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CRANA *plus* magazine

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the voice of remote health



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FUTURE HEALTH LEADERS NATIONAL CONFERENCE: INSPIRING TOMORROW'S LEADERS 19-21 NOVEMBER SYDNEY REGISTRATION NOW OPEN

conference.futurehealthleaders.org.au

from the editor

I was reminded of the vastness of this continent when I overheard two weather conversations at the NRHA conference in Darwin recently: one delegate was complaining that we were facing an overnight low of 21°C while another was speaking of the forecast for snow in the Victorian Alps. Whatever the weather in your abode, this edition is filled with heart-warming stories celebrating the dedication and commitment of CRANApplus members.

Stories include Education Director Libby Bowell, a recipient of the 2015 Florence Nightingale Award; Richard Van De Veerdonk in Jabiru who received the Remote Nurse of the Year award at the recent NT Nursing Excellence Awards; and two long-time CRANApplus supporters whose contribution has been recognised with Life Membership.

One of our flagship programs, Bush Support Services, was delighted that their DVD was a finalist in its category in the 2015 International Film Festival in New York. Read about the motivation behind the development of this great resource and how to order a free copy on page 3.

We have great pride in welcoming new Corporate Members: Abt JTA specialist international health and social sector consulting company; Gidgee Healing delivering medical and PHC services to people living in the Mount Isa region; and Kimberley Aboriginal Health Services (KAMS) who provide a collective voice for a network of member ACCHS from across the Kimberley in WA.

The postcard included in this edition has details of our 33rd National Conference and we ask you to put it on the notice board at work or in the staff room to encourage colleagues to join us in Alice Springs this year. A reminder that early bird registrations close 31 July and if you are a CRANApplus member you receive even greater discounts.

Happy reading!

Anne-Marie Borchers
Manager Marketing and Communications, CRANApplus



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Every effort has been made to ensure the reliability of content. The views expressed by contributors are those of the authors and do not necessarily reflect the official policy or position of any agency of CRANApplus.

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CRANApplus' Patron is The Hon. Michael Kirby AC CMG.

About the Cover: Libby Bowell with Veronica, the Health Manager at South Sudan Red Cross. Photo: Tiina Saarskoski/Finnish Red Cross. (Read story on page 7).

from the ceo



Dear CRANApplus Members, welcome to the winter/dry season bumper edition of the quarterly CRANApplus magazine.

We hear regularly how much people enjoy reading the magazine for its great human-interest stories and for the great opportunity to catch up on happenings in healthcare outside our big cities and towns.

The CRANApplus team works hard to ensure the content is relevant, contemporary, challenging and tells the stories that you want to hear. New content is always welcomed so contact us should you have an idea for a story or wish to undertake some advertising of your services/products.

This financial year is going to bring some exciting new initiatives, products and services for CRANApplus. We of course will also maintain the quality, affordability

and locally-provided well-loved core education and support services. I strongly encourage you to engage with your professional body, and get involved in shaping, informing and expanding our future services and products.

There are lots of ways to become involved: the simplest is to ensure you are a current member as your fees are re-invested into everything we do. We always encourage volunteers, whether it's educating, supporting, mentoring, reviewing or representing remote health. **The new communities of interest is a great way to target your areas of interest and get involved directly where you think you can make a difference.** As a charity we also welcome the generosity of those people who use the 'donate tab' on our website to make a financial donation to CRANApplus: perhaps you may consider running a fundraiser for CRANApplus in your local community?

Remote and isolated health professionals have the opportunity to work in the most stunning places, with amazing people and get to practice their profession at an advanced level. It's no wonder, therefore, that as a collective voice, CRANApplus 'punches well above its weight'.

Happy reading!

Christopher Cliffe
CEO, CRANApplus

We want to hear your stories about remote health practice, and the best will be included in future editions. Editorial submissions, photos and questions about editorial content should be directed to publications@crana.org.au

dvd sends the message

"Have you got a minute?" is the opening line in the CRANApplus Bush Support Services DVD, which promotes the confidential 24-hour telephone service that helps remote area workers and their families deal with the unique challenges of living and working out Bush.

With beautiful images of the outback and remote communities, interviews with CRANApplus members, re-enactments of real-life situations and a sensitive script, the DVD aims to send a message offering support to as many remote area practitioners as possible.

It's in addition to the printed resources and materials and community activities organised by Bush Support Services throughout the year.

The DVD, supported by actor Jack Thomson, who provided the voiceover, and funded by the Australian Government, has been a major project for Bush Support Services, particularly for National Program Manager Colleen Niedermeyer and Dr Annmaree Wilson, Senior Clinical Psychologist.

"We were delighted with the DVD reaching the finals in the 2015 International Film Festival in New York!" said Colleen.

"Just imagine how many people overseas have watched the DVD and wondered in awe about this amazing effort to support the rural, remote and isolated health workforce of Australia."

And the excellent 'reviews' from workers in remote areas is testimony to the value of the new tool to spread the word about work of the Bush Support Services team.



"It is fantastic!" said Shelley Green, Project officer with the Rural Health Professionals Program (RHPP) in the NSW Rural Doctors Network.

"We just received copies with our new CRANApplus packs that go out with our nursing and allied health welcome kits, and I have now requested it goes out in our GP welcome kits.

"I think the DVD will help the health professional on our program find a personal connection with the information," she said.

"We are often asked what kind of assistance is available and the stories and case studies in the DVD provide a great link to what we hear as common issues faced in rural and remote.

"I think it is also a great preparation tool for our professionals who are new to rural/remote work and life style.

"What a great resource and service!"

You can order your free copy of the DVD at www.crana.org.au/support/ or watch it on YouTube ●

engage

president's musings

There have been several causes for celebration in the past few months. Firstly, CRANaplus was fully re-funded by the Department of Health for another three years, which is very reaffirming. It indicates that we are on the right path and the services we offer are reaching the right people. The leadership of the CEO was impressive in achieving this and I congratulate all the staff involved in this important process.

I also thank the two Ministers involved, Hon Fiona Nash and Hon Sussan Ley, and the Department representatives who greatly assist us in presenting ourselves well in this complex budgetary environment.

CRANaplus had a very well supported stand at the biennial National Rural Health Alliance Conference which I attended in Darwin in May. This conference is always stimulating and informative and offered us an opportunity to mix with our own tribe, as well as the chance

to catch up with those in other geographic regions and professions that we may not have seen for two years.

This conference is always stimulating and informative and offered us an opportunity to mix with our own tribe, as well as the chance to catch up with those in other geographic regions and professions that we may not have seen for two years.

There is also a very strong arts stream, which is always done so well and the conference dinner allowed even those of us with dicky knees to get up and boogie.



