but it was often the assets test that prevented many students from receiving the Youth Allowance.

These announcements acknowledge that the extra costs that regional families face, are a significant barrier to participation in both secondary and tertiary education.

Budget initiatives in the area of Health will benefit rural communities, and of particular interest are the Rural Australian Medical Undergraduate Scholarships (RAMUS) which will increase the number of rural students undertaking medical training.

ICPA (Aust) has also welcomed the Prime Minister's pre-budget 'Stronger Families and Communities Strategy'. This strategy will provide long-needed support for regional families – particularly those families with young children who have to be educated at home through schools of distance education. ICPA commends the flexible support that will be available through this initiative.

This budget acknowledges that education must be a priority if regional and remote Australia is to take advantage of the changes that the new Millennium will bring.

For further information:

Mrs Megan McNicholl, Federal President ICPA – 07 4627 6364 or 0428 655 725
Mrs Meg Nichols, Federal Publicity Officer – 03 6286 3254 or 0418 302 279 ❀

NAN GURNER – THE POWER OF ONE

by Michele Foley

If you ever need some inspiration to get more out of your day, a phone call to Nan Gurner should do the trick. Nan is the driving force behind the Carers Helpline, a 24-hour-a-day phone service for people who are carers of patients. She is supported by a small group of volunteers, but largely works alone as an unpaid volunteer, supporting and advocating for carers.

If Nan is not on the phone listening, guiding and counselling one of her 600 caring constituents in need, she is travelling between remote and regional centres in Western Australia to visit some of many in her carers network in person. At 80 years of age, some may ask, *where does she get her stamina?*

Nan Gurner was born on the 21st March, 1920, in Fremantle WA. Nan spent her early years on horseback beside her father, moving his mob of prized stud sheep between home and a train siding some 16 miles away. Her schooling was by correspondence and at age 12 Nan was sent to Kabeeleya Church of England Girls School. It was here that she was trained in her passion of the time, music. Nan was an accomplished pianist. Music was the love of her life but unfortunately she was not able to pursue this.

Nan married at the age of 19 and had two children, both of whom are now health professionals. She helped to run her husband's poultry farm. But it was not all smooth sailing and Nan separated and was later divorced from her husband.

However, despite being a single mother faced with the societal opinion of the 1940s, Nan was not deterred from pushing the boundaries. She set off 'on the smell of an oily rag' to Malaysia, inspired by her time in Australia working with Asian students through the Australian Asian Association. Nan spent seven years in Malaysia and it is here that she believes much of her attitude and philosophy for later life stems.

"I led a very simple life, and learnt to live the Asian way, shopping at their markets and learning how not to get your money stolen. I learnt how to live and accept people from all walks of life."

From her Asian base, Nan travelled by herself to Europe, where her daughter was studying Nan's childhood passion, music.



On her return to Australia, Nan worked with Asian and European immigrants, co-ordinating their learning of English, Australian idioms and other life skills that would help them on their arrival. She stayed in contact with many of these young students and her house would often be filled with people of many cultures who would use Nan's kitchen to test their culinary skills.

In 1979, whilst working for a voluntary transport agency, she was invited to attend a Search Conference in Perth as an observer. She reluctantly accepted nomination to a position working with carer's for a two month period. For the next 3 years, Nan attempted to resign from the position every two months, however, her resignation was never accepted! Twenty one years later, Nan is still working to help and support carers all around Australia, with a particular focus in Western Australia. Today, she is glad no-one accepted those resignations as she has passionately dedicated the latter years of her life to this cause.

"One of the issues for carers is the lack of understanding health professionals have for people on the ground. This is not a criticism, but people often just have different agendas. I have been working as an advocate all my life and I try to get people together to sit down and talk. Sometimes, people just need to be heard."

And Nan is one person who is always available to people. She receives one or two calls on most nights of the week on a toll free number, listening to carers under stress, putting them in contact with their counterparts to share experiences, ideas and sympathy. She connects people to a wide network of community agencies, professional people and fellow carers. Her pursuit of a 'fair go' for carers takes her across regional Western Australia to Carnarvon, Esperance, Albany, Kalgoorlie, Geraldton and Port Headland where she consults with health professionals in both the public and private systems. She works with them, sharing her vast 'grass roots' knowledge to improve the management of services to carers and to encourage bureaucrats and professional workers to understand and acknowledge the vital role of carers in the system.

