

In this issue

- \* Commonwealth Undergraduate Remote & Rural Nursing Scholarship Scheme
- \* Call for the Submission of Papers to Australia's Leading Forum on Rural Nursing
- \* Pilot Sites under the Rural Chronic Disease Initiative
- \* AARN Supports the Beyond Blue National Postpartum Depression Project
- \* Let Us Hear Campaign
- \* Groundbreaking Report Uncovers the Recipe
- \* New Eye Health Guidelines for Aboriginal and Torres Strait Islander Communities
- \* A Just and Sustainable Australia: major new analysis
- \* Aussies in the 1990s - a picture of good health?
- \* Global health's online examination
- \* Surgery by remote control
- \* Online Delivery of Healthcare Products and Services
- \* Contribution and subscription information and disclaimer

+++++

### COMMONWEALTH UNDERGRADUATE REMOTE AND RURAL NURSING SCHOLARSHIP (CURRNS) SCHEME

For many school leavers and students in remote and rural Australia, the lack of financial support can be a major obstacle to obtaining a university education. However, those students and school leavers interested in pursuing a career in remote and rural nursing can now be assisted through the scheme.

CURRNS is a national scheme providing remote and rural nursing students with scholarships to assist with accommodation, travel and living expenses incurred while studying at university. CURRNS also provides a range of support measures to remote and rural nursing students, including additional financial assistance, mentor programs and Indigenous cultural awareness training. The scholarships are worth \$10,000 annually for each year of studies, up to a maximum of \$30,000, and are available to remote and rural students undertaking undergraduate nursing at a tertiary level. Funds are payable each year of study provided that recipients continue to meet the eligibility criteria. There are 110 scholarships available each year and of these at least 10 are specifically designated for awarding to Aboriginal or Torres Strait Islander applicants.

The Scheme is administered through Royal College of Nursing, Australia. The Scheme is open to students with an Australian remote or rural background who are entering or currently enrolled as a full-time student in an entry to practice accredited undergraduate nursing course at an Australian university. They must have had a principle home address in an identified Australian remote or rural area for a substantial period of time. Preference is given to students who will undertake their studies at a rural university campus, where there is one available. Income tests apply to determine those students in the most financial need.

Application forms and guidelines are available by contacting the Royal College of Nursing, Australia on freecall: 1800 061 660 or by downloading from <http://www.rcna.org.au>. Email contact details: [margow@rcna.org.au](mailto:margow@rcna.org.au) [ajodie@rcna.org.au](mailto:ajodie@rcna.org.au) Applications close on 26 October 2001.

+++++

**CALL FOR THE SUBMISSION OF PAPERS TO AUSTRALIA'S LEADING FORUM ON RURAL NURSING**

The Association for Australian Rural Nurses Inc. is calling for abstracts for their next National Conference entitled "Re-thinking nursing roles in rural communities". To be held at the All Season Darling Harbour Hotel, Sydney, NSW, 15-17th February 2002.

Mr David Lindsay, AARN's National President and Conference Convenor said, "The 2002 AARN National Conference will mark the 10th anniversary of Australia's leading rural nursing organization. To this end we will be celebrating our history but also looking forward to the future. It is this future visioning that is reflected in the five theme areas for the conference:

- \* Practice nurses in rural areas;
- \* clinical governance;
- \* advanced nursing practice;
- \* mental health, and;
- \* indigenous health".

Copies of the Call for Abstracts can be downloaded from the RCNA web site at <http://www.rcna.org.au>, by telephoning the RCNA Conference Organiser on 02 6283 3422, or email [conf@rcna.org.au](mailto:conf@rcna.org.au) <<mailto:conf@rcna.org.au>>.

Closing date for the submission of abstracts is 26th October 2001.

+++++

**PILOT SITES UNDER THE RURAL CHRONIC DISEASE INITIATIVE**

Federal Health Minister, Dr Michael Wooldridge, has selected ten organisations to receive funding as Pilot Sites under the Rural Chronic Disease Initiative (RCDI). Each Pilot Site will receive up to \$100,000 over 18 months to develop chronic disease and injury prevention and management programs in rural communities.

"People in regional Australia experience higher rates of chronic disease and injury than people in cities," Dr Wooldridge said. "By providing funding to these organisations to develop and pilot local solutions in their own communities, we stand a much better chance of making a difference to the rates of chronic disease and injury experienced in rural Australia," he said.

