National Rural Health Alliance eforum - 20 June 2011

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ALLIANCE WELCOMES REPORT ON NATIONAL HEALTHCARE AGREEMENT

The National Rural Health Alliance has welcomed the release of the Council of Australian Governments (COAG) Reform Council's National Healthcare Agreement: Performance report for 2009-10. The report shows a number of areas where there has been progress on national health reforms and reveals other areas where improvement is still required. The Alliance is particularly pleased to see that, where possible, the results are broken down to show how Australia's health system is performing for people living in rural and remote areas, in comparison with the situation for people in major cities.


RHCE2 - ROUND TWO - NOW OPEN
The 2011 application round for the Rural Health Continuing Education Program (Stream 2) is now open and will close on 8 August 2011.

The 2011 RHCE2 program, funded by the Australian Government through the Department of Health and Ageing, supports qualified health professionals working in rural and remote Australia to undertake continuing professional development and inter-professional learning activities


RHCE2 is being administered for the Department by the National Rural Health Alliance for three years (April 2010-June 2013). Total funds available for RHCE2 project grants are approximately $630,000 per annum, with the final round in 2012-13. Information on the allocation of grants in Round One (2010) is at http://rhce.ruralhealth.org.au/grant-allocation.

RHCE2 grants are available for organisations and groups of individuals to access, develop or provide continuing professional development (CPD), continuing professional education (CPE), multi-disciplinary training or inter-professional learning (IPL) and orientation activities that meet the needs of:
* Aboriginal and Torres Strait Islander Health Workers
* allied health professionals
* general practitioners, or
* nurses and midwives practising in rural and remote areas of Australia.

The program will support cost-effective training that can encourage increased collaboration between professions and support the attraction and retention of health professionals in rural and remote areas. For details see the Guidelines page of the RHCE2 website. Please read the guidelines carefully before applying online for a grant. Multiple applications will be accepted but given the strongly competitive nature of the RHCE2 grants, no single entity will be given more than one grant.

In 2011, priority will be given to funding gaps in existing arrangements for CPD and supporting initiatives that are demonstrated by evidence based research as needing urgent intervention. Support can only be provided for programs that are:
* accredited or endorsed by the relevant professional body or bodies
* directly relevant to the current employment of intended program participants in a rural or remote area, and
* delivered in Australia.

The Alliance would like you to circulate the above information in your organisation’s newsletters, email broadcasts or other publications as soon as possible to allow interested organisations and groups as much time as possible to prepare and submit their applications.

If you have any comments or questions regarding the information above please the RHCE2 Program Manager, Wendy Downs, on (02) 6162 3374 or 1800 987 440 or email rhce@ruralhealth.org.au
PLEASE HELP US TO RECRUIT VOLUNTEER DOCTORS TO NEW IRELAND, PNG

I am hoping that you and your organisation can assist us in our recruitment drive for volunteer doctors for the new patrol to New Ireland, PNG scheduled for February/March 2012.

Where tropical islands are plentiful, New Ireland has probably the least healthcare support in Papua New Guinea with just 10 doctors for every 160,000 people. Around 45% of people are infected with malaria, whilst tuberculosis is extremely common. Local doctors are hospital based and rarely visit remote health facilities, with none dedicated to primary health care. Our patrols will be travelling from island to island by boat to reach these remote and rural communities.

We need doctors to volunteer for 3 to 6 months. Doctors with an interest in tropical medicine, women's health, paediatrics and sexual health. Doctors who would be passionate in making a difference in the lives of others. We hope you and your organisation can help us recruit suitable volunteer doctors for the New Ireland patrols in the coming weeks.

Our general manager, Delene Evans would be more than happy to discuss further with you or interested doctors about our program. Her contact number is (02) 9976 0112 or email adioffice@adi.org.au.

Karen Cheng
Marketing Volunteer
Australian Doctors International
0403 562274
Karen_cheng32@yahoo.com

FINDING THE GAPS IN WOMEN'S HEALTH SERVICES

Ever wonder if you could get in to see a GP quicker if you lived in the city? Or wish you didn't have to travel so far to get to hospital? Perhaps you want to choose your own midwife when you have a baby. Or you want to know where women can get help to deal with domestic violence or sexual assault.

