Eforum Newsletter: NRHA E-forum - 13 August 2004

National Rural Health Alliance E-forum – 13 August 2004

In this issue:
* NRHA Election Charter
* Rural people urged to have their say on aged care
* SARRAH first off the block
* Resources for maternity service providers in rural and remote areas
* NACCHO and AMA Announce Major Aboriginal Health Report
* Writing for Publication Workshop
* RIRDC Reports
* ABC Extracts
* New Internet service aids Aboriginal and Torres Strait Islander health
* NSW Telehealth Symposium 2004
* Contribution and subscription information and disclaimer
* Full text of NRHA Election Charter Statement - Rural areas can lead moves towards improved health services
* Full text of NRHA Election Charter Statement - Parties called on to sustain advances in rural health
* Full text of NRHA Election Charter Statement - NRHA's Election challenge: equivalent health for people in rural and remote areas by 2020
* Full text of NRHA statement - Rural people urged to have their say on aged care

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NRHA ELECTION CHARTER

The National Rural Health Alliance has released its 2004 Election Charter document. It contains policies on: The social determinants of health; Reform of the health system; Medicare; Health promotion and illness prevention; Recovery from drought and other natural disasters; Indigenous health; Aged care; Child and adolescent health; Oral and dental health; Mental health; Australia's international responsibility; Strategic health workforce reform; Rural placements for health undergraduates; General practitioners (OTDs, bonding); Allied health; Nursing; Health service managers; Research; Healthy Horizons; Classification systems for rural and remote areas.

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

The full text of the three Alliance statements on the election charter are available at http://www.ruralhealth.org.au and are reprinted below. The NRHA election charter is available at
http://www.ruralhealth.org.au/nrhapublic/PublicDocs/PositionPapers/ElectionCharter2004.pdf

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RURAL PEOPLE URGED TO HAVE THEIR SAY ON AGED CARE

Aged & Community Services Australia (ACSA) and the National Rural Health Alliance (NRHA) have released a Discussion Paper looking at specific aged care challenges in rural, regional and remote Australia. It canvasses the need for a fundamental change in the way rural and regional aged care services are planned and funded if they are to be able to operate effectively and meet the needs of their local communities.

The paper is available on the ACSA website at http://www.agedcare.org.au and the NRHA website at
http://www.ruralhealth.org.au/nrhapublic/PublicDocs/PositionPapers/Older%20People%20and%20Aged%20Care.pdf

Comments are requested by 30 September 2004.

The full text of this statement is available at http://www.ruralhealth.org.au and is reprinted below.

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SARRAH FIRST OFF THE BLOCK

Rural and Remote Allied Health Professionals (AHPs) gathering in the centre of Australia next week were the first to book their conference through the Alice Springs Convention Centre. Conference convenor Annie Farthing says after attending the International SARRAH conference in Cairns in 2001, AHPs wanted to showcase Central Austrslia as a great place to live and work and booked the conference on her return.

The National SARRAH Conference, "Walking together, side by side" - A Conference for Rural and Remote Allied Health Professionals
26 – 28 August 2004, Alice Springs Convention Centre
Information available at http://www.sarrah.org,au (under "Conferences")

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8th NATIONAL RURAL HEALTH CONFERENCE

"Central to health: sustaining well-being in remote and rural Australia", 10-13 March 2005, Alice Springs, Northern Territory

The Conference website is at http://www.nrha.net.au/nrhapublic/publicdocs/conferences/8thNRHC/home.htm

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From: "Sue Kildea"
Subject: Resources for maternity service providers in rural and remote areas

The Birthing in the Bush Website – http://www.maningrida.com/mac/bwc/index.html

This is a beneficial resource for anyone working with Aboriginal Australians. Aboriginal women from the Maningrida community in Arnhem Land have developed this site to ensure their stories are documented and available for anyone who is interested in reading more about their culture. It includes traditional practices around birthing, women's stories about their childbirth experiences, clinical issues pertinent to remote area birthing, an overview of birthing services in the Northern Territory and some trouble shooting sections for service providers working in remote areas. (This site is hosted by the Maningrida community and can be slow or inaccessible at times. However it was important that the site stayed in control of the Maningrida women so they could add or delete sections, as necessary). There are some sections designated for women only. The Aboriginal women who developed the site understand the difficulty of enforcing this but are confident that Aboriginal men in particular would respect this.