Following the conference we also held some meetings regarding the importance of CRANaplus having a strong evidence base to inform our work and how we might go about that in the future. Several of us will attend an initial meeting in July in Alice Springs, regarding a remote research initiative to enhance our evidence base in conjunction with the Flinders and Charles Darwin Universities and NT Health.



Our annual budget and business plan for the future was approved in early June when the Board met face-to-face in Cairns. We approved improvements to the e-health platform to better meet your educational needs; further improvements to the Customer Relationship Management system (CRM) to improve both its quality and administrative functions; and initiatives to improve our marketing and communications plan, which will allow us to increase engagement with our membership.

We also approved the initial step towards establishing a vocational training pathway for remote nursing practice.

We also approved the initial step towards establishing a vocational training pathway for remote nursing practice. This is an exciting opportunity for us to ensure people are well prepared for remote practice as well as competent and confident in doing so.

I also thank your hard-working Board members who volunteer their time to provide governance to this great organisation. ►►

» I feel we have matured over the past few years and certainly our decision-making processes are well developed and strategically focussed.

I also take this opportunity to advise that our Treasurer Breanna Walters has resigned due to her work commitments in Papua New Guinea.

Breanna has been a wonderful Treasurer who has greatly contributed to the improvements in the financial management of CRANaplus and I very sincerely thank her for her time, her hard-headed decision-making abilities and her commitment. I will certainly miss her.

I am looking forward to the 33rd National CRANaplus Conference in Alice Springs and to hear the stories that have shaped and influenced you. What a great theme (no I didn't think of it!). The only other thing to celebrate is a personal issue that I will let you in on: last month I was promoted to full Professor at Bond University, which is both exciting and very humbling.

I look forward to representing you as we work towards improving remote health in this great nation of ours. Remember to do something nice for yourself every day. See you at the Conference.

Dr Janie Smith
President, CRANaplus ●



libby receives highest nursing distinction



For Libby Bowell, the response was automatic when she got the call asking her to jump on a plane and head for Liberia at the height of the deadly Ebola outbreak in West Africa last year.

"It's harder to say no than to go," is the simple response from Libby, Registered Nurse, Director of Education for CRANaplus and a veteran of 20 overseas humanitarian missions for the International Red Cross over the past 15 years.

For her unstinting action in disaster situations, Libby has been awarded the Florence Nightingale Medal, the highest international distinction a nurse can achieve.

On that mission to Liberia, Libby was responsible for setting up the Ebola community-based protection programme as the disease swept through the country, taking the tally to 4200 people infected and 2400 dead, including 15 doctors and about 80 nurses.

Her job was to support the Liberian Red Cross to train local Red Cross volunteers to educate communities about how to protect themselves and prevent the further spread of Ebola, how to remove and manage dead bodies and how to psychologically support family members of those who had been infected or died. »

» “I’ve worked in areas with cholera outbreaks before and even though they were devastating, they are containable quicker and it is quite easy to treat,” she says.

“With Ebola, the death toll went up every day.”

Libby is one of four Aussie nurses who received the Medal in this year’s list of 34 recipients from 18 countries, all recognised for their exceptional courage and devotion to victims of armed conflict or natural disaster.

Libby is one of four Aussie nurses who received the Medal in this year’s list of 34 recipients from 18 countries...

“It was a bit of a shock, and I felt a mixture of a little bit embarrassed and a little bit proud,” she says. “I’ve been overwhelmed by the people contacting me. The other three Australians are colleagues of mine and it’s humbling to receive the medal along with them.”

Because of her extensive experience, Libby’s role with the International Red Cross and Red Crescent societies today is in coordination, and she sits on the emergency register that can deploy to the country within the first 48 hours of a natural or public health disaster as part of the assessment team, or with the emergency response unit.

“It was a bit of a shock, and I felt a mixture of a little bit embarrassed and a little bit proud...”

“You land in chaos and you have to help create organisation,” Libby explains. “You determine what is needed, alongside with the local Red Cross: and that could be dealing with water and sewage issues, the need for clinics or hospitals for the casualties, disease outbreaks or perhaps community programmes.”

She recalls her first major assignment was to Aceh following the Boxing Day tsunami in 2004. “Nothing prepares you for that kind of exposure to mass casualties and death,” she says.

“Nothing prepares you for that kind of exposure to mass casualties and death.”

She was also in Haiti after the 2010 earthquake and the Philippines after Typhoon Haiyan in 2013.

Libby, now based north of Byron Bay, reckons working in hospital emergency wards is where she gained her cool head for coordination. Her experience in remote area nursing has given her the ability to work with limited resources in isolated situations.

“The International Red Cross certainly recognises the incredible grounding that remote area nursing provides and is keen to recruit nurses who have worked in the Aussie Outback,” she says.

“I am in a privileged position as CRANaplus has been fully supportive of my international work and enabled me to undertake these missions and for that I am very grateful.”

In Australia, Libby uses those same coordination skills as the Director of Education for CRANaplus, the only Australian health organisation that has remote health as its sole focus.

In this role, Libby’s aim is to make training courses accessible, relevant and affordable for rural and remote area health workers throughout the country.

“I am in a privileged position as CRANaplus has been fully supportive of my international work and enabled me to undertake these missions and for that I am very grateful.”



“Nursing has been a fantastic career for me,” Libby says. “It’s been one step at a time.”

After her training, she worked in emergency at John Hunter Hospital and, after meeting a couple of bush nurses from Aurukun in Far North Queensland, she went bush herself.

“Nursing has been a fantastic career for me. It’s been one step at a time.”

The step to overseas missions with International Red Cross was a natural progression. “I enjoy the work, I enjoy the challenges and I enjoy contributing to making a bit of a difference,” she says.

Above: Libby Bowell and Nola Henry recipients of the 2015 Florence Nightingale Award.

“I get more out of it that they get from me. I feel lucky and privileged.”

Fellow CRANaplus member RAN Nola Henry, an Australian Red Cross health delegate, active in conflict and disaster situations, also received the Medal this year.

They join fellow CRANaplus members; RHD Coordinator Noela Davies, currently based in Darwin, and Andrew Cameron, Director of Nursing based in Birdsville, who both received the medal in 2011. ●

excellence award for jabiru nurse



“On a scale of one to ten, we give him a 15.” High praise indeed from one very satisfied client: an 86-year-old woman, grateful for the medical care given to her husband in remote Northern Territory.

This is just one of the testimonials that has secured an Excellence in Remote Area Nursing award for Richard Van De Veerdonk, Primary Health Care Manager at Jabiru Health Clinic in Kakadu National Park.

Richard received recognition in the Northern Territory Nursing & Midwifery Excellence Awards for his excellence as a manager, role model, teacher and clinical expert.

