

National Rural Health Alliance E-forum - 16 March 2001

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6TH NATIONAL RURAL HEALTH CONFERENCE

The Sixth National Rural Health Conference in Canberra wound up on 7 March 2001. The media release on the recommendations from the Conference is available at <http://www.ruralhealth.org.au/sixthconf/recs.htm>.

The ABC's "webcast" of the Conference is available at <http://www.abc.net.au/rural/health/default.htm>. This includes

- * articles on the Conference, at <http://www.abc.net.au/rural/health/coverage.htm>
- * a number of the Conference papers, at <http://www.abc.net.au/rural/health/paper.htm>
- * some images from the Conference, at <http://www.abc.net.au/rural/health/images.htm>

The following wrap-up of the Conference has been provided by Gordon Gregory, Executive Director of the National Rural Health Alliance.

6th Conference: Now the Real Work Begins

The National Rural Health Conference is over for another two years - and now the most important work associated with it begins. The Conference has established itself as a most significant event on at least two counts. First, it is an unequalled opportunity for networking among people interested in rural and remote health. Second, it is a forum in which recommendations are produced that can have a direct impact on policies and programs for rural and remote health.

The networking seems to have been a great success again. Some of the new friends and contacts made by delegates will remain in contact with each other for years to come. And the stimuli received from meeting with others and hearing their ideas and reports will support people in work in their own communities.

It is to be hoped that there can be the same high level of success with the recommendations produced. This will require concerted action from all of those organisations involved with the Conference, including the Alliance.

A good set of priority recommendations has already been circulated. They are 'good' in the sense that they address a number of the most urgent issues identified at the Conference and, in some cases, they are specific enough to be the responsibility of an individual government or agency.

Some of the priority issues are still likely to be grounds for cost-shifting and blame-shifting between governments. These include recruitment and retention support for non-medical health professionals (see below); oral health; funding for health consumer involvement in consultation, policy development and governance; and the pervasive challenge of rural community transport. The Conference has taken the sensible way forward by directing these requests to the Ministers and governments which are jointly responsible.

Rural and remote people are saying that these issues are critical and must be fixed, and it is up to the Ministers responsible to decide how the costs, responsibilities and credits are shared between them. Uncertainty about how the responsibility will be shared will not be accepted as an excuse for a lack of action. Having said that, the Alliance and other organisations must take up Michael Wooldridge's oft-repeated challenge (repeated again in his address to the Conference) to work with the States and the Territory to see that they are doing their proper share in these important areas.

The Alliance is working to produce a full set of Conference recommendations (the first fifteen plus all others). These will be circulated to Conference participants. It is expected that professional bodies will pick up those related to their own areas of interest.

Extend Workforce Support to All Health Professionals in Rural and Remote Areas

This was the strongest single theme to emerge at the 6th Conference in Canberra. When the issue was raised there was spontaneous and sustained support from many delegates. The issue is summarised in the priority recommendations as follows:

The Conference recommends that, as a matter of urgency, the Australian Health Ministers' Council agree on a plan for increasing substantially the level of resources to all non-medical health professionals for recruitment, retention, education, training and support. A major part of this plan would relate to students in the non-medical health professions. This plan should use the models and lessons of programs for rural general practice, eg scholarships for health science undergraduates from rural and remote areas, and resources for rural placements and related accommodation, travel and Information Technology support. Consideration should be given to HECS exemption for students who choose to work in selected areas. (Recommendation 7 in the set of fifteen priority recommendations from the 6th Conference.)

This is a direct reflection of one of the five main recommendations from the 5th Conference two years ago:

"The Conference called for immediate action on - - the extension of recruitment and retention incentives to allied health, nursing, oral health and pharmacy." (Communique, 1999, p.2). This was expanded as follows:

"Conference participants placed a significant emphasis on rural and remote health workforce issues in the recommendations.

The major issue to emerge is the need for all sections of the rural and remote health workforce to be given the same level of incentives and support as those currently offered only to doctors. Participants persuasively argued that with the move to a collaborative model of service delivery, all service providers deliver services of equal and complementary value, and therefore the same standards of support must apply to all.

In this context, continuing problems of recruitment and retention of health professionals were raised as critical issues which could be addressed more effectively through the uniform application of incentive programs. There was general agreement that, although the Commonwealth has major responsibility for medical workforce issues under the Medicare Agreements, it also has a major responsibility to ensure that equitable health services are delivered to rural and remote area Australians nationally. Therefore the Commonwealth and States/Territories must work together to ensure support for all health service staff in these areas including Aboriginal Health Workers, nurses, and allied health professionals.

Delegates considered that these same principles need to be applied to the services of the Rural Workforce Agencies, which should be available for all health service providers."

(Proceedings of 5th National Rural Health Conference, Adelaide, March 1999; pp. 6-7)

Budget 2001

The first major opportunity for the Federal Government to act on the Conference Recommendations is of course Budget 2001, now being prepared. Some of the recommendations are sufficiently urgent and contained (for instance the one relating to men's health) for there to be real hope that they will make an appearance in the Budget decisions. Budget Day is Tuesday 22 May.

The ABC of the 6th Conference

There were 930 delegates at the Conference - the same number, coincidentally, as attended the 5th in Adelaide.

The Alliance is pleased to acknowledge again the support of the Major Sponsor: Telstra Country Wide.

We are also pleased to acknowledge the other sponsors and supporters of the 6th National Rural Health Conference:

- ? The Arts in Health Stream at the Conference was sponsored by the Community Cultural Development Fund of the Australia Council.
- ? Conference sponsorship was provided by the Chief Minister's Department of the ACT and the ACT Department of Community and Health Services.
- ? The Rural Industries Research and Development Corporation.
- ? The Toowoomba Hospital Foundation.
- ? The Cunningham Centre and Infront Outback.