The Maternity Care in the Bush Resource Library – www.crana.org.au @
Maternity Care in the Bush.
This web site is a resource library that was developed as a 'one-stop shop' for anyone interested in remote area maternity services. Categories on the site include clinical information (antenatal, birthing and postnatal), reports and articles of interest, national and international guidelines relating to maternity services, resources for parents, links to other web sites and a section on women's health. If you know of any resources that could be added to this site then send them (or any suggestions) to the Council of Remote Area Nurses of Australia (CRANA) via the link on this site.

The Remote Links Communication Forum – www.crana.org.au @ Forum
This Communication Forum has been established to support remote area practitioners by enabling them to network with their peers. You can join in discussions, start your own threads (discussion topics) or just browse to see what others are saying. One section is entitled 'Maternity Care in the Bush', another 'Information Technology'. The development of new sections are welcomed.

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NACCHO AND AMA ANNOUNCE MAJOR ABORIGINAL HEALTH REPORT

NACCHO and the AMA have launched a landmark economic model for future Aboriginal Health Expenditure. The economic analysis known as "Healing Hands - Aboriginal and Torres Strait
Islander Health Workforce Requirements" was done by Dr Roger Kilham of Access Economics.
The report calls for an injection of over $400 million annually. The full text of the joint statement is at
http://www.weftweb.net/naccho/Files/NACCHO_AND_AMA_ANNOUNCING_MAJOR_.pdf and the full report is at
http://www.ama.com.au/web.nsf/doc/WEEN-63Q9J7

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The Australian Journal of Rural Health has changed to a fresh new look and feel to it, with changes in content, a different format and a brand new cover - all with the same focus on advancing rural health in all disciplines. The Journal invites you to contribute to the ongoing development of rural health in Australia, and submit your manuscripts for publication. Full author instructions and guidelines can be found at www.blackwellpublishing.com/ajr, or email ajrh@newcastle.edu.au for further information. The June issue of the journal is available online now at http://www.blackwell-synergy.com/links/toc/ajr

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WRITING FOR PUBLICATION WORKSHOP

A Writing for Publication Workshop is being held as a Pre-Conference Workshop to the National SARRAH Conference. It is being held on Wednesday 25 August 2004 at the Centre for Remote health in Alice Springs. This workshop is a great opportunity for local Central Australians to hone their writing skills. Further information about the Workshop can be found on the website - http://www.sarrah.org.au under Conferences

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LIFELINE'S JUST ASK - 1 300 13 11 14

Your Rural Mental Health Information Service
Lifeline's Just ask is a rural mental health information service. Information provided includes: referral to services and web sites, printed material and a range of self help resources. The self-help resources focus on practical steps to help promote mental health in a range of areas. For information and copies of resources call or visit http://www.justask.org.au

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RIRDC REPORTS

Two recent reports from the Rural Industries R&D Corporation:

Safe systems of work on farms - Incentives for adoption (04/103)
This study explores the potential to promote the adoption of the Farmsafe Accredited Farm status through developing options that increase the incentives/decrease the costs for farmers to establish a Farmsafe accredited farm. The Summary Report is available at http://www.rirdc.gov.au/reports/HCC/04-103sum.html and the full report at http://www.rirdc.gov.au/reports/HCC/04-103sum.html

eWork in Regional Australia (04/045)
eWork appears to offer new business and employment opportunities to regional areas traditionally seen as too remote from the markets for business services. The Summary Report is at http://www.rirdc.gov.au/reports/HCC/04-045sum.html and the full report at http://www.rirdc.gov.au/reports/HCC/04-045.pdf