Equality Rights Alliance, Australia's largest network of organisations advocating for women's equality, is working to identify gaps in Australian women's health services.

Rather than relying on information from health departments about the services they offer, Equality Rights Alliance are asking women what they access in their area, what they'd change about their existing health services, and what they wish they could access but currently cannot.

The survey results, including a map of gaps in Australian women's health services, will be published in early July 2011. The report will be used by Equality Rights Alliance to advocate
for the health services women say they want, providing Australian women with an opportunity to get their voices heard.

The survey is available online at http://www.equalityrightsalliance.org.au until Friday 24 June 2011. Printable surveys are also available at the website, and are being distributed through community organisations around Australia.

The survey includes questions about access to a wide range of services, including GPs and hospitals, sexual health clinics, private midwives, mental health services, and breastfeeding counsellors. Women can give their views on what needs to change if they are not happy with services in their local community, and can identify services that are needed. The results will also identify areas of need for women with disability, who do not speak English as their first language, have family care responsibilities, and more.

Emma Davidson
Project Coordinator
Equality Rights Alliance - Women's Voices for Gender Equality
YWCA Australia - lead agency and contract holder
02 6230 5152
PO Box 1022 Dickson ACT 2602
era.projects@ywca.org.au
02 6176 1400
http://www.equalityrightsalliance.org.au

RURAL MEN SHOULD ALL BE NUMBER ONE BLOKES


PROFILING PERSISTENT MUSCULOSKELETAL PAIN - PICKING WINNERS

Australian Association of Musculoskeletal Conference
39th Annual Scientific Meeting
Novotel Rockford, Palm Cove, Queensland,
30th June - 3rd July

This conference is suitable for GPs, orthopaedic surgeons, Occ Med, Pain Specialists - or anyone having an interest in musculoskeletal pain. For more information and to register online please visit http://www.hwqevents.com.au/aamm or phone (07) 3105-7800
**EPILEPSY - IMPORTANT MESSAGE FOR GPs**

Epilepsy Australia and Epilepsy New Zealand want to know about epilepsy in general practice. Take the one minute survey for GPs and go into the draw to win one of three 3M Littmann Electronic Stethoscopes Model 3200 ([http://www.littmann.com.au](http://www.littmann.com.au)).

Click on the link, or type it into your browser to start the survey.


The survey will run until July 22nd 2011

Dr Rosey Panelli  
Epilepsy Australia  
Reducing Epilepsy Deaths  
Project Coordinator  
0438 931120  
rpanelli@epilepsyaustralia.net  
[http://www.epilepsyaustralia.net](http://www.epilepsyaustralia.net)

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**11TH NATIONAL RURAL HEALTH CONFERENCE**


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Partyline - Newsletter of the National Rural Health Alliance  
Partyline is an opportunity for communication within the rural health sector of news and information of interest. Subscription is free. Contributions of articles, news stories, policy pieces, photos and poetry are invited. [partyline@ruralhealth.org.au](mailto:partyline@ruralhealth.org.au) Back copies at [http://www.ruralhealth.org.au](http://www.ruralhealth.org.au)
NRHA on TWITTER
From http://twitter.com/NRHAlliance

Seems to be no rural Medicare Local in Vic yet - http://t.co/TxR5R1g
Our friend and Media Adviser has 'retired to the country' - we shall miss you Marshall!
The case for immigration - and a strong one at that - http://t.co/0qAOWSH
Rural men should all be number one blokes and the National Men's Health Policy should help - http://t.co/YW4nHZe
(thinks: we might after all keep all those old letters in the filing cabinets in case they come in handy for 'unsocial media'??)
When 'Vic.' Medicare Locals are announced it's to be hoped there's at least one crossing the Murray into NSW. See pg 11: http://t.co/pzDPsuv
15 pc of world's pop. (c785 million people) have a signif. physical or mental disability, inc. about 5 pc of children - http://t.co/rH61wBa
Males 25-44 years experience more than ¾ of the burden of injury in Australia http://t.co/gm0c6vV
SA Health Minister welcomes news of Adelaide as home for 12th National Rural Health Conference - http://t.co/i8YObT7
National smoking rate: 31pc in 1986 to 19pc in 2007 - but little reduction in rural areas and v. little in Aboriginal communities
State Govt elections were always a potential threat to health reform and, as with so much else, Victoria does it best!!