Nan Gurner, a dedicated, independent woman who has shown that one person can make a difference. This modest, unassuming woman who has spent her life being a true carer is an inspiration to us all.

'And when are you going to retire Nan' I ask? 'I don't even think of it' is the reply.

Carers Helpline – Hollywood Private Hospital, Monash Avenue, NEDLANDS WA 6009, ph: 98 93891902 fax: 08 9389 8470, toll free: 1800 645 541,

Email: nan@highway1.com.au ❀

'REAL LIFE' ASSISTANCE FOR PSYCHOLOGICAL FIRST AID

CD-ROM: Psychological First Aid Kit for Rural and Remote Area Health Professionals — An Interactive Information Resource and Learning Package: Royal Flying Doctor Service (Queensland Section). \$35.00 + \$3.00 p&p.

Reviewed by Michele Foley

Royal Flying Doctor Service (Queensland Section) has put together an excellent resource for health professionals working in the mental and community health fields in rural and remote areas. The interactive learning package is simple to use, visually pleasing and provides a wealth of information and 'real life scenarios' that will engage even the novice user.

The Psychological First Aid Kit can be used for two distinct activities. The first is an **Information Resource**. This has been set up as you would expect a medical first aid kit to be. It provides the 'basic tools' for the user to gain information, skills and references for further advice when dealing with most commonly occurring mental health issues such as depression, alcohol, suicide, anxiety, stress and psychological crisis. For each topic there is a set of texts, definitions, references and direction to an Internet site for further information. The second use of the CD is an **Interactive Learning Package** which contains six modules that address those six specific mental health issues mentioned above. The emphasis of this section is to develop psychological process skills.

It is through this learning package that the most spectacular feature of the CD comes to the fore. The use of video footage of real life scenarios, dialogue of typical rural people set behind a background of rural sounds of crickets, currawongs and rustling leaves set the scene for an engaging learning experience that stimulates the senses.

We are taken into the lives of actual rural people and can feel their loneliness, isolation and pain. We are able to sit in the room of the psychologist and are shown, through 'clicking' various options, the right



and wrong lines of questioning for different client types. We meet a middle aged woman with depression, an unemployed man with a drinking problem, an Indigenous woman with anxiety and a suicidal young man.

The recognition that problems differ in varying communities is also catered for, with the user given the option of choosing from a fictitious mining town, rural support town or an isolated station. Opportunities to select options on best practice treatment, referral and how to follow-up are all provided.

The writer, Robert Williams, a practising psychologist, 'pops up' on the

screen at various stages to give us a comment on the rationale behind the user's options. His experience in the field is evident and also gives the tutorial a personal feel.

This is a stimulating, informative and clever piece of work that really has to be 'experienced' to be believed.

For more information:

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(RURAL) BUYER BEWARE!

GST VIGILANCE NEEDED IN RURAL AND REMOTE AUSTRALIA

There has been a lot of talk about the administrative effects of the introduction of the Goods and Services Tax (GST) on 1 July. But what are the ongoing policy issues that country people should look out for and monitor?

As the GST approaches, most people are concerned about what they need to do: whether they need to register for a Business Number (ABN), what they should buy before the tax is imposed, and what expenditure they should defer in the hope of cheaper prices after July.

The extent of the administrative impact on people and organisations is more than many of us had realised. The Pay-As-You-Go tax system is requiring more people to register for the ABN than was initially thought. Despite the exemption available to non-profit organisations with turnover under \$100,000, many more organisations are finding that they need to register for the GST than they first realised. Many small businesses are finding that they have to spend more time and effort on coming to grips with the new arrangements than they were promised.

In particular, the adverse cash-flow implications for those with exemptions – including those in the food and health sectors – are also becoming clearer. In such circumstances, the tax is paid well before the rebate is received.

This is why the Federal Government is conducting an expensive campaign to remind people of the purposes of the new tax system from its point of view.

It is also timely for us all to stand back and think about what people in rural, regional and remote areas need to look for in the implementation of the tax package.