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Annual Conference of the Congress of Aboriginal and Torres Strait Islander Nurses, 1-3 September 2004, at Coffs Harbour - BreakFree Aanuka Beach Resort. Information at http://www.indiginet.com.au/catsin/

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BUSH CRISIS LINE - 1800 805 391

Bush Crisis Line is a twenty-four hour confidential telephone support and debriefing service for multi-disciplinary remote and rural health practitioners and their families. It is staffed by qualified psychologists with remote and cross-cultural experience, is toll free and available from anywhere in Australia. For more information http://www.bushcrisisline.org.au

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Extracts from the ABC Rural's Newsletter
(Subscribe at http://www.abc.net.au/rural/default.htm)

Senate report finds Telstra services lacking in rural areas
People in rural and regional Australia are still missing out on reliable internet and mobile phone coverage according to a new report from Canberra.

ABC Health-Updates
(Subscribe at http://www.abc.net.au/health/mailinglist.htm)

WEST COAST HEALTH (Stateline Tasmania: 30/07/2004)
http://www.abc.net.au/stateline/tas/content/2003/s1165853.htm

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Interested in becoming a “friend” of the Alliance? Become more involved with the work of the Alliance by becoming a “friend”. “friends” support the Alliance by being an integral part of the Alliance’s policy and evaluation process. They also receive other benefits. For more information on membership see http://www.ruralhealth.org.au

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NEW INTERNET SERVICE AIDS ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

A new national internet network will help general practitioners working in Aboriginal and Torres Strait Islander Health to share information and improve health care. The GP Network puts GPs working in private practices, hospitals and Aboriginal Community Controlled Medical Services in touch with each other to share information and experiences about what works best to improve Aboriginal and Torres Strait Islander health outcomes. The full text of the joint NACCHO/RACGP statement is at http://www.weftweb.net/naccho/Files/GP_NetWork_press_release2.pdf

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PARTYline Issue No.18 - OUT NOW. PARTYline is the official newsletter of the National Rural Health Alliance. Keep up to date with rural health policy information and good news stories on living and working in the rural health community. Available online on http://www.ruralhealth.org.au or receive a hard copy by emailing michele@ruralhealth.org.au

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From: "Deborah Oong"
Subject: NSW Telehealth Symposium 2004

NSW TeleHealth Symposium: Telehealth to E-Health - Choices in Healthcare Delivery
19 August 2004
The Novotel Hotel, Brighton Beach, The Grand Parade (cnr Princess Street), Brighton-le-Sands

For More Information: http://www.health.nsw.gov.au

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CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is edited by a third party moderator, Jim Groves. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au.

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.

This issue is going to 2,074 email addresses. Please forward a copy to any colleague you think may be interested.

To subscribe or unsubscribe, or to view previous newsletters, go to "eforum" at http://www.ruralhealth.org.au

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Full text of NRHA Election Charter Statement - Rural areas can lead moves towards improved health services

In its Election Charter 2004, the Alliance has called on Political Parties to support a new approach to health financing in their health policy platforms for the coming Federal Election. Rural and remote areas can lead the way in directing greater emphasis towards disease prevention, early intervention and the adoption of a stronger primary health care approach.

Given the greater risk factors they face and the poorer health status of people in rural and remote Australia, financing structures that support primary health care models would be most beneficial, as they are better able to address problems relating to the whole range of health determinants. Health is not just physical well-being, it refers also to the social, emotional and cultural health of the whole community. A whole-of-life and whole-of-community approach to health risk factors and health promotion works well in rural areas because inter-personal links tend to be strong and agencies there already tend to collaborate because of the pressures of distance and the small numbers.

To improve health status effectively, fairly and more speedily there needs to be a focus on both the obvious determinants of health (like diet and access to health professionals) and those that are less apparent (like access to employment and social interaction).