The RCDI will assist rural communities with populations of less than 5000 people to find ways to prevent and better manage diseases such as asthma; heart disease; stroke; renal failure; Type 2 diabetes; osteoporosis; cancers; depression; and disabilities caused by preventable injuries. Each of the Pilot Sites will work with a consultant to document all work carried out. The information collected during the pilot phase will then assist up to 100 more communities that will receive one-off funding in the second phase of the RCDI - a larger scale roll out expected to commence next year.

Dr Wooldridge's statement, including a list of pilot sites, is available at <http://www.health.gov.au/mediarel/yr2001/mw/mw01089.htm>

+++++

AARN SUPPORTS THE BEYOND BLUE NATIONAL POSTPARTUM DEPRESSION PROJECT

Post-natal depression affects approximately 14% of women in Australia, and can be the first episode of what may develop into a chronic and debilitating condition. 'Beyond Blue', a not-for-profit company founded to address depression of mood issues within Australia recently launched a National Postpartum Depression Program.

The broad aim of the project is to increase public and professional awareness of post-partum depression through both the screening of women and provision of assistance to health professionals to identify and support women and their families.

The Queensland Project will include in its brief raising the awareness of rural nurses through education programs. AARN particularly supports this specific Queensland strategy, but also fully supports the broader National Project aims.

"It is vital that women and their families in rural and regional areas are fully informed about the signs and symptoms of post-partum depression, and are provided with appropriate information and support services", said AARN National President David Lindsay. "Rural nurses have a vital role to play in this process, due to their profile and multiple roles within rural health services," he said.

The AARN will be highlighting this issue at its National Conference in February 2002.

Two websites that are linked to this project are:

<http://www.beyondblue.org.au/>

<http://www.wairua.co.nz/marce/>

For further information please contact:

David Lindsay  
AARN National President  
Lecturer  
School of Nursing Sciences  
James Cook University  
Tel. 07 4781 5352  
Fax. 07 4781 4026

+++++

Extract from PIAC Newsletter  
Let Us Hear Campaign

The Public Interest Advocacy Centre (PIAC) is assisting the Let Us Hear campaign in lobbying the Commonwealth government to extend the hearing services provided by Australian Hearing Services (AHS), a government authority, to profoundly and severely deaf young adults over the age of 21 on a user pays basis. Currently those services are only available to children who are pre-lingually deaf up to the age of 21. Inability to access the full range of services and expertise of AHS is creating significant problems for young adults over 21.

A legal advice has been obtained for Let Us Hear from PILCH barrister member Mr Bret Walker SC. Mr Walker has advised that there is no constitutional barrier to the provision by the Commonwealth of hearing services to you adults over the age of 21 on a user pays basis.

Further information about the Let US Hear campaign, which is run by a sub-committee of the Deafness Council of NSW, can be obtained from Ms Noeline Hiron ph: 02 9416 1717.

+++++

## GROUND BREAKING REPORT UNCOVERS THE RECIPE

"Ingredients for a successful community are pride, courage, generosity of spirit, commitment and recognition of the need for change", Cathy McGowan, Chair of the Regional Women's Advisory Council said at the launch of the report The Success Factors.

The report documents how women in seven communities around Australia have blended their skills and energy to manage change.

"We have always known that "the economy" is driven by emotions such as confidence, optimism and sense of making a difference. It's no surprise then to learn that rural Australia reacts in a similar way. The report The Success Factors, makes the connections and describes the implications for policy makers and institutions.

The major finding of The Success Factors is that the way women feel about their communities makes the largest direct contribution to ratings of success of change management.

The Report outlines three strategies...

- \* Target communities where change is or can be perceived to have impact
- \* Particularly pay attention to involving young people and encouraging & supporting them to be part of volunteering
- \* Train (enhance) community people in the skills of working in an inclusive way - have communities working with each other.

Success Factors, Managing Change in Rural, Regional and Remote Australia is available at <http://www.dotrs.gov.au/rwac/> or free call via Country Link 1800 026 222.

+++++

## NEW EYE HEALTH GUIDELINES FOR ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

Federal Health Minister, Dr Michael Wooldridge, recently released an up-to-date resource to tackle eye disease in Aboriginal and Torres Strait Islander communities. The resource, entitled "Specialist Eye Health Guidelines for use in Aboriginal and Torres Strait Islander Populations", outlines the latest clinical advice on the treatments and management of cataract, diabetic retinopathy and trachoma, the most common eye health conditions in Indigenous communities.