Now in its 12th year, the awards recognise the skills and contributions of Northern Territory Nurses and Midwives – now totalling more than 4000 – who are employed across the region in a variety of clinical health service areas. The awards celebrate International Midwives Day and International Nurses Week.

Richard, who has a Master’s degree in Indigenous Health, has worked in the Northern Territory as a nurse and midwife since 1992.

He is seen as a leader in remote area primary health care, assisting other health centre managers in the region to achieve the same high level of community engagement he has established in Jabiru.

In the area of men’s health, Richard has supported local men in the establishment of a Men’s Shed in Jabiru, which has increased the number of young men attending for health checks. He has also initiated sessions on sexual health and personal safety and now has his sights on setting up a ‘new dad’ programme.

“Changing behaviours is a key to improving health in remote communities...”

“Changing behaviours is a key to improving health in remote communities,” says Richard, who has been at Jabiru for the past seven years.

“No-one changes behaviour unless they trust the person that are talking to. It’s important to build the trust of the community, and I am very proud that we have minimal turnover in our team here at Jabiru. Most of the staff of 22 has been here for two years or more, providing an excellent service and stability.”

Health care in remote communities needs to be community-based, says Richard.

“I enjoy the interaction, the ability to get to know and build relationships within small communities. I’ve also always been interested in other cultures and Indigenous health in particular.”

“If a child or adult is unwell, there are the immediate health issues, and then there is the need for education and prevention and a gamut of issues such as housing needs to be sorted, or transport arrangements to be made.

“If someone presents with multiple sores, for example, perhaps that family’s only water source is a tap in the garden, contributing towards the problem.

“Our team constantly liaises with other members of the family, other agencies and the community to improve the situation.”

Born in Holland, Richard grew up in the Wollongong region and, on graduating 23 years ago, quickly realised he wanted to work in Australia’s remote areas.

“I enjoy the interaction, the ability to get to know and build relationships within small communities,” he said. “I’ve also always been interested in other cultures and Indigenous health in particular.”

CRANaplus and the Centre for Remote Health jointly sponsored the Remote Area Nurse award. As part of his prize, Richard received three years’ complimentary membership of CRANaplus.

Other award recipients are:

- 2015 Nurse of the Year
Jeff Tinsley (Darwin)
- NT Administrator’s Medal for Lifetime Achievement in Midwifery
Mo Davy (Darwin)
- Excellence in Midwifery
Rosie Downing (Alice Springs)
- Excellence in Primary Health Care
Melissa Mills (Nhulunbuy)
- Excellence in Mental Health Nursing
Ali Thorn (Alice Springs)
- Excellence in Nursing and Midwifery Leadership
Wendy Corkill (Alice Springs)
- Excellence in Hospital Care
Alison Bucklar (Darwin)
- Excellence in Enrolled Nursing
Maureen Stevens (Darwin)
- Excellence in Aged, Disability and Residential Care nursing
Sarah Louise Ryan (Darwin)
- Graduate Nurse Program Participant of the Year
Michelle Mason (Katherine) ●

a fond farewell

Almost 40 years to the day since she first set foot on Melville Island off the Northern Territory coast as a young nurse, RAN Rosemary Lynch has finally decided it's time to retire – and to pick up the ukelele.

She reckons she can finally get calluses from practicing this musical instrument without fear of damaging her fingers and affecting her work: a clear sign of the supreme dedication Rosemary has given her patients over those four decades!

“I remember the turning point was seeing a young boy sent down from Bourke who had been in hospital for five days and was 20 per cent dehydrated...”

Rosemary still recalls the moment during her training in Sydney back in the early 70s when she realised she wanted to work in Indigenous communities.

“I remember the turning point was seeing a young boy sent down from Bourke who had been in hospital for five days and was 20 per cent dehydrated,” she said.

“It hit me between the eyes. How could this be possible in Australia: either the people in the hospital in Bourke didn't know how to treat this child, which was unlikely, or he was the victim of racism.”

So it was off to London for Rosemary to train in thoracics, as she knew respiratory problems were a big issue in Indigenous communities, followed by midwifery, always a very useful skill. Rosemary would later “have a second childhood” and go back to university to study further education and anthropology.

Out Bush, Rosemary learned a few Indigenous languages. She also undertook numerous CRANaplus REC and MEC courses and an AREC over the years. And she was about to do yet another when she recently wrote: “I figure, having done remote on and off since Milikapiti (Snake Bay) on Melville Island in 1975, that it is reasonable to consider retirement.”

Rosemary's final gig was taking a fly-in, fly-out contract for the past couple of years, taking her regularly from her home in Brisbane to Broome and out to Beagle Bay on Cape Leveque in WA.

“It has been really good and really sad as well,” she says of the memories of working in rural and remote Australia over the years. “I loved working remote. I loved working in Aboriginal and Islander communities: I am so grateful for the courtesy, hospitality and open communication I have had in those communities. I have been taught so much about this country by those people.

“Thank you CRANaplus for the support you have given me: especially after Cyclone Yasi at Yarrabah, when I was left alone with a paramedic (yay, Clayn!) and an EN (thanks, Alma).”

“Thank you CRANaplus for the support you have given me: especially after Cyclone Yasi at Yarrabah, when I was left alone with a paramedic (yay, Clayn!) and an EN (thanks, Alma).”

“Then there are my colleagues, who bring a smile to my face. Like Lois Mungatopi from Milikapiti who was the first Healthworker to do a Health Schedule on the radio there, who persisted when someone in Katherine told her he couldn't understand her accent,

Just after returning to the waiting room at Milikapiti, from Lois' radio premiere, I heard a lovely birdsong. I asked the people, “What is that bird called, singing outside?” Not one of them could hear it. One person went outside to look, and came back to tell them what the bird was. All had at least high frequency hearing loss.



and so Lois started spelling names in radio alphabet until he begged her to stop, and he was suddenly able to understand her. I left the room laughing, and when she returned to the Clinic, the patients waiting applauded her.

Like Anmanari Napanangka, from Papunya, who was such a great Healthworker. Like June Gould, RAN, still rocking it in at Jigalong, with her passion for primary health, and enthusiastic encouragement of others, who, unfazed, to avoid delay, leapt in her nightclothes to deal with an emergency and escort that person to Cairns.”

Learning the language

In Papunya, north of Alice Springs, around the time of the dot-painting art movement, Rosemary learned to speak Pintupi, the local language.

I think there is a real need for health workers to learn the language of the people they are helping; at least a few words like yes and no and pain,” she said. “You wouldn't go to an overseas country without some knowledge of the language – it should be the same in Australia. ▶▶

» “Racism makes us deaf and blind. But if people knew some of the language it would bring about some understanding. Understanding language makes it much easier to be polite.”

