Eforum Newsletter: NRHA eforum 18 March 2005

National Rural Health Alliance E-forum – 18 March 2005

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8th NATIONAL RURAL HEALTH CONFERENCE

The largest ever public meeting on remote and rural health has just ended in Alice Springs. The 8th National Rural Health Conference was attended by 1100 delegates from around Australia – consumers as well as health service providers from all disciplines.

The Conference Communique and Key Recommendations are now available at
http://www.ruralhealth.org.au/nrhapublic/publicdocs/conferences/8thnrhc/Communique.pdf

Conference website: http://www.ruralhealth.org.au/nrhapublic/publicdocs/conferences/8thNRHC/home.htm

ABC reports from the Conference are at:
http://abc.net.au/rural/events/ruralhealth/
http://www.abc.net.au/central/stories/s1324971.htm
http://www.abc.net.au/worldtoday/content/2005/s1322972.htm (The World Today: 14/03/2005)

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WHATEVER HAS HAPPENED TO THE HEALTH GRADIENT, WE KNOW WHO'S AT THE FOOT OF THE HILL

The launch by Minister Abbott of the RACP study of health inequities has done a service to people in remote and rural areas. For whether the inequities have become narrower or wider over time, there is no doubt about the location of those who are most disadvantaged - and they deserve the continued attention of the authorities and experts.

The full text of the Alliance statement is reprinted below.

The AIHW statement on the study is at http://www.aihw.gov.au/mediacentre/2005/mr20050307.cfm and the full report at
http://www.aihw.gov.au/publications/index.cfm/title/10041

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The Australian Journal of Rural Health invites you to contribute to the ongoing development of rural health in Australia, and submit your manuscripts for publication. Send your papers to AJRH@newcastle.edu.au and be pleasantly surprised at how quickly you can be in print. Author guidelines and sample issues of the AJRH are available at http://www.blackwellpublishing.com/submit.asp?ref=1038-5282, or email ajrh@newcastle.edu.au for further information. The February 2005 issue of the journal is available online now at http://www.blackwell-synergy.com/links/toc/ajr

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PRODUCTIVITY COMMISSION HEALTH WORKFORCE STUDY

The commonwealth Government has announced that the Productivity Commission will undertake a research study into health workforce issues. The study has been endorsed by the Council of Australian Governments and will help governments to improve their understanding of the workforce-related pressures facing the health system.

The Productivity Commission will examine issues affecting the health workforce including the supply of, and demand for, health professionals. The study will look at issues such as: institutional, regulatory and other factors across the health and education sectors affecting the supply of health workforce professionals; the structure and distribution of the health workforce; and factors affecting the demand for services.

The study is to be completed by 28 February 2006. The Commission will shortly invite expressions of interest from anyone wanting to participate in the study. The Commission is to produce an issues paper by 31 May 2005, provide a draft report, and produce a final report by 28 February 2006. Further information on the study is available on the Productivity Commission website at http://www.pc.gov.au.

The full text of the Treasurer's announcement is at http://www.treasurer.gov.au/tsr/content/pressreleases/2005/015.asp?pf=1

A statement by the Rural Doctors Association welcoming the study is at
http://www.rdaa.com.au/default.cfm?action=docviewer&DocID=217.

AMA President, Dr Bill Glasson, urged the Productivity Commission to get an understanding of the realities of health workforce shortages by getting out to the towns and suburbs and remote areas of the country where the shortages are hitting patients and communities and overworked doctors hard. The AMA statement is at http://www.ama.com.au/web.nsf/doc/WEEN-6AH9CF

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BIRTHING SERVICES TO BE REBORN

It was not a case of the last man standing at the joint symposium in Alice Springs on rural obstetric services, it was standing room only!

Over 120 rural midwives, doctors and community representatives packed the room to hear presentations and attend workshops with national experts, and many more were turned away. And it was clear from the discussions that rural communities are not content with sitting back and expecting governments to find the solutions to the current crisis in obstetric services.

“In the last 10 years we have seen the loss of over 120 rural birthing services nationally” said Dr Sue Page, President of the Rural Doctors Association of Australia (RDAA). “This means a whole lot of country women are on the roads at 3 o’clock in the morning, with a terrified husband at the wheel dodging kangaroos, trucks and potholes. With the loss of local services you lose the same experienced staff who provide the antenatal and postnatal care, and add to the further downward spiral of access to healthcare in the bush.

