Eforum Newsletter: NRHA eforum 8 April 2005

National Rural Health Alliance E-forum – 8 April 2005

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'Make Every Mother and Child Count' in rural and remote Australia

World Health Day 2005 (7 April) has the theme 'Make every mother and child count'. This is another opportunity to consider how Australia can best provide safe birthing options to all women in or near their home area. Many women in rural, regional and remote areas currently miss out on their right to the safe birth of their choice, and have poor access to an event that, more than any other, can lay the basis for a lifetime of good health for their child.

The full text of the Alliance statement is reprinted below.

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From: Gordon Gregory
Subject: 8th National Rural Health Conference

Please note that the full set of Conference recommendations, organised and edited
for format, and with the appropriate caveats as to their status and the Alliance's approach to them, is now on the Alliance's website at http://www.ruralhealth.org.au/nrhapublic/publicdocs/conferences/8thNRHC/home.htm. It is about 190 in all: a useful snapshot of ideas, approaches, models, criticisms etc.

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

Available papers from the 8th Conference have been put on the ABC Website. See
http://abc.net.au/rural/events/ruralhealth/2005/papers.htm. The full proceedings from the Conference will be available in June.

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From: Grace.Tielu@health.gov.au
Subject: 2005-07 RHSET Program Funding Round

The Australian Government Department of Health and Ageing is seeking Expressions of Interest (EOI) from interested parties to undertake projects under the RHSET Program.

The RHSET Program aims to contribute towards recruitment and retention of rural and remote health workers through funding initiatives that provide them with appropriate support, education and training.

Projects should address the RHSET Program objective and one or more of the priority areas listed in the 2005-07 RHSET Funding Round Expression of Interest Guidelines. Projects should be innovative and focus on local health issues, and demonstrate a model for finding local solutions to local problems. Projects should have a budget of no more than $140,000 and should be finished within 24 months.

Applicants should obtain the 2005-07 RHSET Funding Round EOI Guidelines and application form from the Department's website http://www.health.gov.au/tenders. Alternatively, you can contact the RHSET Secretariat during office hours on (02) 6289 4482 or email RHSET@health.gov.au

Expressions of Interest assessed as suitable for further consideration will be invited to submit a full Project Proposal at a later date.

All Expressions of Interest must be submitted by post to: The RHSET Secretariat, MDP 50, PO Box 9848, CANBERRA, ACT 2601. Applications that are faxed, emailed or received after the closing date will not be considered. The closing date for all Expressions of Interest is COB Friday, 15 April 2005.

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From: alliedhealth@doh.health.nsw.gov.au
Subject: 2nd NSW Rural Allied Health Conference

"ALLIED HEALTH WORKING TOGETHER", Friday 28 and Saturday 29 October 2005, Novotel Brighton Beach, Brighton-Le-Sands, Sydney

NSW Health Department is convening the 2nd NSW Rural Allied Health Conference. The establishment of a biennial NSW Rural Allied Health

Conference was one of the commitments in the NSW Rural Health Plan released in September 2002.

A Call for Abstracts is closing on 29 April 2005. An electronic copy can be obtained by emailing alliedhealth@doh.health.nsw.gov.au

Registration is also open and you can register on line, or download registration forms from the Conference Coordinators http://www.hotelnetwork.com.au/conferences/conferences#nswruralhealth2

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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 April 2005 issue of the journal is available online now at http://www.blackwell-synergy.com/links/toc/ajr

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From: paulh@hepatitisc.org.au [mailto:paulh@hepatitisc.org.au]
Subject: Assistance sought with promotion of Australasian hepatitis C community forum

In collaboration with other Australian states and territories and the New Zealand hepatitis C resource centres, we are proud to announce that the NSW online community forum has been broadened out to take on an Australasian remit. It provides for discussion threads, live chat, file sharing and will feature guest speakers from Australia and New Zealand.

http://hepatitisc.communityzero.com/

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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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From: Don Perlgut
Subject: Rural Health Education Foundation offers free videos on Continence for Australian health professionals

Rural Health Education Foundation, "Continence" Professional Development Television Series, Available Free on Video
The complete series of four Rural Health Education Foundation television programs on Continence issues is still available free of charge on video for Australian health professionals, with support provided by the Australian Government Department of Health and Ageing.