It is now clear that the price impact of the GST will be significantly greater than initially predicted by the Federal Government. This is admitted in the recent Federal Budget papers, but the change is attributed to a “technical” revision of the Consumer Price Index. Most people hardly care about the technicalities of the Consumer Price Index – they care about the prices they actually pay. In particular, the Consumer Price Index is an index of capital city prices – it does not capture the higher price levels for most goods and services in rural and remote areas.

By Jim Groves



Jim Groves

In a Submission to the Senate Inquiry into the GST in early 1999, the National Rural Health Alliance suggested that the price impact would be more than estimated by Treasury. That prediction has already been vindicated.

However, even the current Treasury estimate assumes that there will be a full pass-on to consumers of the reductions in other indirect taxes. Even with the food exemption, less than full pass-on means that the overall price impact may still be around 3 percent – compared with the Treasury estimate of 2 percent.

As noted, these figures relate to the average price impact across Australia. Because the GST applies at the final retail level, it will incorporate all the costs of transport and distribution in rural and remote Australia. As a result, it can be confidently predicted that the price impact will be greater in rural and remote Australia than in the capital cities. No official statistics are available to capture this impact. This effect will be only partly offset by the fuel tax changes, designed to ensure that fuel prices “need not” rise (of course, “need not” is not the same as “will not”; and this is an outcome that people in rural and remote areas will want to monitor very closely).

The package the Government negotiated with the Democrats to get the GST through did ameliorate significantly the unfair impact of the initial proposals across socio-economic groups. That revision is largely in line with the recommendations made in the Alliance submission to the Senate Inquiry.

It remains true, however, that the income tax cuts provide the greatest benefits to high income earners. Aside from the inherent unfairness of this, this also means that the benefits of those changes will be disproportionately received in the major cities, because average incomes are higher in the cities.

There is also an important interactive effect here. Even if the percentage change in prices is the same in rural and remote areas as in the cities, this is on a higher base and therefore means a higher dollar amount. It therefore represents a higher impact on given income levels; and, of special concern, a higher impact on lower income levels. Only a minority of people in rural and remote areas will benefit from other aspects of the package, such as the removal of “hidden taxes” on exports.

Combined with the income tax changes, the family payment and social security changes will provide compensation



With transport and distribution costs included in GST calculations, price impact on goods is certain to be higher in the country than the city.

*“... this is not an omelette
that is ever going to be
unscrambled.”*

for most Australians. For some, however, that compensation will be marginal. A 4 percent increase in pensions, for example, will only just cover the likely increase in prices to people in rural and remote areas. It is more likely to increase the real incomes of those in the cities who are on a pension.

Of course, the reason that some compensation can be provided to everyone is that the Budget surplus is being virtually eliminated. If that Budget surplus was such a good idea in the first place for ‘macro-economic’ reasons, then presumably spending it on GST compensation will dispense with that benefit.

There is a risk that the higher price effect now admitted by the Government will result in an increase in ongoing inflation. We know from experience what that will mean – higher interest rates, possibly leading to a recession. Some have argued that there is a precautionary element of this nature in recent interest rate rises.

It is tempting to conclude that there is not much that can be done about this. After

all, the tax is now legislated and, once implemented, this is not an omelette that is ever going to be unscrambled. People can, however, be vigilant in monitoring the prices they pay in order to help the Government achieve its objective of ensuring there is a full flow-on of the other indirect tax reductions and no other profit-taking. The stakes could be quite high.

***The Alliance Submission to the Senate Inquiry in early 1999 is available on the Internet at:**

<http://www.ruralhealth.org.au/gstsub.htm> ♣



The Member Bodies of the NRHA are: Association for Australian Rural Nurses, Australian Community Health Association, Australian College of Health Service Executives (rural members), Australian College of Rural and Remote Medicine, Rural Policy Group of the Australian Hospital Association, Australian Nursing Federation (rural members), Australian Rural and Remote Allied Health Taskforce of the Health Professions Council of Australia, Aboriginal and Torres Strait Islander Commission, Council of Remote Area Nurses of Australia Inc, Country Women’s Association of Australia, Frontier Services, Health Consumers of Rural and Remote Australia, Isolated Children’s Parents’ Association of Australia, National Aboriginal Community Controlled Health Organisations, National Association of Rural Health Education and Research Organisations, National Rural Health Network, Rural Doctors’ Association of Australia, Rural Faculty of Royal Australian College of GPs, The Australian Council of the Royal Flying Doctor Service of Australia, Regional and General Paediatric Society, Rural Pharmacists Australia, Services for Australian Rural and Remote Allied Health. ♣

MY KEYWORD SEARCH WON'T WORK!