Five key areas were identified for immediate action:
* the development of a national rurally appropriate Policy Framework;
* improved structures to support multidisciplinary teamwork approaches to maternity care;
* increased utilisation of rural maternity services as sites for integrated models of education;
* workforce supports including the development of clinical networks; and
* Community Toolkits to promote and protect local units.

The joint statement by the Rural Doctors Association, the Australian College of Rural and Remote Medicine, and the Australian College of Midwives is at http://www.rdaa.com.au/default.cfm?action=docviewer&DocID=216

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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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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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From: Public Health Association of Australia
Subject: Workshop Advert - Managing Pain Using Self-Management Approaches, 19 August 2005 in Sydney

The Australian Government Department of Health and Ageing's Sharing Health Care Initiative is pleased to provide preliminary notification for the Managing Pain Using Self-Management Approaches: Evidence and Implementation ½ Day Workshop on 19 August 2005 in Sydney.

Speakers at the Workshop will provide the latest research and evidence for Chronic Condition Self-Management in Australia and internationally. The Workshop is part of the 2 day Australian Pain Society's Partners In Pain Meeting Patients, Clinicians and Pain Management.

Who should attend
GPs and Divisions of General Practice, nurses, allied health professionals, Aboriginal health workers, health provider organisations, consumers, health insurance policy makers, and health trainers and educationists.

International speaker: Professor Kate Lorig, Stanford Patient Education Research Center, United States of America.

Registration: $100 per delegate, at http://www.dcconferences.com.au/pinp2005

For more information, please visit the Sharing Health Care Initiative website at http://www.chronicdisease.health.gov.au

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PARTYline 8th Conference Edition 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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FIBRE OPTICS TOP OPTION IN TELE REVAMP
(Extract from Farmonline, http://www.farmonline.com.au/, 17 March 2005)

A nationwide rollout of fibre optic cable is one of the key recommendations from the Page Research Centre's report on future proofing telecommunications services for the bush. One of its options is the five-year roll-out of fibre optic cable by either Government or an independent company, estimated to cost a minimum of $7 billion.

The position paper is available at http://www.page.org.au/downloads/PRC_Telecomms_Paper.pdf

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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 2,088 email addresses. Please forward a copy to any colleague you think may be interested.

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Media Release
8 March 2005

Whatever has happened to the health gradient, we know who's at the foot of the hill

Yesterday's launch by Minister Abbott of the RACP study of health inequities has done a service to people in remote and rural areas. For whether the inequities have become narrower or wider over time, there is no doubt about the location of those who are most disadvantaged - and they deserve the continued attention of the authorities and experts.

"The policy statement identifies Indigenous Australians and people living in socioeconomically disadvantaged areas as experiencing the most health inequities."

Rural and remote Australia is diverse and huge. In the standard terms of income, assets and access, its people experience lower socio-economic status than those in the cities.

People in remote and rural areas have worse morbidity and mortality overall. A significant number of them (much higher than in city areas) are Indigenous Australians - the worst-affected group of all. Remote and rural people have access to fewer services, often no access to a nearby doctor or pharmacist. The cost of delivering any type of health service is higher. And health staff in remote and rural areas are more likely to work alone, be unsupported and to risk burn-out.

"For 1998-2000, a man born in the rural Central Darling area of NSW could expect to live 13 years fewer than his compatriot born in Mosman, Sydney."

Despite all of these challenges there is a determination among people from remote and rural areas to improve their health outcomes, sustain their services and work together. eople in the bush - including health staff - are proud, resilient and creative. Volunteers play key roles in areas like emergency interventions, caring services and providing transport. Some of the most encouraging models of true health teamwork are in more remote areas, away from the heat of inter-professional tensions and jealousy. And rural areas can provide human assets not listed in standard economic accounts.

All of these things will be on show later this week in Alice Springs, where the biggest conference ever held on remote and rural health will consider the best news and the worst in remote health, and make recommendations about sustaining health and health-related services.

Unlike the situation in Canberra yesterday, the Minister can't be present. But he and his State colleagues will no doubt want to hear what over a thousand people who journey to Central Australia and meet over the weekend feel about recent developments and unmet needs in remote and rural health.