Rosemary had a chance to practise her Pintupi a year or so ago when she listened to an elderly woman in the clinic speaking in language and realised that she could understand her. “It was wonderful just to ask her in language how she was feeling, and for her to reply,” Rosemary says.

“Today, there is a concept of teamwork between nurses and doctors, plus now we also have allied health people, wonderful people...”

Remote health workers

“A welcome change is that nurses back when I started were seen as a doctor’s substitute,” Rosemary said. “Today, there is a concept of teamwork between nurses and doctors, plus now we also have allied health people, wonderful people, coming bouncing out to communities over the corrugated roads.”

Indigenous training

“What needs to improve is the attitude towards the Indigenous health professionals by some folk from down south who go to work in communities. They really don’t value their skills in areas such as cultural interpretation, community liaison and insight,” Rosemary commented. “I also think we can do a lot more to encourage Indigenous people to train as nurses.” ●



my heart breaks... with hope



By Nancy Weatherford

Working in the rural and remote parts of Australia presents unique challenges. They are the challenges that drive us. They inspire us to be part of a solution to the gap in health care, the gap in life expectancy and the gap in education. We seek to challenge the system, change pointless processes and ultimately send healthy children and their parents home to live productive, happy and safe lives.

It is this drive that led me to do some further study in Public Health & Tropical Medicine at James Cook University, which in turn had me seated on an aeroplane headed for Bangladesh.

Headed for a land of poor sanitation, minimal health services and approximately 156 million people squished into a tiny country about half the size of Victoria.

We weren’t necessarily going to make an impact, but we were going to experience another time and place, with our fellow health professionals experiencing similar struggles, only in a far worse context.

Bangladesh is a floating country in which most of the land mass is literally mud. Poor water supply (if you would call it that) leads to one of their biggest public health issues; controlling cholera. A disease of the past to some, in Bangladesh this is more prevalent than the common cold. »

► Fortunately international aid funding provides the International Centre for Diarrhoeal Disease Research in Dhaka. Beds also double as toilets with a hole in the centre and bucket underneath, bathrooms are non-existent and patients are literally treated in the carpark. Treatment includes intravenous cholera fluids with oral rehydration solution and lives are literally saved whilst fluids are pushed in. Success rates are sky high, as they have perfected the treatment with these basic fluids and oral antibiotic treatments. Yet outside the front gates lie puddles of brackish water, the main water supply for drinking and cooking in the area. Women filter the water through sari cloth, in the hope that their family won't be touched by this deadly illness.

Poor water supply (if you would call it that) leads to one of their biggest public health issues; controlling cholera. A disease of the past to some, in Bangladesh this is more prevalent than the common cold.

Further into the trip we journeyed to the more remote parts of Bangladesh, we met women that ache for birth control. They know the dangers of birthing endless children, with no family planning. They seek for their husbands to understand, for their voice to be heard and considered. Family planning options are affordable or free in some cases, yet the education and understanding within the child-bearing population is limited, resulting in a predicted 1.3 million unplanned pregnancies each year¹. Women and babies still die in childbirth, far too often. Traditional birth attendants scatter the country, with limited education and understanding.



Babies may survive the birth, but huge numbers suffer hypoxia and certain disability instantly. Hospitals are full of babies with limited hope, no supports for family and a mother and father that need to work, just to survive another day.

The country is scattered with typhoid, rabies, tetanus, leprosy and tuberculosis (TB). Smaller hospitals 'specialise' in treatments of these illnesses, forcing the ill to travel long distances. TB is particularly sad with huge numbers suffering multi-drug resistant TB (MDR-TB). Mismanagement of medication, poor compliance and limited control over those that suffer the disease challenge the system, as patients almost certainly represent some 12 months after primary treatment, with MDR-TB. Treatment, if you're lucky, is free yet prolonged. Sewn masks are sold at the hospital gates as those visiting and working seek to protect themselves from this disease that knows no bounds. It steals daughters from mothers and husbands from wives.

However, amidst the illness, you see a nurse, with a patient load of 100+ working her fingers to the bone. Doing the very best she can with

what she has, even if that means washing out her disposable gloves. Advocating for her patients, even though there are three to a bed and some on the floor. She maintains her dignity and grace even though chaos surrounds her. She is amongst those seeking a solution as many NGOs have their hands dirty making improvements to this country.

I'm grateful for our health services. Grateful for the simple challenges we can fix. Grateful for my education. Grateful to be part of a greater sisterhood...

We were temporary in this world, only grasping a snapshot. A snapshot of one corner of the globe, no different to many others, yet a stark contrast to what some of us are use to. Previous trips have seen me travel to various developing countries, including remote Australia, yet my eyes had never seen a challenge like this.

I'm grateful for our health services. Grateful for the simple challenges we can fix. Grateful for my education. Grateful to be part of a greater sisterhood, serving the sick around the world... even in the very back corner of Bangladesh. My heart breaks... with hope.

References

1. Bangladesh; Directorate General of Family Planning. Maternal, Child, Reproductive and Adolescent Health Plan 2011-2016; 2011. Available from <http://www.dghs.gov.bd/images/docs/OP/MCRAH%20P%202011-16%20writup%20new.pdf> ●



life membership

Humbling is how Trudy Yuginovich and Lyn Hinspeter both describe their reaction to being endorsed as Life members of CRANApplus.

Already Fellows of CRANApplus, which recognises members' excellent contribution to improving remote health, and their exceptional commitment and professionalism within their professional practice, the Board has now given the pair Fellow-Life membership – acknowledging their considerable on-going contribution and loyalty to the organisation.

With vastly different experiences with remote area nursing, the pair came together a few years ago to co-write a book highlighting the impact of single nurse positions in remote communities on both the professionals and the communities themselves.

Lyn Hinspeter

Lyn, a RAN and midwife, who nursed for 50 years before retiring, says she can still see in her mind the first time she went remote. "It was at Lockhart River on Cape York Peninsula and I said 'this is the reason I went into nursing'.

"I then went to a CRANApplus conference and I went home and said 'these are my type of people'."

"I then went to a CRANApplus conference and I went home and said 'these are my type of people'."

A highlight of Lyn's career was being on the medical support team for the Year of the Outback cattle drive from Birdville to Maree in 2002.

Until recently, Lyn travelled each year to the Philippines as a volunteer, teaching undergraduates at a nursing college near Manila.

"I love to teach," Lyn says. "I am not a trained teacher, but I love to teach in that I love passing on knowledge. I feel, if I know something, I have a responsibility to pass it on."

With vastly different experiences with remote area nursing, the pair came together a few years ago to co-write a book highlighting the impact of single nurse positions in remote communities...