GET THE MOST OUT OF YOUR RURAL AND REMOTE HEALTH PAPERS CD

A number of people have contacted the Alliance office after finding that the search function on their new Rural Health Papers 1991–1999 CD ROM was not working. There is not a fault with the CD, the problem is easily addressed. Here, the producers of the CD ROM tell us how to get the most from the search function.

The papers on the CD are in a file format called Adobe Acrobat PDF. The PDF file was chosen for the CD because it runs on all computer types (PC, MAC, Unix) and is really quite printer friendly. We use the Acrobat Reader to open and use the PDF files.

Adobe has supplied two types of Acrobat Reader as a free plug-in. Firstly there is the plain Acrobat reader, that allows you to open, read, print and do 'find a word' type searches in individual PDF files. Secondly, there is the Acrobat Reader with Search which is also supplied on the CD ROM.

Acrobat Reader with Search provides you with more powerful keyword searching. It allows you to search for a single word or phrase in every document on the CD ROM with the one search query.

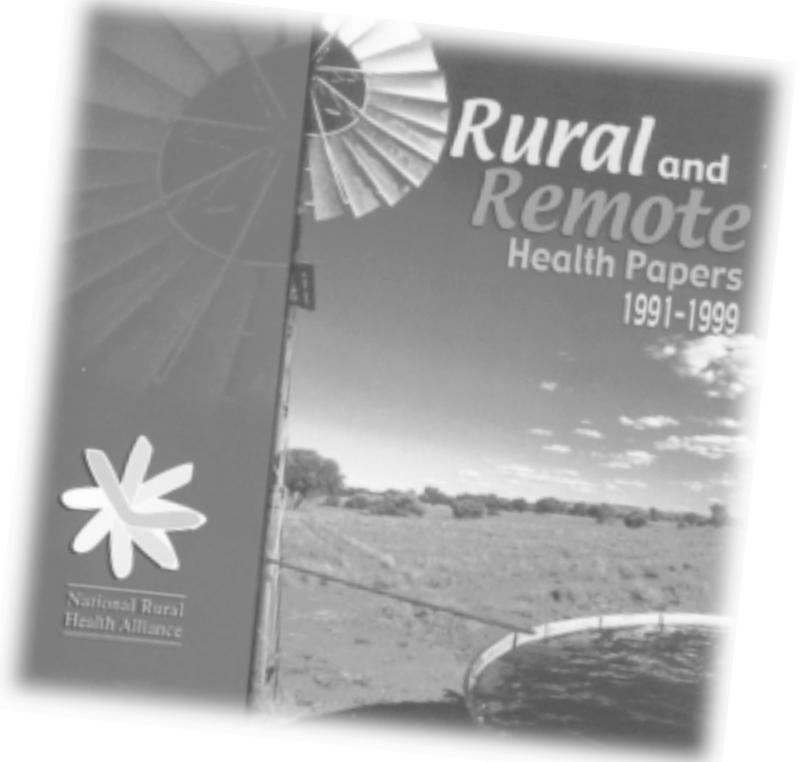
If your search is not working you need to check two things:

- 1) That you have installed the Reader with Search from the CD. If you are using the CD ROM with an old version of the Reader or the Reader without search, clicking on the Search text will not work.

If you don't know which Acrobat Reader you are using, uninstall the version that you have, and reinstall the version on the CD. Instructions on how to install the Acrobat Reader with Search are provided on the inside of the CD cover booklet, located on the inside of the clear jewel case cover.

- 2) That when you load the CD into your CD ROM drive, you locate the start.pdf file, open it and click the TO START button that leads you on to the catalogue.

If you use your Windows Explorer or file manager to open files, and then use the Search text to search the files, it will not work.



This is because a specialised index file assists the Search text link to work, and this file is activated by the opening of the start.pdf file. If you bypass the start.pdf file, the Search will not work.