THE LOWITJA INSTITUTE E-BULLETIN

14 June 2011
* Professor Lisa Jackson Pulver honoured in Queen's Birthday List
* Speeches by The Lowitja Institute leadership
* 2011 Lowitja O'Donoghue Oration - Leadership Pointing The Way to Identity, Inclusion and Justice
* Live Longer! campaign
* What's new at the Lowitja Institute website
* Publications Published by the Lowitja Institute
* Calls for Abstracts
* Conferences
* Events
* Jobs
* Media
* Publications
* Resources and Websites
* Scholarships, Awards, Funding, Grants and Tenders
* Seminars, Courses and Symposia
JOIN friends

We would like to encourage you to join friends of the Alliance. The cost of membership is unchanged: $44 (including GST) for an individual, $165 for an organisation of less than 50 people, and $330 for a large organisation. On joining you will receive a friends membership pack including a certificate, the Rural and Remote Health Papers CD, lapel pin, fact sheets and the latest annual report. The NRHA values the input of friends and finds its advice and contributions invaluable to the work of the Alliance. A membership form can also be found on the friends page of the Alliance website at http://nrha.ruralhealth.org.au/friends/?IntCatId=4

To receive the updated DVD Rural and Remote Health Papers (1991-2011) join friends of the Alliance

All 2011 members of friends of the Alliance will soon receive a copy of the updated Rural and Remote Health Papers DVD, a valuable resource on rural, regional and remote health. The 2011 update includes proceedings of the 11th National Rural Health Conference and has 4,000 documents containing 30,000 pages of information. It is searchable by key words. The DVD includes:
* proceedings of 11 National Rural Health Conferences
* proceedings of the Infront Outback Rural Health Scientific Conferences
* Australian Journal of Rural Health 1992-2010
* Partyline newsletters and other Alliance policy documents and submissions.

AUSTRALIAN JOURNAL OF RURAL HEALTH

The Australian Journal of Rural Health is a multidisciplinary journal, which aims to facilitate the formation of interdisciplinary networks to build and advance rural practice for all health professionals. Get published in the Australian Journal of Rural Health! The Journal welcomes short reports and letters to the editor as well as review articles, original research articles and clinical perspectives. For useful tips on submitting your manuscript, read the FREE editorial, How to get published in the Australian Journal of Rural Health.

Manuscripts can be submitted online at http://mc.manuscriptcentral.com/ajrh Manuscript Central or posted to AJRH. The Australian Journal of Rural Health is published on behalf of the National Rural Health Alliance by Blackwell Publishing Asia Pty Ltd 155 Cremorne Street Richmond Vic 3121
Tel +61 (0)3 9274 3100 Fax +61 (0)3 9274 3101 E-mail melbourne@johnwiley.com.au

June 2011 issue now available. Contents include:
Editorial - Innovation in rural health: Sound the trumpet!
Review Article - Reorienting primary health care for addressing chronic conditions in remote Australia and the South Pacific: Review of evidence and lessons from an innovative quality improvement process
Original Articles
Sustainable primary health care services in rural and remote areas: Innovation and evidence Implementation of diabetes prevention programs in rural areas: Montana and south-eastern
Australia compared
The psychosocial impacts of fly-in fly-out and drive-in drive-out mining on mining employees: A qualitative study
Exposure therapy for problem gambling in rural communities: A program model and early outcomes
The John Flynn Placement Program: Evidence for repeated rural exposure for medical students
Comparison of the results of two rural allied health workforce surveys in the Hunter New England region of New South Wales: 2005 versus 2008
Short Report - Impact of clinical audit in the care of coronary heart disease: The experience of a rural general practice
Obituary - Dr Margaret Sheldon OAM, FRANZCR, 18 April 1927 to 5 November 2010

Further information at http://www.blackwell-synergy.com/loi/ajr

FEDERAL GOVERNMENT NEWS

New medical teaching and education facility in Darwin | Prime Minister of Australia
Prime Minister Julia Gillard has opened a new medical teaching and education centre in Darwin that will for the first time enable students to undertake an entire four-year medical degree in the Northern Territory. The centre at Charles Darwin University will play a crucial role in providing training support for medical students during their first two years under the new Flinders University Northern Territory Medical Program. The new teaching and education centre will help train more Indigenous medical students in the Territory and encourage a significant number to stay and practise there when they finish their degree. http://www.pm.gov.au/press-office/new-medical-teaching-and-education-facility-darwin