Lyn has served on the CRANApplus Board and was on the committee for the Coalition of National Nursing Organisations (Conno). "I didn't think that as a nurse I would ever operate at that level," said Lyn, who finally did her nursing degree at 50, as she had been hospital-trained as a young woman in the 60s.

Trudy Yuginovich

"I have always had a passion for remote nursing, but I've never actually worked remote myself," says Trudy, one of the first CRANApplus members to achieve a PhD.

Her thesis was on the history of remote area nursing in Australia and why it has never been legitimised as a specialty area in its own right.

Trudy, who still does some consulting work for CRANApplus, has served on the Board and was treasurer at one stage.

The research with Lyn followed on from her PhD, looking at what remote area nurses really do.

"Lyn did all the telephone interviews – I did the transcribing and analysis," Trudy said.

"Lyn was the personal contact, as she knew and had worked with many of the nurses interviewed."



Trudy is still passionate about remote nursing, and is concerned nothing has changed with the nursing model since that research.

"Everyone knows what the issues are," she said. 'Remote nurses know and politicians patronisingly acknowledge how wonderful they are – but don't actually change the model of practice and management. The model is a metropolitan model, which has been dumped into remote.

"It is very humbling. My service has been academic and I have always been in awe of 'real' remote nurses."

"Sometimes a RAN will get a great manager who, for instance, backfills to allow her to go to a conference, but then you might find a RAN who has worked 100 days straight on call 24-hours-a-day. That kills people."

Above: (L-R) Trudy Yuginovich, Lyn Hinspeter, Sue Kildea and Libby Bowell.

Trudy would like to see more transition programmes encouraging and supporting new graduates who have the passion to go remote – but find the support and the practical services like accommodation are lacking.

Commenting on being given Life Membership, the pair are once again in unison.

"I was a bit overwhelmed and wondered what I had done to deserve it. I feel very humbled," Lyn said.

Trudy echoed her sentiments. "It is very humbling. My service has been academic and I have always been in awe of 'real' remote nurses.

"When I was invited to be a Fellow, I thought 'maybe, after all, I am doing my bit'."

Yes, Lyn and Trudy: you truly deserve this honour. Congratulations. ●

Undergraduate remote placement scholarships available

CRANApplus is the peak professional body for all remote health.

Each year since 2006 CRANApplus has made a number of scholarships available to undergraduate students studying a health discipline at an Australian University.

The scholarships offer financial assistance to support students who are interested in working remotely and gives them the opportunity to experience a remote health setting first hand. This demonstrates the commitment of CRANApplus to the future remote health workforce.

The CRANApplus Scholarships are among a range of benefits offered student members by CRANApplus including professional connections, mentoring, access to resources and psychological support services for undergraduate students.

Scholarships provide financial assistance of up to \$1000 per applicant, per remote placement. They can be applied to the cost of fares, accommodation and other incidental costs incurred by a student undertaking an undergraduate placement in a remote area of Australia and its external Territories.

The closing date for the
scholarship application is
1 September of each year

For full details of eligibility
and how to apply go to

www.crana.org.au

dr john setchell retires from rfds



Rural and remote Australia will lose a long-standing health advocate with the retirement in July 2015 of Royal Flying Doctor Service General Manager Health Services, Dr John Setchell.

Dr Setchell has been at the helm of RFDS Central Operations health services for 15 years after a long career in health services and general practice.

A stint in Papua New Guinea in the 1980s as a resident doctor for a sugar plantation in the Ramu Valley inspired a sense of adventure in Dr Setchell that he was able to continue with the RFDS.

After joining the RFDS in 1989, Dr Setchell was able to develop health services aimed at closing those gaps in healthcare for nearly 50,000 patients who live and work in rural and remote South and Central Australia.

Dr Setchell singles out the RFDS' successful Rural Women's GP Service, Healthy Living Program and the Mental Health Services Rural and Remote Areas (MHSRRA) program as particular achievements.

"Continuity of care and physical presence I think, are two critical areas the RFDS can't overlook as being at the core of what we do."

While technology had made medicine more attainable for people in remote areas there is one thing, according to Dr Setchell, that will never change. ►►



» “I think there will always be a need, particularly in areas where the access to a doctor might be once a month, once a fortnight, or at best over the phone, a need to maintain some form of human contact,” Dr Setchell said.

“The idea of medical research went out the door because medical practice was just much more satisfying and rewarding.”

“Continuity of care and physical presence I think, are two critical areas the RFDS can’t overlook as being at the core of what we do.”

Dr Setchell trained at Flinders University in the mid-1970s after obtaining a Science degree at the Australian National University and a PhD at the University of Adelaide in Neurophysiology.

An early career goal of medical research led him to study Medicine but that resulted in a change of heart.

“The idea of medical research went out the door because medical practice was just much more satisfying and rewarding,” he said.

After a holiday in Spain to celebrate his retirement, Dr Setchell is keen to keep his hand in with some locum work, teaching and consultancy. ●

strong ears, strong futures

Resources to help teachers combat hearing problems

While good ear health always starts at home, the negative effects of poor ear health are often most pronounced in the classroom, where the educational possibilities and outcomes for students suffer. Schools and teachers have an important role to play when it comes to improving the ear health of Aboriginal and Torres Strait Islander students, which is why the Care for Kids’ Ears campaign has produced a range of resources designed specifically for teachers, and why educator, Corey Grech, jumped at the chance to become a Care for Kids’ Ears ambassador.

Working as an Aboriginal Education Assistant on the Central Coast of New South Wales, Corey has witnessed first-hand the impacts of poor ear health on Aboriginal and Torres Strait Islander students.

“We’ve got kids up in our primary school, if they’re sitting anywhere near the back of the class and we’re having behavioural issues with them, sometimes it can come down to the fact that they’re not hearing what’s going on.

“I’ve seen it happen, and I’ve seen those kids get chastised by their teachers because they’re not doing the work.” »

Below: Corey teaches the importance of ear health to his students using the Care for Kids’ Ears Storybook.



►► An important focus of the *Care for Kids' Ears* resources for teachers relates to educating teachers about the signs and symptoms of Otitis Media, allowing teachers to identify when a student might be struggling with an ear health issue. The resources provide practical guidelines on how best to teach in a classroom where students may be struggling with limited hearing, and importantly, also raise awareness about the wider health contexts related to Otitis Media in Indigenous communities.

“As both a parent and teacher, I want to know how I can diagnose health problems like Otitis Media faster.”

Corey believes this information is invaluable for teachers of Indigenous students in being able to teach successfully, and to provide their students with the best education outcomes possible.

“As both a parent and teacher, I want to know how I can diagnose health problems like Otitis Media faster. For me it’s all about early intervention and not letting these health issues affect these kids during those really important early stages of their education.”