Send your additional queries via email to friends@ruralhealth.org.au or phone 02 6285 4660. ❀

UNIVERSITY DEPARTMENTS OF RURAL HEALTH FEATURED

The June edition (Volume 8, Issue 2) of the Australian Journal of Rural Health features an overview of each of the existing seven University Departments of Rural Health. The importance of the vital role played by these organisations was acknowledged in the recent Federal Budget with an allocation to establish a further three Departments.

The Departments were established in 1996. Their role is to contribute to an increase in the rural and remote workforce through education and training programs. Currently the UDRHs are located at Broken Hill, Mount Isa, Shepparton, Launceston, Whyalla, Alice Springs and Geraldton. The Journal feature provides an informative and individual report on how each Department is achieving these objectives.

THE AUSTRALIAN
JOURNAL OF
RURAL
HEALTH

Other topics covered by the articles in this Issue of the AJRH include the General Practitioner workforce in rural and remote Australia, rural occupational therapy, area health services, pressure ulcers and case management. The June Issue of the Australian Journal of Rural Health will be a thematic issue on mental health.

For further details contact Professor Desley Hegney, Editor on phone 07 4631 2971 or email hegney@usq.edu.au or David Petty, Journal Manager, at the Alliance on phone (02) 6285 4660 or email ajrh@ruralhealth.org.au ❀

REVIEWS, REPORTS AND PAPERS IN SUMMARY

Support Australia's First Ovarian Cancer Fund

Australia's First Ovarian Cancer Rally in Melbourne in February of this year succeeded in establishing an OvCa specific fund. The OvCa Appeal was launched by the Anti-Cancer Council. The aim is to raise \$1.5 million for research into a desperately needed early detection test for ovarian cancer. The fund is lobbying the State and Federal governments to make this total \$10 million. Clinicians and researchers believe that specifically funded collaborative research will make it possible to find a test. Therefore the Ovarian Cancer Collaborative Research Group has been established.

- Ovarian cancer, OvCa, is the 8th most deadly of all cancers.
- OvCa is **the** most lethal of all gynaecological cancers.
- There is no known cause of this cancer.
- **There is no early detection test.**
- There is no effective screening method.
- As a consequence, some 75% of patients will be diagnosed at late or advanced stage.
- **Around 80% of those patients will die within 5 years**
- **The overall mortality of OvCa has not altered in 60 years.**
- On average in Australia, one woman dies of ovarian cancer **every 10 hours.**

The OvCa Appeal,
Anti-Cancer Council
1 Rathdowne Street, Carlton, VIC 3053
(03) 9635 5331, email: ovca@accv.org.au
<<mailto:ovca@accv.org.au>>
Awareness web site at <<http://ovca.org/>>

For further information:

Mrs Sheila Lee
1 Linley Court
NORTHCOTE
VIC 3070
Phone (03) 9486 6083
Email: sheila@ovca.org
<<mailto:sheila@ovca.org>>
OvCa web site <<http://ovca.org/>>

Regional Summit Interim Report

Regional Australia Summit Steering Committee chairman John Chudleigh has announced the release of the Committee's Interim Report. The report recommends the

adoption of a long-term vision for the future development of regional Australia incorporating a ten-year investment strategy to bring regional Australia up to the standards of living, services and opportunities expected by most Australians. The Committee identified three strategic areas within which there are a total of ten areas for change: Community Empowerment; Economic and Business Development in Regional Communities; and Equity of Services in Regional Communities. A particular priority is 100% geographic mobile phone coverage. The Interim Report is available at <http://www.dot.gov.au/regional/summit/outcomes/committee/index.htm>

Health "Insite" Web Site Launched

Federal Health Minister, Dr Michael Wooldridge, formally launched the "HealthInsite" Web site, which aims to ensure Australians have access to high quality health information on the Internet. Dr Wooldridge said that there is a vast amount of information available on the Internet in the area of health but until now there has been no reliable way for people to determine the quality of information provided or how current it is. "HealthInsite" provides a single gateway to up-to-date information on important health topics such as heart disease, diabetes, cancer, children's health and related information on health services.