Prime Minister visits Alice Springs
Prime Minister Julia Gillard visited Alice Springs to see firsthand how the Federal Government's $150 million Transformation Plan for the Northern Territory town is helping to improve lives for Indigenous people. The Prime Minister officially opened a new $8.3 million transitional accommodation facility today which is part of the plan to transform areas of Alice Springs and the town camps so that they are safe, healthy places to live in. http://www.jennymacklin.fahcsia.gov.au/mediareleases/2011/pages/pm_visit_alice_springs_07062011.aspx

Leadership opportunities for Indigenous women in Santa Teresa
Minister for the Status of Women, Kate Ellis and Minister for Indigenous Health, Warren Snowdon have today announced $120,000 to support Indigenous women and children in Santa Teresa in the Northern Territory. Tomorrow Ms Ellis will visit the Santa Teresa community and meet with local Indigenous women to discuss the progress of the Australian Government's National Plan to Reduce Violence against Women and their Children and listen to their stories. http://www.kateellis.fahcsia.gov.au/mediareleases/2011/pages/ke_m_leadershipopps_6june2011.aspx

Telehealth Fees Unveiled
Patients in rural, regional and outer metropolitan areas will benefit from an increase in telehealth services with greater access to Medicare funded medical specialist video consultations available from 1 July this year. There will be a 50% additional rebate for the specialist service and a 35% additional rebate for the service provided by the practitioner at the patient end. ‘We encourage bulk billing with extra telehealth bulk billing incentives to be paid at a rate of $20 each time a practitioner bulk bills a service in the first year.’


LIFELINE INFORMATION SERVICE

The Lifeline Information Service provides access to a variety of self-help tool kits with information about issues such as mental illness, depression, suicide prevention, and more. Theses resources focus on practical steps to help promote mental health and are available online at http://www.lifeline.org.au/infoservice
A limited number of printed tool kits are available on request by emailing infoservice@lifeline.org.au. For more information please visit http://www.lifeline.org.au
If you are in need of 24 hour crisis support, call Lifeline on 13 11 14

AIHW REPORT

Most young Australians doing well-bu diet and exercise could be improved
Overall, the majority of young Australians (12-24 yrs) experience good health and wellbeing, according to a report by the Australian Institute of Health and Welfare. However, over one-third of Australia's young people are overweight or obese. Less than half meet recommended physical activity guidelines and very few consume the recommended amount of fruit and vegetables each day. Youth mortality rates have halved in the last 20 years and this is largely the result of fewer injuries, mainly road accident deaths. Young people living in remote areas have higher death rates, poorer educational outcomes and are less likely to see a general practitioner, and Aboriginal and Torres Strait Islander young people are more likely to be disadvantaged across a range of health and welfare indicators.
Full publication at http://www.aihw.gov.au/publication-detail/?id=10737419261&libID=10737419260

The Salvos are among those at the coalface in rural areas with suicide prevention - http://suicideprevention.salvos.org.au/

ACRRM COUNTRYWATCH NEWSLETTER
17 June 2011
* President welcomes 21 rural generalists to training
* Life Fellowship award for outstanding service: nominate a colleague
* Notable contributors to rural and remote medicine in honours list
* GP Advisory Group - AIS Implementation
* Product recall: Life Scan One Touch Verio Blood Glucose Monitor
* RHCE Stream 2: Round Two now open

Australian Organ Donor Register is Australia's only national organ and tissue donor register and serves as a lifeline to the people on the organ transplant waiting lists. Register online at http://www.medicareaustralia.gov.au/public/services/aodr/register.jsp to be an Australian Organ Donor now!