As well as educating teachers on the symptoms of Otitis Media, the *Care for Kids' Ears* resources also provide tools to help teachers get their students thinking and talking about the importance of good ear health. These resources include activity booklets, posters and a talking book.

The *Care for Kids' Ears* resources for Parents and Carers, Early Childhood & Community Groups, Teachers and Health Professionals can be downloaded or ordered from the Care for Kids' Ears' website: <http://www.careforkidsears.health.gov.au/> ●

Right: Corey shows kids how to blow their nose for better ear health.



one ride one dream



Walking, riding, talking, laughing: that's what the Mwegkart Community near Tennant Creek in the Northern Territory will remember from this year's June long weekend.

After months of organising and preparation, a group of elders, young men and kids rode around Karlu Karlu (the Devil's Marbles) and then camped with their families for an evening of sharing stories and chatting about the past and the future.

The community event was planned by the local community, including elders, Mwegkart teachers Katrina Kotzur, Tristan Duggie and Dr Sam Gubicak, currently in a youth development role in Tennant Creek.

Jerry Kelly from Kelly's Ranch supplied the horses, while RM Williams came to the party with clothing for the horse riders.

Social media guru, drumming up financial assistance and support for the event, was RAN Cassie Gaff, who works in Victoria and who has undertaken CRANaplus courses.

"I was so impressed with the enthusiasm of the school students and particularly the young men in the community..."

"I was so impressed with the enthusiasm of the school students and particularly the young men in the community," said Dr Gubicak.

"The lead-up was amazing: everyone was involved, everyone was excited. And the event itself was fantastic.

"It was so good for the community and to encourage physical activity."



Left: Jerry Kelly, Sam Gubicak and Tristan Duggie.

Above: Cassie Gaff and Telisha Kotzur.

Cassie will remember the fires dotted around the campsite with kangaroo tails cooking and billy tea boiling as families took the chance to talk about grog, kids were encouraged to go to school and learn, and elders planned to take people out the next morning to look for bush berries.

Katrina said she hoped that the event will lead to more initiatives. "I would love to see some of the kids in the school being able to travel further," she said. "Most have never seen a rainforest; never seen the sea."

Our website is: <http://www.youcaring.com/tuition-fundraiser/one-ride-one-dream-horseback-ride-fundraiser/315622>

Facebook page: <https://www.facebook.com/OneRideOneDream> ●



opinion piece

Assisting women and girls' pregnancy choices in rural and remote areas: How do RANs and RAMs help?

I recently went to the 13th National Rural Health Conference and talked with Julie Hornibrook about her presentation on women's access to abortion services in rural NSW.¹ She spoke to me of a woman in her study who attempted to do her own abortion. Frankly it shocked me. As Chairperson of Family Planning Northern Territory I know that reproductive health services are few and far between, but to hear that a woman was so desperate to end her pregnancy that she initiated this without support from health professionals, sounded like something from decades ago.

Termination of pregnancy (TOP) is a common event in women's lives. In the Northern Territory around 1,000 terminations occur annually and by way of comparison nearly 4,000 babies are born each year. About 200 of those abortions are for Indigenous patients. According to the Public Health Association of Australia policy, providing termination of pregnancy services within the public health system is essential.

Offering women and their partners, pregnancy options and providing evidence-based quality of care should be possible across Australia. However TOP services are difficult to access in the NT, they are inequitably provided, and the options available are out of date. This is due in part to the non-prioritising of women's health by various governments and also by the limitations of the Medical Services Act; the law that regulates and still criminalises TOP.

Nurses, midwives and general practitioners and non-government services provide support services which counsel and refer women to reproductive health care. RANs and RAMs provide this much needed service to women and girls in rural and remote areas. While workforce issues and geographical access are challenging, the NT is to be commended for providing over 90% of TOPs in the public health system. This is unusual, as in most states and territories TOP services are largely out-sourced and privatised. This model of health care discriminates against economically and socially disadvantaged people: younger, poorer, Indigenous, rural and remote living women find it hard to afford the costs of travel, accommodation and services.

Two years ago I started advocating for law reform in the NT with a group called 'WHAT RU4 NT?' to enable health practitioners to provide medical terminations of pregnancy.² Early medical abortion has been available in Europe since 1988, in the US since 2000, and in other jurisdictions in Australia since 2006.

This puts the NT at best 8 years behind or at worst 26 years behind evidence-based reproductive health care. Medical TOP is the provision of doses of mifepristone and misoprostol orally before 9 weeks gestation.

It is efficacious and well-accepted by women as a method of terminating an accidental, mistimed, unwanted or unviable pregnancy. Less than 5% of medical termination of pregnancies require follow-up due to complications such as excessive bleeding or continued pregnancy.

In South Australia, 22% of terminations are performed as a medical TOP as the preferred method. It is cost-effective as it reduces the hospital/clinical surgical resources required by curette termination of pregnancy.

It is a game changer in access to pregnancy choices and possibly as revolutionary as the oral contraceptive pill.

I am interested to hear reports from RANs and RAMs about how they offer pregnancy choices to their patients. How do you navigate providing this type of care? What if you are in a small group with conscientious objectors? How do you provide confidentiality in little communities? Are you able to provide medical terminations for women so they don't have to travel so far? If you want to contact me, I would like to hear your experiences and comments and use these real issues in my advocacy work.

References

1. Doran F, Hornibrook J. Rural New South Wales women's access to abortion services: highlights from an exploratory qualitative study. *Aust J Rural Health*. 2014;22(3):121-6.
2. See the Facebook page [WHAT RU4 NT?](#) – please sign the petition.

Suzanne Belton, RNRM
Senior Lecturer in Public Health, Menzies
School of Health Research, Darwin
suzanne.belton@menzies.edu.au ●



why advertise with CRANApplus?

It makes sense that it is no use advertising somewhere where your target audience won't see it.

CRANApplus is the only organisation with remote health as our sole focus. Our extensive membership and stakeholder database means CRANApplus is uniquely placed to reach Australia's remote health professionals.

CRANApplus offers several advertising options at very competitive rates:

1. The CRANApplus Magazine – The voice of remote health

"I read it cover to cover" is a statement we hear again and again from our readers.

Currently our quarterly publication enjoys a circulation of 15,000 copies each quarter (and growing). It reaches those who are passionate about remote health in Australia.

Our beautiful design provides a quality environment for your ad. We are a content-rich publication, so yours will not get lost in a sea of other ads.

Our print publication is supported by website resources. Each issue is online in perpetuity with your ad just as it appears on the printed page.

2. The CRANApplus Website – www.crana.org.au

Our newly designed website offers organisations the opportunity to advertise career vacancies in a dedicated Employment section. Your logo, text (up to 500 words) and contact details are displayed.