The Alliance strongly supports universal health insurance and is looking for alternative models of delivery in areas where the supply of doctors and pharmacists is low. Medicare represents a commitment to provide universal access to necessary health services. The Australian Government should provide funding for alternative first-point-of-contact assessment and treatment services in areas where access to doctors is very limited.

Major savings could be made with improved health financing arrangements. It is dysfunctional in the current system for blame and cost to be continually shifted back and forth between the Commonwealth and the States/Territories. Jurisdictional inefficiencies contribute to the system's failure to be patient-focused and to provide integrated care.

The Alliance is generally opposed to further moves towards a user-pays system in health. The Strengthening Medicare program is reinforcing an emerging two-tiered health system through its limited incentive for doctors to bulk bill some patients but not others. Access to health services should be determined only by health need and not by ability to pay. Health financing through the tax system is equitable and progressive. It is unacceptable that poorer Australians and those with less access to services are up to five times more likely to die of a preventable disease than their wealthier compatriots.

In its Election Charter the Alliance calls for political commitments to raise the health status of people in rural and remote areas to that of their urban counterparts by 2020.

This will require ongoing leadership through all relevant agencies to make Aboriginal health and well-being the number one national social priority. It will also involve:

* greater attention to child and maternal health;
* a higher priority to public health campaigns relating to smoking, weight control and obesity, alcohol, safety on the roads and in workplaces, gambling, interpersonal violence, and self-care;
* addressing mental health promotion; and
* a public health and health promotion approach to injury, accidents and self-harm which, in terms of statistical significance, account for the greatest amounts of excess morbidity and mortality in rural/remote over metropolitan areas.

The Alliance's Election Charter 2004 proposes building on current worthwhile initiatives in rural health, such as the revised Rural Health Strategy. The Strategy will provide $830 million over four years, including for Rural Clinical Schools, University Departments of Rural Health, an extended Medical Specialist Outreach and Support program and increased accessibility for rural communities to some allied health services. There is also re-funding of Rural Workforce Agencies, renewed support for the Divisions of General Practice and increased numbers of Registrar places for rural areas.

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Full text of NRHA Election Charter Statement - Parties called on to sustain advances in rural health

Political parties have been called on by the NRHA to build on advances made in rural and remote health over the past ten years and to seek to ensure that, more than is now the case, health dollars are distributed according to health need – wherever it exists. Much has been achieved but, overall, the health of people in non-metropolitan areas is still poorer than that of their metropolitan cousins. The Parties are therefore asked to commit to raising the health status of people in rural and remote areas to that of their urban counterparts by 2020.

The 34 per cent of Australians who live outside the major cities tend to face higher levels of health risk factors and experience higher mortality rates. They are more likely to be smokers; to drink alcohol in dangerous quantities; to be overweight or obese; to be physically inactive; to have lower levels of education and poorer access to work (particularly skilled work) . They also have poorer access to health services, even in rural areas experiencing growth.

Some of the main occupations found only in rural and remote areas are physically risky. Travelling on country roads entails greater risks. Finally, Indigenous Australians make up a substantial proportion of rural and, particularly, remote areas and their overall health is very poor. People in rural areas make greater use of hospital emergency departments as a source of primary care and of hospital beds for aged care.

These factors all add up to higher death rates. The so-called 'excess' deaths in rural, regional and remote areas are due largely to increased heart disease, injury (including suicide), chronic lung disease, diabetes and some cancers.

The 34 per cent receive nothing like 34 per cent of health resources. In fact they receive about 20 per cent of Medicare rebates and are served by 15 per cent of the medical workforce – two facts that are closely related.

Good health requires investments in living conditions and networks of care that create, maintain and protect health regardless of geographic location. The Alliance therefore continues to support health-improving changes in areas like housing, employment, transport, community services, recreation, aged care, telecommunications and broadcasting, and 'citizenship services' such as those that enable participation in social, political and economic decision making - as well as improved health services more narrowly defined.

