PLENARY 5
MONDAY 2 MARCH 2003
1.30 PM – 2.15 PM

Delegates' corner

Vivian Schenker, Conference Chair

We are going to take a little bit of a break in this session, or certainly at the beginning of the session, away from official Speakers and prepared papers and we are going to encourage you to have your say. Can I beg you please to keep it really brief? We would like to fit as many people into these few minutes as we possibly can—I am thinking forty-five seconds to a minute. If you can possibly manage we’d appreciate it and that way we could get through as many people as possible.

There will be two roving microphones: Gordon here, Jean here. So indicate to me that you would like to speak and I will make sure one of those microphones gets to you and then you can tell us your name before you start speaking.

Okay, who would like to speak? Oh come on. You have all got something to say. Nobody? I find that impossible to believe.

Martin London

…. For rural Health in Christchurch and probably the most exciting thing that has happened in New Zealand in the last year or so is a collaboration, which occurred. We had a number of rural health support organisations scattered through the country, each of which had a Director and this group formed the Rural Health Directors of Aotearoa, which is the Maori word for New Zealand, and we actually took a very strong stand at collaboration throughout the country to prevent any governmental divide-and-rule on the funding and other sort of juicy projects.

So, having formed this group, we also took a leading role in defining some of the solutions to rural health problems because we had all been sick of listening to the problems for too long and with that, armed with the solutions, we went to the Ministry of Health and actually developed a very good collaboration with them, which resulted in an Action Plan for Rural Health in New Zealand with the ghastly title of “The Implementation of the Primary Health Care Strategy in Rural New Zealand” if you can swallow that.

But the great thing was that this emerged as a result of coming up with strong definitions of what was rural in New Zealand and, of having got the definition, being able to start measuring the size of the problem in sufficiently concrete terms for the Ministry of Health to go to the funders.
Anyway the result was producing this document and we actually extracted 32 million dollars from the Ministry of Health last year as a contribution towards retention and development of rural health services. So, that is a pretty exciting time for us. We are more hopeful than we have ever been. The Ministry have actually asked for extra places at medical schools to train doctors with an emphasis in mental health and rural health. And this I hope is going to sprout some more Academic Departments of Rural Health or Rural Health Units to see students going out into rural areas for their training and, following all the juicy stuff that we have been seeing you doing in Australia.

So, I come to these Conferences to get more enthusiasm and I am certainly getting it this time. It is wonderful meeting lots of people from Australia and re-meeting colleagues. Thank you very much.

**Vivian Schenker, Conference Chair**

Thank you. Who is next? Who else would like to have a say? I find this impossible—you have all got opinions. What has happened to you?

**Jean Wyldbore**

One of the things about this Conference that I find a little disappointing, and it may just be that it is indicative of its lack of visibility on the agenda in rural health, is the lack of any discussion of addictive behaviours, drug and alcohol issues, substance use, substance misuse in rural areas. Perhaps there is an underlying assumption that lots of people are self-medicating under stress, licitly and illicitly. But it worries me that it is not a visible item on the agenda that we are not talking about how these stressors that we are talking about for rural people interpret into behaviours, in particular risky behaviours.

So, I put in a plea that when it is time to start planning the next Conference, the 807 letters I am about to write are taken into account. Thank you.

**Vivian Schenker, Conference Chair**

Thank you…. Come on! I thought I would have to be fighting you off! Seriously nobody else wants to say anything? Everybody is happy with everything? Everybody thinks every issue has been raised that, they wanted to hear raised, and if not they don’t want to talk about it in public? Ah, yes we have somebody here.

**Ailsa Bond**

Hello. Consumer input and consumer members attending—there are a lot of professionals here but there are not a lot of consumers and I am sorry that they aren’t here. Thank you.
Vivian Schenker, Conference Chair

Yes, you definitely touched a chord there I think. Anybody else? … Okay, well I think then if that is the case we might move to what I imagine will be a completely different look at health issues—through the eyes of “Cinderella and the Hairy Godmother”!

