A Fair Go for the Rural Community of Yeoval

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It gives me great pleasure, as a person with roots in the country, to be here amongst people with common interests, common goals and a desire for 'a fair go for rural health'. The general community do not realise that The University of Sydney has more than a dozen farms spread through New South Wales. In The Gazette, December 1992 the Vice Chancellor, Professor Don McNicol suggests that the usefulness of the farms goes beyond teaching and research and their capacity to earn income. They also provide a valuable link between the University and rural New South Wales. The acquisition of properties by the University has been often the result of generous benefactors who have been students with their roots firmly planted in the country.

Introduction

The aim of this paper is to introduce conference participants to the community of Yeoval and the challenge thrust upon them when the Department of Health in New South Wales decided to rationalise resources in the rural area.

Catalyst for Change

Yeoval is situated approximately seventy kilometres south east of Dubbo in the Central West of New South Wales. Under normal circumstances it is a small, quiet, country town with a fairly stable population of farmers and rural inhabitants. It has a small shopping centre which includes the normal facilities such as schools (students can complete their HSC at Yeoval secondary school) post office, hotel, etc. During 1988 this small quiet town was to receive an enormous shock which was the catalyst of an amazing force of human endeavour. The State Department of Health or as they currently prefer to be called now, New South Wales Health, decided to close the health facility at Yeoval which had sustained generations of rural people. It was a fully staffed hospital with a general practitioner to attend the medical needs of the community. Recently I had the opportunity to plot the pathway of development (Multi-Purpose Centre) at Yeoval and to complete some qualitative research. The latter assignment was a joy as I was able to reach into the respondents' feelings and views during interviews. The research included a random sample of 100 respondents. On data analysis particular themes developed and several of these will be used in this paper.

Importance of a health facility

Respondents were asked on a scale of one to seven how would they rank 'easy and close access to health care facilities'. (1 not important, 7 most important.) All respondents felt that having access to health care was the most important factor in sustaining a life on the land.

Initial feelings about removal of health care access

The majority of respondents felt the government had a responsibility in providing and supporting health care, hence their feeling of absolute devastation when the news filtered through that all facilities at Yeoval would close.
Comments
The general feeling is that the government has not been consistent with the overall philosophy espoused in the document 'Health Towards 2001' (1992) which identifies the following strategies:

- Promoting healthy lifestyles extensively and protecting the health of the community through locally based Public Health Units.
- Redistributing resources more fairly and effectively across the state.
- Changing the roles of many hospitals and developing different services.
- Focusing the leading hospitals more on high technology, specialty services.
- Broadening the range of services in small rural hospitals, particularly for the elderly.
- Encouraging more beds in private hospitals and private day surgery centres.
- Increasing the number of admissions and reducing the length of hospital stays.
- Reducing the total need for acute care beds to 23,000 by 2001 (down from 27,000 now).
- Developing many more procedures on a 'day only' hospital admission basis.
- Making more community based services available to help people maintain their independence and receive support at home.

Risk Factors
Clearly, the rural community does not have the population density of large cities along the east coast of Australia, however they do have particular health needs. Recent work achieved by Professor Curson (1992) on premature mortality, suggests the area in which we choose to live, whether in the rural area or city could be a risk factor in predicting the longevity and health status of individuals in communities. Rural people often pride themselves on being able to live in an environment free from pollution, stress and other hindrances to activities of daily life, however, Curson's work should promote new thinking in terms of classifying a so called 'healthy' living area. Professor Curson has found the rural area of Cobar in far western NSW has a far greater prevalence of cancer, producing the highest premature mortality amongst men than any other area. Death from asthma is the highest in the area west of the Great Dividing Range between Narrabri and Balranald. The people at Yeoval have health needs and occupational risks associated with all rural endeavours. Tractor accidents, motor vehicle and horse accidents spring to mind. In addition there is a school community which accesses the Yeoval Multi-Purpose Centre daily.

Self-sufficiency and Primary Health Care
The document heavily publicised at the international level, 'Health for All By the Year 2000' has done much to awaken our thoughts on health and health planning. In Papua New Guinea, for example, there has to be an Aid Post orderly within ten miles walking distance of every village. This type of planning has made a major contribution to providing health facilities within the framework of economic development.

The Yeoval people have achieved much in providing their own health or Multi-Purpose Centre. This is a Primary Health Care Centre driven by the people embracing the following concepts of the Alma-Ata Declaration (1978) cited in Leadership in Nursing for Health for All. The Challenge to Nursing: A Strategy for Action.

Primary Health Care:
- Reflects and evolves from the economic conditions and sociocultural and political characteristics of the country and its communities, and is based upon the application of the
relevant results of social, biomedical and health services research and public health research.

- Addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly.
- Includes at least: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning, immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; and provision of essential drugs.
- Involves, in addition to the health sector, all related sectors and aspects of national and community development, in particular agriculture, animal husbandry, food, industry, education, housing, public works, communications and other sectors; and demands the coordinated efforts of all those sectors.

In conclusion, it is a truly empowering experience to be part of that community at any time, and witness the strength and cohesion amongst the people achieving their goals in further developing their primary health care centre or Multi-Purpose Centre that is a unifying force within the community.

References