Dr Wooldridge's statement: <http://www.health.gov.au:80/mediarel/yr2000/mw/mw20034.htm>

"HealthInsite" is available at <http://www.healthinsite.gov.au>

Proposed E-Health Research Centre

The Centre for Online Health at the University of Queensland and the School of Electrical Engineering and Telecommunications at the University of NSW are proposing the creation of a Co-operative Research Centre in E-Healthcare. The aim of the Centre would be to develop a flexible model of health care that is proactive, coordinated and evidence-based, rather than accept technology-driven developments. The Web site of the Centre for Online Health is at <http://www.coh.uq.edu.au/>

Postgraduate Programs in Remote Health Practice

The Centre for Remote Health, a joint centre of the Flinders University of South Australia and Northern Territory University, is offering three postgraduate awards in Remote Health Practice. They are the Graduate Certificate in Health (Remote Health Practice), Graduate Diploma in Remote Health Practice and Master of Remote Health Practice.

Flinders University, the Council of Remote Area Nurses of Australia (CRANA), the Australian College of Rural and Remote Medicine (ACRRM), the Services for Australian Rural and Remote Allied Health (SARRAH) and the Central Australian and Barkly Aboriginal Health Worker Association collaborated in the development of these programs. For more information contact Centre for Remote Health, Alice Springs on 08 8951 6928 or email remhlth@flinders.edu.au

Health Economic Courses by Distance Education, 2000

Monash University, through its *Health Economics Unit* (HEU), is a leader in the field of health economics both in Australia and overseas. The HEU consists of a group of renowned health economists with an extensive research and teaching program. It has been involved in the teaching of health economics since 1994 and now offers the following courses by distance education:

- Certificate in *Health Economics, Policy and Evaluation*
 - a short course comprising 2 subjects, commencing June 2000;
- *Graduate Certificate in Health Economics*
 - a one year award course of 4 subjects, with entry points in July 2000, January & April 2001;
- *Graduate Certificate in Pharmacoeconomics*
 - a one year award course of 4 subjects, with entry points in July 2000, January & April 2001.

Further information about these courses, including application forms, can be found at web site: chpe.buseco.monash.edu.au





The information printed on this page is provided by the government department identified and is reprinted unedited by PARTYline.

Commonwealth Department of Health and Aged Care

THE FEDERAL BUDGET REGIONAL HEALTH STRATEGY

More Doctors, Better Services

The Coalition Government's rural health package is the flagship of this year's Federal Budget. In the *Regional Health Strategy* the Government makes a major investment of \$562 million over the next four years on two key areas — to get more doctors and better services to people living in rural, regional and remote Australia. Below is a summary of the key measures.

How the Regional Health Strategy will work

The rural health package in this year's Budget builds on the investment made by the Government in recent years to improve access to quality health care services for people in rural and regional areas.

The key to the package is to attract more GPs to regional areas and provide the support so that they will want to stay. There are also major measures to encourage medical practitioners to complete their vocational training in rural and regional areas and to improve the rural health professional workforce through specific rural health education and training.

As well, local communities will be helped to identify their particular health priorities and funded to develop the services that they need. Regional private community hospitals will also receive more support and there is extra funding for aged care facilities.

Why rural health is the focus of the Federal Budget

People in rural, regional and remote Australia have the right to expect what every other Australian takes for granted. That is, access to quality health care services.

In recent years, there have been some real successes to get more doctors and services into the bush, eg, since 1996, the number of doctors practicing in rural and

regional communities has increased from 7,500 to 8,300.

For all this, delivering quality health services to rural Australia is still one of Australia's most pressing health issues. This Budget continues the Government's work to address the problems and inequities.

The key benefits

The initiatives will make major inroads in turning around the shortage of health professionals working in rural and regional areas and in expanding and improving health services.

In the Federal Budget package, around \$210 million over four years will be spent to increase the number of doctors, specialists and allied health workers such as nurses, psychologists and podiatrists working in rural and regional Australia. There are measures to encourage medical practitioners to undertake vocational training in rural and regional areas, increase allied health services and support GP retention in rural and regional areas, and establish a specialist outreach program.

The Government will also put in place a comprehensive national medical education network, offer more incentives for graduates to practice in regional areas and provide greater educational opportunities for country students. The Budget provides \$162 million for a number of measures, including:

- setting up nine new clinical schools and three new University Departments of Rural Health in regional areas;
- providing 100 new medical school places for medical students who are awarded scholarships for committing to take up country practice;
- expanding the number of undergraduate scholarships for medical students from rural areas; and
- rewarding graduates for practicing in regional communities by reducing their HECS debt.