The Office of Rural Health of the Commonwealth Department of Health and Aged Care provides the core operational grant to the National Rural Health Alliance and this grant includes an allocation for administration of the biennial Conference.

Lesley Fitzpatrick was Convenor of the Infront Outback stream, and managed the referee process for Infront Outback papers. Lesley also convened the Conference Drafting Group which worked on the recommendations.

We would also like to acknowledge the contributions made to specific sessions of the Conference by:

- ? Matilda House and Ngambra Sunfire
- ? The Woden Valley Youth Choir
- ? Integrated Vision
- ? Picture-tel Ltd
- ? The National Gallery of Australia
- ? Screensound Australia
- ? The Australian War Memorial
- ? The National Multi-cultural Festival
- ? The International Year of Volunteers

Many thanks to the staff of the National Convention Centre.

Thanks to all of the speakers. Finally, thanks to the delegates for making it all worthwhile.

Your ABC at the 6th Conference

Very special thanks to ABC Radio, in particular to Shane Mahony (National Editor, Rural Radio), Emily Doak, Alicia Browne, James O'Brien, Ben Knight, Chris Richards, and the Landline team. Look out for the new rural program starting on Radio National on 17 April, for which Chris Richards is a researcher and reporter.

If you haven't already done so, have a look at the coverage of the 6th Conference on the ABC website at <http://www.abc.net.au/rural/health/default.htm>

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IT'S DIFFERENT IN THE BUSH

At the Conference, the Australian Institute of Health and Welfare released a report on the differences between rural and metropolitan general practice.

For example, rural doctors provide more out-of-hours and obstetric care, do more minor surgery, are more likely to provide services not covered by Medicare or any other funding programs, deal with more sunspots and skin cancers, manage more pregnancies, excise more lesions and treat more fractures than their city counterparts.

Director of the AIHW's General Practice Statistics and Classification Unit, Professor Helena Britt, said that there were differences between rural and metropolitan practice, particularly in small rural and remote areas - but fewer than there were a decade ago.

"Rural GPs are now younger than their metropolitan counterparts whereas 10 years ago they were older. Rural doctors are still more likely to be men - 1 in 4 GPs in rural areas are female compared with 1 in 3 in city areas - but in the last 10 years there has been a significant rise in the number of female GPs working in rural areas," Professor Britt said.

The AIHW media release is available at <http://www.aihw.gov.au/inet/media/2001/mr010305.html>; an ABC report is available at <http://www.abc.net.au/rural/health/cov7.htm>. The report is available at <http://www.aihw.gov.au/publications/gep/ruralgp/index.html>

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From: Sabina Knight <sabina.knight@flinders.edu.au>
Subject: CRANA Conference

19th National Annual CRANA conference, 'Generalist to Specialist' The Australian Remote Area Nurse is to be held on 28th - 31st August 2001 at the Holiday Inn Cairns.

(Further information is available at http://www.crana.org.au/pages/home_conference.htm).

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INNOVATION IN THE FACE OF ADVERSITY
(Reprinted from the "Regional Health Check" newsletter of the Commonwealth Department of Health and Aged Care, February 2001)

The national spotlight has long focused on Western Australia's remote Gascoyne region for its endemic health problems, but now its innovative approach to improving community health is attracting attention.

A team of 22 staff from the Gascoyne Public Health Unit has embarked on a strategy, which combines traditional forms of health care with unconventional measures, to boost morale and create a more supportive environment for its people.

The plan is based on growing international appreciation that the road to health lies in moderation, harmony and a sound mind and body. The Public Health Unit uses theatre, festivals and public campaigns to convey specific health messages that play a key role in promoting a more holistic approach to health.

Gascoyne Public Health Unit director, Dr Marisa Gilles, said it was time society stopped thinking about health "in terms of tablets" and looked for ways to create an environment that gives people a sense of control and removes the stresses putting them at risk.

"At the moment we have an environment which doesn't support the people. It is an environment that encourages them to drink too much, eat too much, and to not walk down the beach," Marisa said.

"We are trying to shift those paradigms and while there are core health duties we cannot ignore, I fervently believe we must start to manage the social issues and get people to feel connected, if we are to achieve healthier communities."

As a result, the Gascoyne Public Health Unit - which incorporates the townships of Carnarvon, Denham, Coral Bay, Exmouth, Onslow and the Aboriginal community of Burringurrah - has engaged its people to become involved in an annual children's festival, photographic exhibitions, a triathlon, and a series of plays that aim to break down barriers and improve social cohesion in the region.

One recent play, called "Love Life", was written to educate Aboriginal communities about HIV issues, discussing safe sex messages, confidentiality, shame and social support.

A photographic exhibition called "Photovoice" encouraged local children to examine the positives and negatives in their town and to think about solutions.

The region has also received a Prime Minister's Community and Business Collaboration Award for a campaign to reduce alcohol related harm.

For more information on the Gascoyne Health Unit, T: 08 9941 0560

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is a forum for the expression of YOUR views. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator, Jim Groves, at grovesc@winshop.com.au.

The NRHA e-forum is edited by a third party moderator, Jim Groves. As such, the Alliance does not control postings and the contents do not necessarily reflect the opinions of the Alliance. Nor do postings necessarily reflect the view of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au.

The e-forum is sent to a mailing list of the Alliance and those have indicated interest through the subscription box at the NRHA Web site (<http://www.ruralhealth.org.au>). This issue is going to 865 recipients. Please forward a copy to any colleague you think may be interested.

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