ABS STATISTICS

Private Hospitals, Australia, 2009-10  
(Cat 4390.0)
Private hospitals - Includes: INTRODUCTION, HOSPITALS, PATIENT CHARACTERISTICS, HOSPITAL CHARACTERISTICS  
Private Acute and Psychiatric Hospitals - Includes: HOSPITALS , BEDS, PATIENT SEPARATIONS , PATIENT CHARACTERISTICS , HOSPITAL CHARACTERISTICS, STAFF , INCOME , EXPENDITURE  
Private Free-standing day hospital facilities - Includes: HOSPITALS, INCOME , EXPENDITURE  

BUSH SUPPORT SERVICES (formerly Bush Crisis Line) - 1800 805 391
The Bush Support Services Line is a 24 hour confidential telephone support service for workers, and their families, who work in health related services in remote and isolated situations. 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.bss.crana.org.au

RDAA NEWS

17 Jun 2011
Rural blokes - don't be too tough to talk to your rural GP - Men's Health Week  
GET REGIONAL

Get Regional is the new information and referral service for people living and working throughout country Australia. Engaging and interacting rural, regional and remote communities, via dynamic interactive technologies, to ensure a more sustainable future for the bush. The most up-to-date and independent information service with a wide range of broadcast distribution services.

http://getregional.com.au

ARTICLE IN RURAL AND REMOTE HEALTH

'Priority setting in primary health care: a framework for local catchments' In rural health, priority setting is frequently an interdisciplinary, interagency collaborative process. This review puts into words what many have experienced - that primary care partnership program negotiations can be a complex process, often burdened by the policy shifts of political cycles, and competing values, objectives and priorities among participating agencies. The model presented by these authors captures the range of factors to be considered in such an environment, providing a valuable resource for those in primary health care
CURRENT ISSUE OF eMJA
(Available at http://www.mja.com.au/)

Current issue: 20 June 2011
Research fraud - where to from here?
Editorials
What is happening with hip replacement?
Fraud in fluid resuscitation research
Asking the hard questions about safety and quality indicators
Research
Congenital cytomegalovirus - time to diagnosis, management and clinical sequelae in Australia: opportunities for earlier identification
A therapeutic equivalence program: evidence-based promotion of more efficient use of medicines
Health Care - Mapping the limits of safety reporting systems in health care - what lessons can we actually learn?
Opposing Views - Is money spent on quality improvement better spent on clinical care? - Yes
Viewpoint
Social media and the medical profession
Using hospital standardised mortality ratios to assess quality of care - proceed with extreme caution
Notable Cases
Cobalt toxicity - an emerging clinical problem in patients with metal-on-metal hip prostheses?
Murine typhus returns to New South Wales: a case of isolated meningencephalitis with raised intracranial pressure
Snapshot - Wake up with make-up: complication of cosmetic lid tattoo
Lessons from Practice - Lymphatic filariasis in Australia: an update on presentation, diagnosis and treatment
Poem - Off call
Review - Public reporting of hospital outcomes: a challenging road ahead
Personal Perspective - The ASR Hip Resurfacing System: my experience
Obituary - Brian Edward McGuirk
Letters
Consumption of alcohol-based hand sanitisers by hospital inpatients
Allergic contact dermatitis in health care workers to diazolidinyl urea present in antimicrobial hand gel
How accurate are hospital scales?
Population and treatment-based incidence estimates of atypical fractures
A new algorithm for the management of stable coronary artery disease incorporating CT coronary angiography and fractional flow reserve: how we can improve outcomes and reduce costs
Doctors breaching patient privacy: Orwell redux
Alerting genetic relatives to a risk of serious inherited disease without a patient's consent
ROWAN NICKS RUSSELL DRYSDALE FELLOWSHIP IN INDIGENOUS HEALTH AND WELFARE

Do you want to make a difference in Australian Indigenous Health? This fellowship awards up to $60,000 (negotiable depending on qualifications and/or experience) for the 12 month period of 2012. The fellowship is designed to support individuals wanting to make a contribution in the area of Australian Indigenous Health and Welfare. The Fellowship particularly aims to support workers and the development of future leaders in Australian Indigenous Health and Welfare. Australian indigenous people are strongly encouraged to apply. Fellowships could take the form of
* The A salary for a 12 month period at a level commensurate with the Fellow's experience and qualifications OR
* A stipend and payment of course fees to undertake approved education or research.
Closing date: 26 August 2011
For further information about the Fellowship and for application forms, please visit http://www.medfac.usyd.edu.au/nicksdrysdale/
Or contact Louise Lawler, Graduate School of Medicine, University of Wollongong, 0418 251 864, llawler@uow.edu.au