In its Election Charter the Alliance calls upon governments and health agencies to ensure that the trend of health expenditures in the

immediate future favours health promotion and illness prevention. This will require political courage, as there are strong and effective vested interests supporting the treatment of illness.

The Charter seeks an explicit declaration from Parties that, if in government, they would make Aboriginal health and well-being the number one national social priority. Action on this will require the Australian Government to provide ongoing leadership through all relevant agencies and issues (eg employment, community services, housing, reconciliation etc).

The Charter also seeks a commitment from whichever Party wins government to accept responsibility for funding necessary primary care services in remote areas regardless of which suitably qualified health care professionals provide them.

The Alliance is calling for consideration of new structures for managing and funding Australia's health system to make it more effective in addressing health inequalities and ensuring that access to services is on the basis of health need only.

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Full text of NRHA Election Charter Statement - NRHA's Election challenge: equivalent health for people in rural and remote areas by 2020

The NRHA has launched its Election Charter 2004. It calls on Political Parties to work on the key challenges that will bring the health status of people in rural and remote areas up to the national standard by 2020. Much has been achieved for people in rural and remote areas in the past ten years but, overall, their health is still poorer than that of their metropolitan cousins.

This 2020 target will be met through a mixture of continuing and new directions. The first three priorities, according to the Alliance, are:

* making improved Indigenous health a bi-partisan national priority that is strongly led and resourced by the national Government across all portfolios;
* shifting the emphasis of new health spending to health promotion and illness prevention, particularly for babies and children; and
* restructuring health financing around an expanded universal Medicare that provides access to primary health care to all of those with health need, including in more remote areas where there may never be local medical practitioners in private practice.

Sue McAlpin, Chairperson of the Alliance, said that the NRHA's 2004 Election Charter spells out the desired action on a number of fronts, including the social determinants of health, aged care and oral health. The Alliance continues to promote a range of initiatives for rural and remote health professionals, in which the lead has been taken by rural GPs. "We support special programs for rural doctors and they provide successful models of assistance for managers, allied health professionals, nurses and dentists," she said.

"We want the Parties to be explicit about protecting and enhancing the interests of resource-poor countries even while we go about searching for more health professionals for our own disadvantaged areas. We need to train more health care workers in this country," Ms McAlpin said.

"As far as particular illnesses are concerned, oral health and mental health are two on which we could do much better. Both are largely preventable or treatable, and both are particularly serious in rural and remote areas."

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Full text of NRHA statement - Rural people urged to have their say on aged care

Aged & Community Services Australia (ACSA) and the National Rural Health Alliance (NRHA) have released a Discussion Paper looking at specific aged care challenges in rural, regional and remote Australia. It canvasses the need for a fundamental change in the way rural and regional aged care services are planned and funded if they are to be able to operate effectively and meet the needs of their local communities.

Affordable local services for people who are ageing, whether in their home or in a residential aged care service, ought to be available in all areas. A single approach to care does not work well for people in both city and country areas and the support required is different, and usually more expensive, for those in rural, regional or remote areas.

To a larger extent than their city cousins, country Australians already face the consequences of an ageing population and of social isolation, fewer economic means to plan for retirement, and limited access to transport, residential and community care, and health care.

ACSA and the NRHA are determined to improve the situation.

The Discussion Paper takes a fresh look at the way rural and remote aged care services are planned and funded, based on two fundamental principles:
* aged care services should be available locally for all Australians; and
* governments should recognise the real costs of providing rural and remote aged care services, and the fact that such services cannot benefit from economies of scale.

In line with these principles, ACSA and the NRHA have proposed action in a number of areas, including planning and funding rural models of service provision, staff training and support, and transport.

The paper is available on the ACSA website at www.agedcare.org.au
and the NRHA website at www.ruralhealth.org.au and comments are requested by 30 September 2004.