Better health services is also a major theme in the Budget. Around \$185 million will be spent to increase the highly successful Regional Health Services Program, which matches services to the specific needs of a local community.

There will be more support for pharmacy services. Small regional community hospitals that are struggling will receive funding to upgrade and implement changes to improve the care they provide to their patients. Small aged care facilities will be assisted to improve their services and remain open so older people won't have to travel long distances to receive high quality care and accommodation.

As well, the Budget will fund development and implementation of a chronic disease support package specifically for small rural and regional communities.

The *Regional Health Strategy* builds on the Government's past efforts and puts in place landmark initiatives that will bring both immediate benefits and deliver long-term improvement in the quality and accessibility of health services to our rural communities. ❀

6th National Rural Health Conference

4-7 March 2001

Good Health – Good Country

National Convention Centre
Canberra

The call for Papers brochure is included with this copy of PARTYline

Contact details for further information
PO Box 280
DEAKIN WEST ACT 2600

Phone: 02 6285 4660 Fax: 02 6285 4670
Email: conference@ruralhealth.org.au



Commonwealth Department of Transport and Regional Services

COMMUNITY EMPOWERMENT AND PARTNERSHIPS

The Federal Government is committed to helping regional communities develop and enhance their capacity to determine their own future. This is being achieved through support for community/industry planning and innovation and leadership development under programmes such as Rural Plan, the Rural Communities Programme and the Regional Assistance Programme. The Stronger Families and Communities Strategy will also play an important role in community empowerment.

The Government is also working to improve the delivery of its programmes and information services, with better coordination and less duplication between agencies and between governments. Provision has also been made for a new focus on regional areas experiencing economic stagnation and/or decline.

Some specific programmes that aim to facilitate community empowerment include:

Regional Australia Strategy

The Regional Australia Strategy provides \$2.5 million each year until 2003–04 for communication and coordination of whole-of-Government activities impacting on regional areas. The strategy aims to better coordinate awareness of, and access to, Government programmes and services in regional areas through targeted policy advice and whole-of-Government communication activities.

Regional Forums Australia Programme

The forums are more than just an information exchange or a consultation exercise, they aim to bring a considered approach to the sustainable future of a region. They are also a mechanism for governments, particularly the Federal Government, to address how they interact with, and provide services for, a region.

Northern Australia Summit

The Northern Australia Summit: Growth into the new century will be held in Katherine in the Northern Territory in October 2000.

The Summit will draw together the expertise and experience of industry, communities and government across northern Australia to help identify the future direction for development, especially economic development. It will build on the outcomes of last year's Regional Australia Summit by taking account of the particular economic, social and environmental priorities of the north. The Summit will be preceded by a series of local consultations across northern Australia and in the Indian Ocean territories.

The Foundation for Rural and Regional Renewal

This Foundation is a philanthropic organisation that will help provide a viable social and economic future for Australia's regional, rural and remote communities.

The Foundation aims to encourage innovative collaboration between business, community and government in philanthropic endeavours that will boost the economic and social stocks of regional Australia. The Foundation will have three key areas of operation: rural capacity building, information and research, and seeding grants for development projects. The focus will be on economic development, job creation and stimulating regional and rural renewal.

Rural Communities Programme and Rural Plan

Through the Rural Communities Programme and Rural Plan, communities and industries in a region are encouraged to work together to identify, develop and implement strategic plans and projects to assist their region's development.

The Rural Communities Programme provides funding to small regional communities to undertake projects in

community planning and development, information provision, information services, technology and financial counselling.

The Rural Plan assists communities, industries and local businesses at the regional level to work together to develop a framework for sustainable economic, social and environmental development.

Stronger Families and Communities Strategy

The Government has committed an additional \$240 million for the Stronger Families and Communities Strategy. The Strategy will help address many of the challenges faced by regional and rural families including isolation, economic hardship and a lack of community resources. Local solutions will be developed in partnership with local organisations, volunteers, businesses, communities, families, individuals and all spheres of government. A key feature of the Strategy will be its flexibility in meeting and delivering tailored solutions for regional communities.

The Strategy responds to themes expressed at the Regional Australia Summit and will improve access to key services for regional and rural Australians. ❁

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SALT OF THE EARTH

IS SALINITY ALSO A HEALTH ISSUE?