The four continence television programs, all produced in 2004, are:
Continence: What's it all about?
Continence and the General Practitioner
Continence and Aged Care
Continence and Women's Health

To order your free VHS video copies of the continence programs (one copy of each program per organisation only within Australia), please email us at rhef@rhef.com.au or fax us on (02) 6232-5484 providing your name, organisation, postal address, contact telephone number and email address. This free video offer will expire on 30 June 2005, or before then when copies of the programs are exhausted, so please order your set soon if you have not done so already.

For further information on the free video offer, go to http://www.rhef.com.au/news/040929/040929.html or visit our website home page http://www.rhef.com.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: Hancock Bree [mailto:Bree.Hancock@nbcc.org.au]
Subject: Grants announced to boost community-based breast cancer support

Seeding grants of up to $10,000 are now available to local groups to improve community-based support for women with breast cancer.

The National Breast Cancer Centre is seeking applications from community groups, volunteer organisations and health providers with innovative ideas to improve access to health and support services for women with breast cancer in medically-underserved areas. The grants are funded by fashion company Polo Ralph Lauren.

More than 11,000 women are diagnosed with breast cancer in Australia each year. Thirty per cent of these women live in rural and regional areas where access to treatment and support services can be difficult.

Director of the National Breast Cancer Centre Dr Helen Zorbas said there is a need for local support for women with breast cancer in these communities.

“In addition to the physical impact of their disease, women with breast cancer are dealing with emotional, psychological and practical day-to-day issues,” Dr Zorbas said. “We are offering the seeding grants to help launch projects that will improve support for these women in their own communities.”

Last year two grants were awarded to improve support for women with breast cancer in the Northern Rivers area of New South Wales and the Port Pirie region of South Australia.

The Northern Rivers Program aimed to empower younger women with breast cancer by establishing a support group in the region, conducting an education forum and producing new resource material. In Port Pirie, the regional health service developed information about lymphoedema for women with breast cancer.

The seeding grants are administered by the National Breast Cancer Centre and are part of the Polo Ralph Lauren ‘Pink Pony’ Initiative.

For more information and application forms: http://www.breasthealth.com.au/pinkpony
or phone the National Breast Cancer Centre on 02 9036 3030. Applications close Friday 20 May 2005.

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NEW ARTICLE IN RURAL AND REMOTE HEALTH

'Invisibility, safety and psycho-social distress among same-sex attracted women in rural South Australia'
Rural communities are often described as 'close-knit'. This can have both advantages and disadvantages. This article looks at this issue from the perspectives of those who identify as same-sex attracted women.
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=343

'Rural nursing unit managers: education and support for the role'
Rural health services enjoy managers who have experience of working 'on the floor'. But do we provide adequate management training for clinicians who are promoted to such a role? This article, from rural Australia, explores this important issue.
http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=325

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from eMJA

Private health insurance and regional Australia
Buddhima Lokuge, Richard Denniss and Thomas A Faunce.
Med J Aust 2005; 182 (6) :290-293.
http://www.mja.com.au/public/issues/182_06_210305/lok10745_fm.html

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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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RURAL DOCTORS SUPPORT INNOVATIVE APPROACH TO INDIGENOUS HEALTH IN CAPE YORK

The Rural Doctors Association of Australia (RDAA) has lent its full support to an innovative approach to improve the health of Indigenous people in the Cape York region. The RDAA statement is available at http://www.rdaa.com.au/default.cfm?action=docviewer&DocID=221

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RURAL HEALTH ON THE WEB
(Thanks to Google Alert, http://www.googlealert.com)

Muskie School of Public Service
Established in 1992, the Maine Rural Health Research Center draws on the ...
Rural health is one of the primary areas of research and policy analysis ...
http://muskie.usm.maine.edu/ihp/ruralhealth/

Colorado Rural Health Center - Enhancing Rural Healthcare Services
Enhancing rural healthcare services in Colorado through information, education,
grants, tools and linkages. http://www.coruralhealth.org/crhc/

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EXTRACT FROM AMWAC/AHWAC "HEALTH WORKFORCE INTELLIGENCE", MARCH 2005