"These Guidelines are designed to improve eye health for Indigenous Australians by

providing the best assembled clinical practice advice in Australia for specialists in the treatment of eye disorders in rural and remote communities," Dr Wooldridge said. The guidelines were developed by the Melbourne-based Centre for Eye Research Australia (CERA) in collaboration with the Royal Australian College of Ophthalmologists, the Optometrists' Association of Australia, the National Aboriginal Community Controlled Health Organisation and the Office for Aboriginal and Torres Strait Islander Health. Significant contributions were also made by ophthalmologists experienced in working with Aboriginal and Torres Strait Islander communities. The Guidelines will be distributed to eye health specialists providing services in rural and remote areas, regional eye health coordinators, Aboriginal community controlled health services and State and Territory Governments. The Guidelines can also be found on the web at: [www.health.gov.au/oatsih/pubs/index.htm](http://www.health.gov.au/oatsih/pubs/index.htm). Dr Wooldridge's statement is available at <http://www.health.gov.au/mediarel/yr2001/mw/mw01086a.htm>

+++++

## A JUST AND SUSTAINABLE AUSTRALIA: MAJOR NEW ANALYSIS

A grouping of peak national community organisations - the "Australian Collaboration" - released a major new Report on the main social, cultural and environmental problems affecting Australia.

The Report is titled "A Socially Just and Sustainable Australia", and is principally authored by David Yencken, Emeritus Professor. The Report draws on the research, experience and concerns of the Australian Collaboration partners and is the product of over twelve months work by the group.

"A Just and Sustainable Australia" is a 100 page report describing key social, cultural and environmental issues facing Australia and the actions that should be taken to deal with them.

"It shows that for many Australians, the kind of growth they have experienced has been one or more of the forms of 'damaging growth' identified by a recent UN Human Development report, including:

- \* Growth that does not translate into jobs.
- \* Growth that is not matched by the spread of democracy.
- \* Growth that damages cultural identity.
- \* Growth that despoils the environment.
- \* Growth where most of the benefits are claimed by the rich.

The Report argues that tackling these negative aspects of growth demands many new approaches. Overall, the Report provides a blueprint for a fairer and more sustainable society. It contains a set of detailed recommendations to ensure that there is a better foundation for all Australians to enjoy continued economic growth and well-being through:

- \* A fairer distribution of the economic benefits of growth;
- \* Serious attempts to tackle environmental problems;
- \* The strengthening of our democratic institutions and protection of our fundamental freedoms.

"The Australian Collaboration is seeking the support of all major political parties in advancing the recommendations of the Report and in building a just and sustainable Australia."

Copies are available from:

The Australian Collaboration  
c/o The Trust for Young Australians  
5 St Vincent Place, Albert Park, Victoria 3206  
Tel (03) 9645 7977 Fax (03) 9690 9740  
Email enquiries@tya.org.au  
Web address <http://www.tya.org.au/australiancollaboration>

• The Australian Conservation Foundation (ACF)  
340 Gore Street, Fitzroy, Victoria 3065

Contacts:

Australian Conservation Foundation  
Aboriginal and Torres Strait Islander Commission  
Australian Consumers Association  
Fed. of Ethnic Communities' Councils of Aust.  
Australian Council for Overseas Aid  
National Council of Churches in Australia  
Australian Council of Social Service  
David Yencken, Australian Collaboration

+++++

#### AUSSIES IN THE 1990s – A PICTURE OF GOOD HEALTH?

Australians lived longer and healthier lives in the 1990s-but there is still room for improvement, according to *Australian Health Trends 2001*, a new Australian Institute of Health and Welfare report.

In the last 10 years, fewer Australians died prematurely from coronary heart disease, stroke, cancer, road accidents and other injuries. As a result, life expectancy continues to increase. An Australian boy born in 1999 can expect to live 76 years, and a girl born in the same year can expect to live almost 82 years. Other favourable trends included fewer people smoking overall, improved dental health, a fall in the prevalence of high blood pressure, improved levels of immunisation and substantial falls in Sudden Infant Death Syndrome (SIDS).