2011 Primary Health Care Research Conference
Brisbane, 13-15 July 2011

12th International Mental Health Conference Personality Disorders: Out of the Darkness
Gold Coast, 24-26 August
Presented by the Australian & New Zealand Mental Health Association. This year, the conference will explore different types of Personality Disorders and their affects through the life cycle from childhood to older age

ACRS 2011
A safe system - making it happen!
Melbourne Convention Exhibition Centre
1st and 2nd September 2011

The 2011 Australasian College of Road Safety national conference will be held in Melbourne on the 1st and 2nd September 2011. The one and a half day program will include at least one international keynote speaker, presentations on work in progress and also a conference declaration. A social dinner will be held on the first night of the conference. The conference declaration will provide impetus for ACRS to work with partners and members in Australia in the implementation of the Australian National Road Safety Strategy 2011-2020 in the Decade of Action on Road Safety. Join with us in this exciting program in making it all happen!

Contact:
Ph: +61 2 6290 2509
Email: eo@acrs.org.au
Mail: PO Box 198, MAWSON ACT 2607

GPET Convention 2011
The GPET convention will be held on 7 and 8 September in Canberra. You'll find more information on the GPET Convention website at http://www.onqconferences.com.au/gpet2011/home.php

15th Annual NT Chronic Diseases Conference
Darwin, 8-9 September
Presented by Chronic Diseases Network (CDN). The Conference theme this year is 'Out of the Shadows, Into the Spotlight - Chronic Diseases, Mental Health' and will focus on the complex relationship between chronic diseases and mental illness. The conference welcomes anyone with an interest in the prevention and management of chronic diseases especially in the NT. The CDN conferences traditionally include a focus on the challenges for Indigenous health as well as remote health service delivery, challenges and innovations.
http://www.cdnconference.com.au
cdnconference@agentur.com.au

AIATSIS National Indigenous Studies Conference 'Young and Old: Connecting Generations'
Canberra, 19-22 September
The conference will consider key issues for the younger and older generations of Aboriginal and Torres Strait Islander people, whether living in urban, regional or remote areas of Australia. http://www.aiatsis.gov.au Funding to attend conference is available. Closing date for abstracts is 30 April.
PHAA 41st Annual Conference  
Brisbane  
26-28 September  
http://www.phaa.net.au/41stPHAAAnnualConference.php

8th National Aboriginal and Torres Strait Islander Environmental Health Conference  
Darwin, 27-30 September  

4th Indigenous Mental Health Conference 'Our Mob, Our Minds, Our Spirit' Conference  
Fremantle WA, 12-14 October  
The conference committee invites you to submit a presentation or a workshop on Indigenous Social and Emotional Wellbeing that represent the array of knowledge and experiences of people who work within this area. The conference organisers are particularly looking for people who wish to present workshops for delegates about skills and ways of working in this area. The theme for this year will explore the many roles Aboriginal workers undertake in their employment, their community and theirfamily - 'What hat are you wearing today?'. All the necessary links and more information available from the HealthInfoNet at http://www.healthinfonet.ecu.edu.au/key-resources/conferences?cid=519 Closing date is 1 July.

Australian Indigenous Doctors' Association Symposium 'Our Doctors Making a Difference'  
Broome, Western Australia, 22 October  
For information, please contact Susan Granger at AIDA on T: 02 62735013, E: susan@aida.org.au

Oceania Tobacco Control Conference 2011 'Burying the Habit: Moving to a Tobacco Free Future'  
Brisbane, 18-20 October  
http://www.oceaniatc2011.org/  
Indigenous Preconference Workshop at the Oceania Tobacco Control Conference will be held by the Centre for Excellence in Indigenous Tobacco Control (CEITC) Monday 17 October. Attendance is open to all people working in Indigenous Tobacco Control. Please register your interest at ceitc-info@unimelb.edu.au
Rural Medicine Australia 2011
28 to 30 October, Alice Springs
The annual national conference of ACRRM and RDAA, Rural Medicine Australia, will be in Alice Springs this year. The conference website, with registration and program details is at http://www.acrrm.com.au/. Please make a note in your diary that the pre-conference procedural workshops will be on Thursday 27 October, and the conference proper will run Friday to Sunday, 28 to 30 October 2011.