Artizall Three
Cinderella and the Hairy Godmother
(Performance)

Vivian Schenker, Conference Chair

I think they have gone. Well, while we collect our wits after that unusual rendering of the Cinderella Story I am going to pass you over once again to Nigel Stewart to introduce you to the member of the Council of the National Rural Health Alliance.
KEYNOTE 10—A VOICE FOR THE SECTOR

Members of Council of the NRHA

Nigel Stewart, Chairperson, NRHA

This is an opportunity to present to you the Members of the Council of the NRHA; the people who actually make up the Council in the organisations that they represent so that you can see what a broad and diverse people we actually are. Unfortunately today some of the Council members can’t be present and I will mention their organisations.

First, the Aboriginal and Torres Strait Islander Commission is one of the Council members; the Australian Healthcare Association is another and their Councillors were unable to be at this Conference I believe. We also have Megan McNicholl who represents the Isolated Children’s and Parents’ Association who is unable to be here at this session but is actually here at this Conference.

I will now move through and the Council members will come and stand up front, which is usually what happens. One advantage of being Chair is you don’t have to do that.

I represent the Regional and General Paediatric Society. In alphabetical order the next one is the Association for Australian Rural Nurses and Mr David Lindsay represents them. The Australian College of Health Service Executives is represented by Sue McAlpin who is also Secretary of the Council. The Australian College of Rural and Remote Medicine is represented by Dr Jane Graecen who is Treasurer and a very important task. The Australian Divisions of General Practice, their rural sub-committee is represented by Mr Keith Fletcher. The Australian Nursing Federation is represented by Victoria Gilmore who is also on the Executive.

The Australian Rural and Remote Allied Health Task Force is represented by Shelagh Lowe who is Deputy Chairperson and is a great help to myself. The Australian Rural Health Education Network is represented by Professor Judi Walker, who is also on the Executive and represents the issues of Tasmania as well, which is good. The Catholic Rural Hospitals Forum of Catholic Health Australia, their rural group, is represented by Lynne Sheehan. The Council and Remote Area Nurses of Australia is represented by Janine Watts. Country Women’s Association of Australia, a huge organisation, is represented by Marie Lally. Frontier Services is represented by Rosemary Jeffery from Darwin. Health Consumers of Rural and Remote Australia is represented by Helen Hyde who is a new member of Council. Megan I have already mentioned who is not here.

The National Aboriginal Community Controlled Health Organisation is represented by Colleen Prideaux, a colleague and friend from Ceduna in South Australia. The National Association of Rural Health Education and Research Organisations is represented by Lesley Fitzpatrick. The National Rural Health Network is represented by Jon Lane who has spoken this morning. The Rural Faculty of the Royal Australian College of General Practitioners is represented by Bruce Harris, a longstanding Council member. He is busy? Missing! He will be back.
The Royal Flying Doctor Service is represented by Gerry Macdonald as an alternate for Barbara Ryan who has been a Council member for some time. The Rural Doctors’ Association of Australia is represented by Dr Jenny May, Executive Member who was working in Western Australia and has now relocated I think to somewhere in New South Wales. The Rural Pharmacists of Australia is represented by Bruce Robertson who was involved in his first teleconference the other night. Services for Australian Rural and Remote Health is represented by Robyn Adams, who has had a long-term involvement.

Other Members of Council are Irene Mills who is Chairperson of the friends of the Alliance, and Irene in conjunction with Michele Foley really represents the friends of the Alliance, which is an alternative way to have input into the Alliance and they have a good booth and stand upstairs and would be happy to talk to you about that. Sue Wade is a co-opted member of Council who has been involved with the Alliance for a long period of time and is a former Chairperson, and Sue brings a lot of wisdom to what we do.

Lastly any meeting of the Council would need to acknowledge our most humble servant Gordon Gregory who is the Executive Director who had better come and stand up here as well—Gordon!