'Many of these trends suggest that improvements in health should continue-but there are a number of areas for concern,' said report co-author Dr Bhatia.

There are more people overweight now. In 1999, 65% of men and 45% of women aged 25-64 years were reportedly overweight - compared with 52% of men and 35% of women 10 years earlier. And there are still too many people smoking - especially among young people. Also, death rates among our Indigenous population have only fallen slightly in recent years and remain more than double those for non-Indigenous Australians.

The AIHW statement is available at

<http://www.aihw.gov.au/inet/media/2001/mr010926b.html> and the publication is available at <http://www.aihw.gov.au/inet/publications/phe/aht01/index.html>

+++++

### Global health's online examination

(Extract from "The Australian", 26 September 2001, full story at <http://australianit.news.com.au/common/storyPage/0,3811,2932052%5E442,00.htm>)

HEALTHCARE professionals will learn to deliver services via cyberspace through a new suite of postgraduate programs offered through three universities. The University of Queensland's Centre for Online Health, La Trobe University and the University of Southern Queensland will run the programs.

UQ lecturer Jennifer Tichon said in a statement e-healthcare was the logical and responsible extension of modern technology to meet the demands of global health issues. "If remote medical sensors can successfully transmit climbers' health information to base camp through the harsh conditions of the world's highest mountain peak, then they must be robust enough for the outback."

Ms Tichon said the new degree programs were available part time or full time via complete web delivery, so health professionals could meet work commitments. The new courses are a graduate certificate, graduate diploma and master e-healthcare.

Postgraduate courses available online are listed at <http://theaustralian.com.au/highered>.

+++++

### SURGERY BY REMOTE CONTROL

(Extract from "The Australian", 20 September 2001, full story at <http://australianit.news.com.au/common/storyPage/0,3811,2902016%5E442,00.htm>)

A Surgeon in New York has operated on a patient more than 7000km away by remote-controlled robot.

The operation, which took place on September 7, is the first time that robot surgery has been carried out over such a long distance, overcoming a major technical hurdle, the doctors said. During the 54-minute experimental operation, a French doctor in New York removed the gall bladder of a 68-year-old woman in Strasbourg, France. He watched on a television screen and manipulated a pair of arms whose movements were mimicked by a robot in an operating theatre on the other side of the Atlantic.

Gall bladder removal is often routine general surgery. Doctors have viewed such non-invasive operations as candidates for remote-controlled surgery, one of the most exciting frontiers in medicine today.

However, the biggest hurdle facing long-distance surgery is the time delay between when a surgeon moves the robot arm, its reception by the robot at the other end, and when the surgeon receives the return signal. A further complication is ensuring that the movement coincides exactly with the TV picture seen by the surgeon. If the lag is too long or the picture slightly out of sync, that can destroy the surgeon's "feel" and timing, which are essential at certain points in an operation.

Marescaux said the operation was only possible thanks to remarkable work to improve the speed of signals handling. The surgeon needed a constant return signal speed of under 200 milliseconds, and a team from the French company France Telecom had been able to get this down to below 150 milliseconds, "a speed that is virtually imperceptible to the naked eye," Marescaux said.

The patient, whose name has not been disclosed, was operated on at Strasbourg's University Hospital Centre, with a team of surgeons standing by in case anything went wrong. She recovered from the operation without any complications and was discharged 48 hours later.

+++++

ONLINE DELIVERY OF HEALTHCARE PRODUCTS AND SERVICES  
(Extract from CIRCIT Research Monitor, 20 September)

The paper 'Ehealth: Market Potential and Business Strategies' by US Michigan State University, argues that the most successful model for online health services is the combination of an offline business and a Web presence. The paper claims that this strategy enables health providers to fulfill legal and regulatory requirements while allowing them to tap into additional value-added services through their Web site.

Reference: <http://www.ascusc.org/jcmc/vol6/issue4/whitten.html>

+++++

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](mailto: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](mailto: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 1,168 recipients. Please forward a copy to any colleague you think may be interested.

To subscribe, send a message saying "subscribe NRHA eforum" to [grovesc@winshop.com.au](mailto:grovesc@winshop.com.au). To unsubscribe, send a message saying "unsubscribe NRHA eforum" to [grovesc@winshop.com.au](mailto:grovesc@winshop.com.au). The archive of the e-forum is at <http://www.ruralhealth.org.au/newsletter.htm>