"Establishment of the World’s FirstTelerobotic Remote Surgical Service for Provision of Advanced Laparoscopic Surgery ina Rural Community", M Anvari, C McKinley, HStein in Annals of Surgery 241(3):460-464,March 2005.
The first telerobotic surgery was a laparoscopicprocedure performed in 2001 on a patient in France by a surgeon in the US. The surgery was successful successful but the feasibility of routine use of this technology was questioned. This article reports on the establishment in 2003 of a clinical hospital-to-hospital service in Canada to provide advanced laparoscopicsurgical care using robotic technology for patients in a rural community. Two large screen televisions allow the telerobotic surgeon in the Centre forMinimal Access Surgery, St Joseph’s Healthcare, McMaster University, a teaching hospital in Hamilton, Ontario, to be immersed in the images and sounds ofthe operating theatre at North Bay General Hospital,a rural hospital 400 km away. The 3 arms of the robot are set up in the rural hospital by the local surgeon (trained in laparoscopic surgery through shortcourses, mentoring, and telementoring sessions), the nursing team, and an experienced technician. Acommercially available fiberoptic network is used to connect the robotic console in the teaching hospital with the robot arms in the rural hospital, and thes urgeons use wireless headsets to stay in constant communication. So far the service has

performed 21 telerobotic laparoscopic abdominal procedures, all without serious complications, and all with hospitalstays equivalent to average laparoscopic stays in the teaching hospital. Telerobotic procedures have proved acceptable to patients and demand for the procedures has increased. The authors conclude that telerobotic remote surgery is now in routine use for advanced laparoscopic surgical services in a rural community. The Centre for Minimal Access Surgery intends to develop a Surgical Support Network forprovision of telementoring and telerobotic surgerybetween eight teaching hospitals and 32 ruralcommunities in Canada over the next three years.

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Scioeconomic Differences in the Adoption of New Medical Technologies
by Dana Goldman, James P. Smith - #11218 (HC)
(Extract from The Latest NBER Research (2005-03-21))

New medical technologies hold tremendous promise for improving population health, but they also raise concerns about exacerbating already large differences in health by socioeconomic status (SES). If effective treatments are more rapidly adopted by the better educated, SES health disparities may initially expand even though the health of those in all groups eventually improves. Hypertension provides a useful case study. It is an important risk factor for developing cardiovascular disease, the condition is relatively common, and there are large differences in rates of hypertension by education. This paper examines the short and long-term diffusion of two important classes of anti-hypertensives - ACE inhibitors and calcium channel blockers - over the last twenty-five years. Using three prominent medical surveys, we find no evidence that the diffusion of these drugs into medical practice
favored one education group relative to another. The findings suggest that - at least for hypertension - SES differences in the adoption of new medical technologies are not an important reason for the SES health gradient.
http://papers.nber.org/papers/W11218

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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 2,092 email addresses. Please forward a copy to any colleague you think may be interested.

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Media Release
6 April 2005
'Make Every Mother and Child Count' in rural and remote Australia

World Health Day 2005 (7 April) has the theme 'Make every mother and child count'. This is another opportunity to consider how Australia can best provide safe birthing options to all women in or near their home area. Many women in rural, regional and remote areas currently miss out on their right to the safe birth of their choice, and have poor access to an event that, more than any other, can lay the basis for a lifetime of good health for their child.

"The Alliance's project on Birthing in the Bush has aroused great interest," according to Sue McAlpin, Chairperson of the NRHA Council. "Small birthing units are closing. There is a serious shortage of practising midwives, obstetricians and anaesthetists to form the maternity teams we need in country areas," she said today from Wagga Wagga. "Multi-disciplinary care after birth is also required and often lacking in non-metropolitan areas."

"The Alliance's project is developing a plan that would deliver maternity services, including ante natal and post natal care, to meet the needs of women in particular regions. Remote areas obviously need different models than regional centres. We are particularly concerned about how women in remote areas, including Aboriginal and Torres Strait Islander women, can have safe options that maximise their chance to give birth in their home area," Ms McAlpin said.

"We have been given great encouragement by Member Bodies on this issue. The indemnity, workforce and professional boundary challenges can all be overcome. But it will take leadership, additional national resources, and good will from professional bodies and their members. These are things that will be willingly delivered if we heed the passionate and well-founded views of the mothers, families and communities involved," Ms McAlpin said.

"A safe and happy birth is not only the most important single lifetime health event," Ms McAlpin said. "Getting it right is also the best investment we can make in future health and well-being; - a healthy pregnancy, a good birth and high quality post-natal care are key determinants of a healthy life."

The Alliance is building on the Forum it held late last year and working through a number of policy options with interested parties. It hopes to be in a position to put an agreed policy proposal to the Minister for Health within three months. "Australia will be healthier and better off if every woman and child in rural and remote areas is made to count in the debate about health programs for the future," Ms McAlpin said.