Gordon contributes a tremendous amount to what we do. These Conferences take their toll on him and the staff that are down the front. He should probably come and join us as well. Do you want me to make him? My prerogative. Come and stand up here as well! Contributes so much to this Conference and also to the Council.

**Vivian Schenker, Conference Chair**

Give them another hand. They put in a lot of hard work. Thanks.

This is probably a good time to make a quick housekeeping announcement about luggage tomorrow. It is horrible to talk about the end already when we are only just getting into the thick of things. If you are staying in another hotel, not at this hotel, you are going to have to organise for that hotel to store your luggage. If you are staying in this hotel, at the Grand Chancellor you can have your luggage stored downstairs by the hotel staff. But the hotel is unable unfortunately to store everybody’s luggage so please make arrangements tonight to have your luggage stored at the hotel where you are staying.

Well now we are going to explore different ways in which communities can get their views across. Fay White is a Community Facilitator but that title doesn’t really do her justice. She has actually got thirty years experience as a Singer/Songwriter, an Educator and a Community Arts Facilitator based in Central Victoria. She has recorded nine collections of songs and leads two Community Choirs. Most recently she has pioneered and revitalised a form of Community singing known in Victoria as “Vocal Nosh” which she is teaching now with a grant from VicHealth. I am not sure if she is going to get us singing along but we will soon find out. Here is Fay White.
KEYNOTE 11—USING YOUR COMMUNITY VOICE
The voice of healthy community

Fay White, Community Facilitator

Thank you. And thank you very much to the Council and Gordon Gregory in particular for the opportunity to speak today. It is a privilege to be associated with an association like this, who understand and promote the big picture of health and put it in the context of all the things that affect us.

My task is to tell you about the grass roots work we are doing in Victoria in the field of Community Singing and to place that in the wider context of what makes a culture that can be described as alive and well. It is also my task to make some suggestions as to how we can achieve the kind of healthy community through the practice of Community Arts.

So, what does a healthy community look like, or more particularly, what does it sound like? And I wonder if, as I speak, if you can think of your community, whether it is the place you live as a whole or a sub-set: the community of a workplace, perhaps it is a family community and just run some of these things past that notion.

Here are some thoughts from prominent people in this field. This is a diagram that Ron Labonte has put together, writing or speaking on international perspectives on healthy communities. He names community as you can see as one-third of what makes up health and he describes a healthy community as “convivial”. And these are some of the things that he thinks a convivial community has. He says that health is inextricably tied to the quality of our relationships. What are the qualities of relationships like in your home community?

John Hawks in Victoria, writing for the Community Cultural Development Network cites “vitality” as an indication of a healthy culture. He is talking about small “c” culture here, not capital “C” culture, which we think of as “The Yartz”. He says that no matter how commendable a society’s values may be they amount to nothing if the society lacks life, vitality, dynamism and democratic public discourse.

In Victoria we have happened upon a Community Arts Event that embodies a lot of these factors and, as you have heard, we call it “Vocal Nosh”. It is nourishing, it’s about singing, and it’s about eating together. This on video now is what it looks like and sounds like.

(Video)

That is how we do it in Newstead in Central Victoria.

Writer and thinker Matthew Fox suggested that “Where art has been allowed to become elitist a culture becomes bored and violent. Where art is recovered as an essential human activity ecstasy returns and wonder and surprise.” That is why I stress that the arts we are talking about here are participatory arts as distinct from the spectator arts.
There is a parallel here with healthy sports. The health benefits that you get out of sports are the sports that you do, not the ones you watch, and it is similar with Community Arts.

Chilean Economist Manfred Max-Neef with colleagues in the United Nations developed an index of basic human needs. He noted that these basic human needs cross cultures. It has been interesting to listen to people speaking this weekend at this Conference already and how many people come up with these as health factors. I think that quite a number of them there could be delivered by Community Arts activities: participation, creativity, identity. Interesting that idleness is one of these. We are time-poor, we don’t have the time to just hang out and rest like we used to. Even freedom, perhaps freedom of the spirit, understanding and affection could be outcomes of a vital Community Arts program.