By David Petty

PHOTO: DAVID PETTY

If ever there was evidence that good country means good health, it is before us now, in this one issue – salinity. Once, there could be no finer compliment than “salt of the earth”. Today the words are beginning to instil an underlying fear in many individuals and communities. In the future it could be much worse.

It is very easy, at times even popular or convenient, to reduce rural and remote health to factors such as the number of health professionals, services and facilities. But it is now widely recognised that the health of rural and remote Australia is very much dependent on all the other factors that comprise a healthy community such as a strong economy, transport, infrastructure, employment etc. Without these ingredients, a community cannot sustain good health for its members nor can it afford or attract appropriate healthcare services.

The rising salinity of the earth is well recognised as an agricultural problem – one for the farmers to sort out. But the evidence is now both overwhelming and confronting that salinity is something that will not only threaten the very existence of Australia’s rural and remote communities – it will soon be striking at the very heart of our major cities as well. This is not a distant possibility that may occur many generations hence. This is immediate, this is now. Soil salinity is escalating unchecked and will be a major threat to the generation of children we currently see in our community.

Rising soil salinity affects a community in many ways apart from limiting its ability to produce income from crops. It undermines rural viability through such things as corroding of roads, buildings and other infrastructure as well as threatening the quality of water supplies to towns and cities alike.

The cost is already staggering and is only now being adequately quantified. For example, it is costing the city of Wagga Wagga alone \$500,000 per annum to address salt-related damage to roads, pipes, homes and industry. 21 percent of national highways in south-western New South Wales are affected by salinity at a cost of \$8 million dollars per year.

And the problem is increasing at an accelerating rate.

It is easy to see then a number of ways in which this directly impinges on rural and remote health.

- The ability of the community to produce income
- The cost to the community of repairing the damage
- The direct threat to the fundamental requirement of a clean water supply.

Is there anything that can be done?

The answer is yes – and it is not too late. The good news is that the problem of salinity and other forms of soil degradation are finally receiving a lot of attention from many different groups. And for once they are not just identifying the problems – they are laying down real solutions and itemising real costs.

A major new report, prepared with the help of the Federal Government’s Land and Water Resources R&D Corporation (LWRRDC), has just been released by the Australian Conservation Foundation and the National Farmers Federation. The report found that, currently, degradation costs at least \$2 billion each year, and is increasing at an accelerating rate.

The report provides, for the first time, the total cost of repairing Australia’s land and rivers. It outlines public investment in the order of \$3.7 billion annually over ten years as being required to protect rural landscapes. The sheer scale of the crisis of salinity, soil erosion, acidity, degraded rivers and loss of native plants and animals outlined in the report, shows that 24 million hectares – or over 40 billion trees – need to be planted throughout Australia to address these problems.

At the launch of the report the two organisations announced a new joint initiative, “Repairing the Country”, to address the issues of salinity and soil degradation in general through implementation of the report’s recommendations.

For further information:

Australian Conservation Foundation website www.acfonline.org.au

National Farmers Federation website: www.nff.org.au

What is salinity?
Salinity is caused by changes that have been brought to the landscape. Practices such as clearing the land and intensive irrigation mobilise saline groundwater bringing salt to the surface, affecting soil productivity, killing native vegetation, and salinising our rivers and water resources.

Consider this!

- On current trends, the total area of (mainly farming) land affected by salinity is expected to rise from 2.5 million hectares to over 15.5 million hectares before ‘equilibrium’ is reached; an increase of over 620 per cent. This is equivalent to nearly 70 per cent of the state of Victoria.
- This 15.5 million hectares at risk from salinity could increase even further as more data emerges for Queensland.
- Salinity-induced damage to roads, pipes, parks, houses and industry in Wagga Wagga alone is costing \$500,000 annually.
- 21 per cent of national highways in south-western NSW are affected, with a cost running at around \$8 million per year.
- Within 20 years, drinking water supplies taken from the Murray River in South Australia will, on average, be too salty to drink 2 days out of every 5.
- In southwest WA, one third of the wheatbelt will be salt affected within 20 years, and half of the divertible water resources are already salt affected.
- Also in southwest WA, creeping salinity means literally hundreds of plant species are at risk of extinction. Similarly, many wetlands and even national parks and reserves are under serious threat. ❀

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