Repeat advertisers have reported successful, value for money, results as we reach that niche group of health professionals most suited to their remote health sector needs.



Your website advertising is reinforced as your employment vacancies will be drawn to the attention of our weekly e-Newsletter readers who are encouraged to check out this area of our website. Cost is \$250 per week and free to Corporate Members.

3. The 'Friday Update' – weekly e-Newsletter

Forwarded to over 6,000 recipients 50 weeks of the year, this is an excellent vehicle to get your message out to our readers promptly.

Organisations advertising career opportunities on our website have their message brought to the attention of our readers and find the combination of website and e-Newsletter advertising an effective method to advertise time sensitive career vacancies.

If you have an event you would like to list in our e-Newsletter please contact us and we will place your event for free.

You can view our Magazine rates, artwork specifications and contact details below for more information. ●

advertising rates

Black & White rates

		One issue	2 issues (- 10%)	3 Issues (- 15%)	4 Issues (- 20%)
Full page	Type: 128mm W x 183mm H Trim: 148mm W x 210mm H Bleed: 154mm W x 216mm H	1,600	2,880	4,080	5,120
Half page	Horizontal: 128mm W x 90mm H Vertical: 65mm W x 183mm H	880	1,584	2,244	2,816
Third page	Horizontal: 128mm W x 59mm H Vertical: 65mm W x 121mm H	600	1,080	1,530	1,920
Double page		3,040	5,472	7,752	9,728

Colour rates

		One issue	2 issues (- 10%)*	3 Issues (- 15%)*	4 Issues (- 20%)*
Full page	as above	2,240	4,032	5,712	7,168
Half page	as above	1,232	2,218	3,142	3,942
Third page	as above	840	1,512	2,142	2,688
Double page		4,256	7,661	10,853	13,619

Magazine colour insert

		15,000 single-sided	15,000 double-sided
Full size	Trim: 148mm W x 210mm H Artwork must be supplied	1,500	2,000

*Discounts apply to consecutive issues only.

Magazine is printed in A5 format. Other advertising sizes can be negotiated.

Note: Centre spread is available from next issue.

*Corporate members receive further discount on these rates. [Contact memberservices@crana.org.au](mailto:memberservices@crana.org.au) for further information.

Publication Dates: March, June, September, and December

Submission Dates: First day of February, May, August and November

Rates are in AUD\$ and are inclusive of GST. All artwork to be submitted by close of business on the published deadline date. Full colour ads to be submitted in high resolution PDF format with all fonts embedded and all colours separated into CMYK. ●

CRANApplus corporate members



Working with our many partners, **Abt JTA Asia Pacific** implements bold, innovative solutions to improve the lives of the community and deliver valued outcomes for our clients. We provide a comprehensive range of services from policy to service delivery in the public and private sectors contributing to long term benefits for clients and communities.



NSW Air Ambulance located in Sydney is currently recruiting. If you are a dual Registered Nurse and Registered Midwife with additional critical care experience, contact the Senior Flight Nurse Margaret Tabone on 0413 019 783.



Apunipima Cape York Health Council is a community controlled health service, providing primary healthcare to the people of Cape York across eleven remote communities.



Central Australian Aboriginal Congress was established in 1973 and has grown over 30 years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.



The **Centre for Remote Health** aims to contribute to the improved health outcomes of people in remote communities through the provision of high quality tertiary education, training and research focusing on the discipline of Remote Health.



NT Dept Health – Primary Health Services/Top End Remote Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary healthcare team.



Department of Health and Human Services (Tasmania) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.



WA Country Health Services – Kimberley Population Health Unit – working together for a healthier country WA.



As an Aboriginal community-controlled organisation, the **Derby Aboriginal Health Service** is committed to core principles including Aboriginal self-determination, access, equity, empowerment and reconciliation, and offers community members culturally appropriate comprehensive primary health, education, health promotion and clinical services.



Gidgee Healing delivers medical and primary health care services to people living in Mount Isa and parts of the surrounding region. Gidgee Healing is a member of the Queensland Aboriginal and Islander Health Council (QAIHC) and focuses on both Indigenous and non-Indigenous people.



Healthcare Australia is the leading healthcare recruitment solutions provider in Australia with operations in every state and territory. Call 1300 NURSES/1300 687 737. 24 hours 7 days. Work with us today!



HESTA is the industry super fund for health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Today we serve more than 760,000 members and 119,000 employers.



Indigenous Allied Health Australia's vision is to achieve the same quality of health for Aboriginal and Torres Strait Islander peoples.



The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.



Katherine West Health Board provides a holistic clinical, preventative and public health service to clients in the Katherine West Region of the Northern Territory.



KAMS (Kimberley Aboriginal Health Service) is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia.



The **Mount Isa Centre for Rural and Remote Health (MICRRH)** James Cook University, is part of a national network of 11 University Departments of Rural Health funded by the DoHA. Situated in outback Queensland, MICRRH spans a drivable round trip of about 3,400 kilometres (9 days).



NAHRLS provides assistance with Locum back-fill for Nurses, Midwives and Allied Health Professionals in rural and remote Australia who would like to undertake CPD activities.



Ngaanyatjarra Health Service (NHS), formed in 1985, is a community-controlled health service that provides professional and culturally appropriate healthcare to the Ngaanyatjarra people in Western Australia.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parngurr with a client base of 830 and growing. Our administration base is in the Iron Ore rich town of Newman.



QNA Healthcare (QNA) is a Boutique Nursing Agency specialising in contract and permanent recruitment solutions for remote and regional healthcare providers throughout Australia. At QNA we have a strong commitment to 'quality' for both our Nurses and clients.



The **Remote Area Health Corps (RAHC)** is a new and innovative approach to supporting workforce needs in remote health services, and provides the opportunity for health professionals to make a contribution to closing the gap.



The **Royal Flying Doctor Service** Central Operation provides 24-hour emergency aeromedical and essential primary healthcare services to those who live, work and travel in rural and remote South Australia and the Northern Territory.



The **Royal Flying Doctor Service** has been ensuring equitable access to quality comprehensive primary health care for 80+ years to remote, rural and regional Queensland.



Silver Chain is a provider of Primary Health and Emergency Services to many Remote Communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to **build community capacity to optimise health and wellbeing**.



The **Spinifex Health Service** is an Aboriginal Community-Controlled Health Service located in Tjuntjuntjara on the Spinifex Lands, 680km north-east of Kalgoorlie in the Great Victoria Desert region of Western Australia.



The **Torres and Cape Hospital and Health Service** provides health care to a population of approximately 24,000 people and 66% of our clients identify as Aboriginal and/or Torres Strait Islander. We have 31 primary health care centres, two hospitals and two multi-purpose facilities including outreach services. We always strive for excellence in health care delivery.