Rural and Remote Mental Health Symposium, Impacts & Outcomes
Ballarat, Victoria, 14-16 November 2011
Abstracts for the 3rd Rural & Remote Mental Health Symposium are invited. The Symposium will examine the impacts and outcomes of social, financial and environmental issues on mental health patients and their service providers in rural and remote communities in Australia. Symposium streams will also delve into Treatments, Policy and Funding, Research, Community Resilience, Planning & Prevention and Building Capacity. Abstracts close 2 May. Contact ruralhealth@anzmh.asn.au http://www.vision6.com.au/ch/11035/2ddrp6/1349661/f6e47cg6b.html

LEADERS IN INDIGENOUS MEDICAL EDUCATION (LIME) CONNECTION IV
Christchurch, Aotearoa/ New Zealand from 29 November - 1 December 2011

This year's Connection will focus on Medical Education for Indigenous Health: Building the Evidence Base. Specifically, the Connection will address leading approaches to integrating Indigenous health into medical education and will contribute to the growing body of evidence illustrating the key role medical education plays in Indigenous health outcomes. The Connection will provide an opportunity to discuss and challenge some current practices and explore emerging tools and techniques to drive continuous improvement in outcomes for Indigenous health and aims to encourage information sharing, professional development, capacity-building and networking amongst peers.

Keynote speakers include experts in medical education and Indigenous health from Australia, New Zealand and further afield. The target audience includes Indigenous and non-Indigenous medical educators, Indigenous health specialists, general practitioners, policy makers, students and community members. The LIME Connection seeks to support collaboration between medical schools and to build linkages with those from other health disciplines. The conference also hosts the LIMElight Awards, which acknowledge and celebrate the many current successes in Indigenous medical education.

LIME Connection IV is being hosted by The University of Otago, Christchurch, and is held under the auspices of Medical Deans Australia and New Zealand, the Australian Indigenous Doctors’ Association (AIDA) and Te Ohu Rata O Aotearoa (Te ORA) Maori Medical
Practitioners Association of Aotearoa.

For further information or questions, please contact us via lime-network@unimelb.edu.au, or +61 3 8344 0828.

7th Health Services & Policy Research Conference 2011
Adelaide, 5-7 December

2nd National Indigenous Drug & Alcohol Conference (NIDAC 2012)
Fremantle, Western Australia, 6-8 June
With the theme 'Beyond 2012: Leading the Way to Action', the Conference promises to build on the success of the inaugural National Indigenous Drug and Alcohol Conference held in June 2010. It aims to highlight how the sector is able to lead the way to action in addressing the harmful effects of alcohol and other drugs and its associated harms among Indigenous Australians. Call for papers and online registration will be available from June 2011 at http://nidacconference.com.au/

Save the date: 12th National Rural Health Conference, 7-10 April 2013, Adelaide

CONTRIBUTION AND SUBSCRIPTION INFORMATION AND DISCLAIMER

The NRHA e-forum is published fortnightly. Contributions are sought on any topic relevant to rural health concerns. Please send contributions to the moderator at grovesc@winshop.com.au (do not "reply" to this email - send contributions to grovesc@winshop.com.au). Contributions received by the Friday of publication will be included in the e-forum.

The NRHA e-forum is edited by a third party moderator, Jim Groves. 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 views of Jim Groves or any organisation he is associated with. Jim Groves can be contacted at grovesc@winshop.com.au

Please forward a copy to any colleague you think may be interested.

Media Release
8 June 2011
Alliance welcomes report on National Healthcare Agreement

The National Rural Health Alliance has welcomed the release of the Council of Australian Governments (COAG) Reform Council's National Healthcare Agreement: Performance report for 2009-10. The report shows a number of areas where there has been progress on national health reforms and reveals other areas where improvement is still required.

"The Alliance is particularly pleased to see that, where possible, the results are broken down to show how Australia's health system is performing for people living in rural and remote areas, in comparison with the situation for people in major cities," said Gordon Gregory, Executive Director of the Alliance.

The report confirms that important measures such as the incidence of potentially preventable hospitalisations increase with remoteness. This means that people in rural and remote areas are being admitted to hospital more frequently than their city cousins for conditions that could have been treated in the community, and hospital admission avoided, if there had been adequate access to the services of health professionals.