So, what are the health benefits of Community Arts? A full account of these is well beyond the scope both of this talk and also of my expertise. I have got here a folder full of studies that I just got off the Internet basically, that have been done all around the world. Studies have shown how music and singing in particular can lower a racing heart rate, relieve pain, alleviate stress, assist with memory recall, improve the development of spatial intelligence in children who are developing and modify your brain to shift from Beta waves to more beneficial Alpha waves. Benefits are similar to any exercise. It improves your aerobic fitness, which is fantastic because I hate jogging. It improves circulation and it actually can improve your lung capacity.

Some of the studies are quite interesting. There is one that was done where the saliva of singers was analysed before, during and after rehearsals and they showed a marked increase in levels of Immunoglobulin A, which of course is a key indicator of the strength of your immune system. They found interestingly that the levels of Immunoglobulin A were a lot higher after a concert than they were after a rehearsal. I don’t know what that says exactly. But a similar analysis was conducted in a hospital in Cleveland, USA, with children who are undergoing therapy for cancer and they had the same result: a lift of Immunoglobulin. Singing is an anti-depressant with no side effects. People report constantly a lift of mood and an increase of energy.

Community benefits are very strong as well. Robert Putnam—you may know of his study of Italian communities that was called “Making Democracy Work”—he discovered a positive correlation between the vigour of voluntary organisations, particularly choral societies and choirs and the level of civic engagement.

And about ten years ago a pivotal study was undertaken in South Australia by Deidre Williams—this has been mentioned a couple of times in this Conference already—for the Community Cultural Development Board of the Australia Council to study the impact of community-based arts work. And earlier, yesterday people were talking about what is the evidence, what are the outcomes? This is one study that found these things: the establishment of valuable networks, the development of community pride, the raising of public awareness of a community issue. And ninety per cent of respondents reported these three: a decrease in social isolation in a community. Eighty per cent of people reported this: improved understanding of different cultures or lifestyles. Sixty-six per cent reported that.

And here is another video and this is what members of my choir in my country town of Maryborough had to say this January. They were asked just two questions. You are
going to think I primed them and set this up but it is amazing, it was just a knock out to me what they had to say. It was almost textbook stuff. They were simply asked “What has the singing and the choir meant to you?” and “Can you comment on the type of songs we sing?” Thanks.

(Video)

I have only got five minutes. I am just trying to work out what I have got to cut out. At the last Conference, this is the continuity for you, I talked about this and stressed the need for leadership capacity. Vic Health has since supported us in a leadership training, capacity building series of courses and this is a little of what we have done in them. Ninety-four people attended. Each courses consisted of two residential training weekends with ongoing support. This is where people came from across Victoria. They came from most parts of the State.

We covered how to create a co-operative culture, a free and fearless space, methods of teaching quickly and clearly to make learning fun, conducting skills—leadership skills, collection of repertoire (good old tape recorder), practice in small groups, peer exchange. And connections were made in the beginning of a course and network developed. We now have the funding stage of funding going on to support this work and increase the community capacity for this kind of thing.

Eighteen new sessions are now happening across Victoria. Each has its own unique flavour. There are different names. Each community decides what sort of songs they would like to sing and what they would like to call it and what sort of food they would like to eat. And I could think of this going into all sorts of directions: you could have Percussion Nosh, you could have Country and Western Nosh, you could have High Arts Nosh, whatever you like. The important thing is that we sing, we actually come together to do something that we all do and we eat together.

Twelve women in the Mallee. Judy showed us here from the Mallee Track. They were depressed women meeting together—they now sing and Judy started a second group. Choir leaders have extended their activities to include families into their sessions, so not just a choir for the benefit of a concert but a choir for building community.

I guess the conclusion is that if we really want a healthy community or culture the Community Arts, the participatory arts, have great potential. The costs are small, there is little infrastructure, great benefits. I think it is worth an entire Conference really looking at Community Arts.

Singing won’t mend broken bones, it won’t cure infections, it won’t make it rain, it won’t produce an extra medical staff member in a remote area but it might keep our spirits up and give us the heart to keep on while we are trying to do these things. It does give communities a voice.

I would like to make just some quick recommendation: to establish a vibrant health-promoting Community Arts across Australia there is a need first of all simply to recognise the health value of this stuff. Ten years ago that study was done in South Australia about the benefits and yet we are still not seeing results. People say “What are the outcomes? How can I convince my Board?” I don’t think that it is something that should be delivered by health delivery organisations, but if health organisations
understood and recognised the value and were encouraging that would be a great help.

So, recognition first. I think there is a need to collate and publish the findings like in this folder. If somebody would do that and get them into medical journals. There is a need to train health workers in this whole area, particularly municipal level. Even if it is a small encouragement as making your venue available to a choir or Community Arts event. Or even putting up the leaflets. I have even been met with “Huh, what has this got to do with us?” when I have come with Community Arts events to a Health Centre.

Secondly, resource the Community Arts sector adequately and permanently, not through health funding, not by shifting a single cent from Primary Health Care but probably shifting money from the so called big arts, the capital “C” to Community Arts. I think there is a great need to do that and I would address that to States and Federal Arts Departments.

A third recommendation I think that we create partnerships to deliver participatory arts at all levels. There is an awful lot being done by VicHealth on this one and they have got a publication here called “Rural Partnerships in the Promotion of Health and Well-being” and in the back of it there is a tool, looking at partnerships and how you can get … up on what a partnership really is. They make a distinction between net worth, collaborations, co-operations etc. It is a very useful tool and Community Health Workers could be trained to understand the processes and potential of partnerships in this way.

So, I wonder, I think that is it. I have to stop. I was going to get you to do a song with me but we don’t have time do we? … We do? Okay.

Just stand and stretch, can you? Put your books and papers down. And just a big stretch. Excellent! Now could everybody just take a deep breath and give a big sigh? Aaaah! Excellent! Put some more sound into that big sigh. Aaaaah! Now this one is just to let out how you are feeling at the moment. Big sigh! Aaaah! Wonderful! Now can you turn that into a note: a hum, an ooh or an aah. Any note is right. You can’t be wrong. Take a breath and just go “Hmmmmmm”. Great! Let’s turn it into an ooh or an aah. “Ooooooooh!” Wonderful! We are a temporary community here. We are starting to have a voice together. This is a little song that has some Australasian sign language with it. It is simply the signed English. If you would like to do it with me please feel free. It’s dark, nobody can see you, it’s okay.

It goes like this. It’s about the power in us, the power of creativity, the power of the artist within I guess. Anyone who is making is an artist.

(Singing)

The power moves through the seasons turning,
The power moves through earth and the sun
The power moves through the ancient learning,
The power moves through everyone”

Singing is empowering. Thank you.
Vivian Schenker, Conference Chair

Well, I think the session in the Concurrent is going to be a little bit cramped. I think it takes up the whole three doesn’t it Faye? I think it does. So if you are interested in doing a bit more I think that’s in Sullivans. I have already had a little bit of a leaf through my book.

Well, on that harmonious note I guess you should all tap your way to the venue of your particular Concurrent Session. But I just want to mention a couple of things. Don’t forget tonight’s big Dinner-Dance at City Hall and you will find City Hall behind the hotel, diagonally opposite. That’s at eight o’clock sharp. And to get you in the spirit so to speak, there will be a Happy Hour here at the close of the Sessions today at 5:15.

Remote Area Nurses—past, present and future, please meet in front of the CRANA stand in the ballroom at 5:15. Everybody else drink with whoever you like! Students please meet in the Federation Ballroom at 5:15 for an important meeting, meeting, meeting.

Enjoy the afternoon!