It also finds that older people in remote areas spend more time in hospital while waiting for access to aged care facilities. This highlights the need to improve services for the rapidly ageing rural and remote population so they can avoid unnecessary and prolonged hospitalisation.

"In general, reporting by remoteness classification provides the evidence needed to monitor the way that primary care reforms, such as the introduction of Medicare Locals, contribute to overcoming the monumental underspend of $2.4-2.7 billion a year on primary care in rural and remote communities," Mr Gregory said.

The new Report also confirms that people in rural and remote areas believe their waiting times to get an appointment with a GP or specialist are unacceptably long. This week's announcement of new MBS items for telehealth is good news in this respect and will help rural and remote Australians access specialists without the need to travel.

The COAG Reform Council has recommended that a number of improvements be made to data used for future reports. For rural people the most important of these is the recommendation to increase the number of performance indicators that can be reported on by degree of remoteness.

"Reliable evidence enables governments to identify and address health inequities in rural Australia," Mr Gregory said. "Data on the successes and failures of our health system for people in rural and remote Australia will almost certainly lead to improved health outcomes for those people."

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Media Release
15 June 2011
Rural men should all be number one blokes
International Men's Health Week is a reminder for health service providers in rural and remote communities and men themselves to get together to protect and improve male health and wellbeing.

In the past, the archetypal masculine attitudes of 'unbreakable blokes' and the rural ideology which promoted rugged individualism may have discouraged rural men from seeking help on their health. This contributed to the situation in which rural men have poorer health and lower life expectancy today than their fellow citizens.

For this reason people at the recent 11th National Rural Health Conference welcomed the consultative processes and plans brought together in the National Men's Health Policy.

Launched in May 2010 and the first of its kind in Australia, the policy provides a framework for achieving equal health outcomes for all males, particularly those at risk of poor health. This is particularly important for rural men, who are more likely than their city counterparts to experience chronic conditions and health risk factors. Overall, male injury and death rates increase with remoteness.

This week’s report from the Australian Institute of Health and Welfare (AIHW) shows that many Australian men could be doing more to protect and improve their health. Although Australian male life expectancy, at 79 years, is the fourth highest in the OECD, men need to be aware of the facts about their health. Only about 40 per cent discuss healthy lifestyle issues with health professionals but a greater proportion of emergency department presentations are by men. Only 5 per cent of adult males eat the recommended amount of fruit and vegetables and about two-thirds of adult males and one-quarter of boys are overweight or obese.

The AIHW report notes that those at increased risk of poor health include Aboriginal and/or Torres Strait Islander males, and males living in rural and remote areas. The Alliance is interested in the AIHW's plans to produce a second report on the health of these specific population groups including on the basis of their socioeconomic characteristics and geographical location.

The National Men's Health Policy encourages men to take simple steps to improve their health such as sharing their family history with a GP, knowing their healthy weight, and quitting smoking. It also has principles for programs for Aboriginal and Torres Strait Islander males.

Media Release
17 June 2011
Continuing education in rural and remote health - second round now open

The second round of the Rural Health Continuing Education Stream Two (RHCE2) is open for applications until 8 August 2011. The RHCE2 program is funded by the Australian Government through the Department of Health and Ageing and administered by the Alliance.

RHCE2 grants are available for organisations and groups of individuals to access, develop
and/or provide continuing professional development (CPD), continuing professional education (CPE), multi-disciplinary training or inter-professional learning (IPL) and orientation activities that meet the needs of: Aboriginal and Torres Strait Islander Health Workers; allied health professionals; general practitioners, or nurses and midwives who practise in rural and remote areas of Australia.

The RHCE2 program will support selected cost-effective training that encourages increased collaboration between professions and supports the attraction and retention of health professionals in rural and remote areas.

In the 2011 round, priority will be given to funding gaps in existing arrangements for CPD and supporting initiatives that can be demonstrated by evidence-based research as in need of urgent intervention.

Successful applications will support programs that are: accredited or endorsed by the relevant professional body or bodies; directly relevant to the current employment of program participants in a rural or remote area; and delivered in Australia.

Applications must be made on the online application form on the RHCE2 website at http://rhce.ruralhealth.org.au/. Applicants should read the application guidelines carefully before applying for a grant. Multiple applications will be accepted but, given the strongly competitive nature of the RHCE2 grants, no single entity will be allocated more than one grant.