Your Nursing Agency (YNA) are a leading Australian owned and managed nursing agency, providing staff to sites across rural and remote areas and in capital cities. Please visit www.yna.com.au for more information.



"Making our families well" Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the **Western Desert Dialysis Appeal**. Their aim was to support renal patients and their families and return them to their country and families where they belong.

BOOK NOW!!!



keynote speaker



Stephanie Dale is an award-winning regional journalist and author, with wide-ranging experience in media, politics and publishing.

Throughout 20 years in the newspaper industry she was a passionate advocate for the visibility and voices of everyday Australians.

She now works to encourage people and communities to identify their story and speak for themselves. In 2014, she founded *The Write Road*, a creative initiative that takes writing and communications workshops and training to the bush and beyond.

What began as an arts program quickly evolved into a proactive mental health strategy that is achieving wonderful outcomes for individuals and remote communities. ●

keynote speaker



Dr Buddhi Lokuge is the co-founder of EveryVoiceCounts and a public health doctor who has worked in Afghanistan, Africa and the US for Medecins Sans Frontiers, and in remote Northern Australia. Buddhi has implemented large scale public health projects, and led international campaigns around malnutrition and access to low cost essential medicines. He was founding coordinator of the East Arnhem Scabies Program, is co-author of *A Doctor's Dream*, a story of hope from the Top End, and is co-creator of the TV show *Black As*. ●



invited speaker



Caroline Homer is the President of the Australian College of Midwives. She was the first President to be publicly elected, has been an active member of ACM for more than 18 years and has served on many national and state-based committees.

In her day job, she is the Director of the Centre for Midwifery, Child and Family Health, Director of Midwifery Studies and the Associate Dean for International and Development in the Faculty of Health at the University of Technology Sydney and she practises as a midwife at the St George Hospital.

Over the last 10 years she has also been an instructor in the CRANApplus MEC and MiddUS courses.

She has led research into the development and implementation of innovative models of midwifery care and the translation of research into clinical practice.

She was an author in the recent Lancet Series of Midwifery and the 2014 State of the World's Midwifery Report. ●

invited speakers



Pat Anderson
AO is an Alyawarre woman known nationally and internationally as a powerful advocate for disadvantaged people, with a particular focus on the health

of Australia's First Peoples. She has extensive experience in all aspects of Aboriginal health, including community development, advocacy, policy formation and research ethics.

Ms Anderson has spoken before the United Nations Working Group on Indigenous People, and currently serves as the Chairperson of the Lowitja Institute. She has also been the CEO of Danila Dilba Health Service in Darwin, Chair of the National Aboriginal Community Controlled Health Organisation, Executive Officer of the Aboriginal Medical Services Alliance Northern Territory (AMSANT), and was the Chair of the CRC for Aboriginal Health from 2003 to 2009. Ms Anderson has published many essays, papers and articles. She was a co-author with Rex Wild QC of *Little Children Are Sacred*, a report on the abuse of Aboriginal children in the Northern Territory.

In 2007 she was awarded the Public Health Association of Australia's Sidney Sax Public Health Medal in recognition of her achievements and she was awarded the Human Rights Community Individual Award (Tony Fitzgerald Memorial Award) in 2012 and an honorary doctorate from Flinders University in 2013. Ms Anderson is based in Canberra.

In June 2014, Ms Anderson was appointed Officer of the Order of Australia (AO) for distinguished service to the Indigenous community as a social justice advocate, particularly through promoting improved health, educational and protection outcomes for children. ●



Annmaree Wilson is the Senior Clinical Psychologist for CRANaplus Bush Support Services. She is clinically responsible for the management of the team of Bush

Support Services' psychologists. She enjoys the diversity of work provided by Bush Support Services, particularly the telephone counselling and designing and facilitating workshops.

Annmaree completed her undergraduate and postgraduate degrees in clinical psychology at the University of New South Wales. She completed her PhD at the University of New England. She has worked extensively both in Australia and overseas, in rural and remote settings, mainly in the area of child, adolescent and family work.

She is particularly interested in Narrative Therapy and has practiced as a narrative therapist for many years. As well, she has taught the approach to both undergraduate and post graduate students.

Annmaree is looking forward to the opportunity to talk about the narrative approach to therapy at the CRANaplus conference.

She sees narrative as a really useful way of working with callers to Bush Support Services because it is a collaborative and non-pathologising approach.

It assumes that people all have many skills, abilities, values, commitments, beliefs and competencies that will assist them when they experience difficulties. It is a way of working therapeutically that takes into account the broader context such as class, race, gender, sexual orientation and ability. ●



Roianne West is the daughter of a life-long health worker and advocate and the granddaughter of a long line of healers. Roianne's people are Kalkadoon, desert people,

from Far North West of Queensland. Roianne has over 20 years of experience in Indigenous Health where she started her journey as a health worker and then on to becoming a Registered Nurse.

Roianne is currently the Professor for First Peoples Health at Griffith University and Deputy Chairperson for the Council of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM). Roianne's expertise is in Indigenous health workforce development, including developing more clearly articulated, seamless and supported pathways for Indigenous peoples into University health programs and creating opportunities to ensure that Indigenous people's who have the ability to and aspire to study at university get the opportunity to do so.

Roianne strongly believes that Indigenous knowledge and strong Indigenous leadership are critical to improvements in Indigenous health outcomes and pathways to higher education are critical to building a smarter Indigenous Australia. ●



Debra Cerasa is an experienced and qualified senior executive in the health sector, with a diverse resume of experience in management and leadership roles.

Currently, her role is Chief Executive Officer (CEO) of MS Australia. Most recently Debra was the CEO with Royal College of Nursing Australia (2008 to 2012).

Debra is motivated by a belief that health care is a right for all and not a privilege. She holds a practical, down-to-earth approach to research, education and quality improvement.

She has become an active participant in the use of Social Media, believing there are enormous benefits in harnessing the appropriate use to assist our communities in health, illness prevention and wellbeing. This energy for Social Media has been a positive driver for changes in the approach to advocacy with the MS Australia National Advocacy Program.

Debra is regarded by many as an innovative change agent who believes that progress in health and wellbeing can be inspired by everyday stories of real people. ●





support

horizontal violence – a part of our workplace?

The issue of horizontal violence or bullying is becoming an increasing issue in many workplaces and Health is considered to be one of the Big 4. Recently in the media much has been reported about this issue with calls being made for changes in workplace culture on all levels.

In a recent parliamentary inquiry it was estimated to cost the Australian economy upwards of 6 million a year.

In addition we need to acknowledge the personal cost to practitioners and the upheaval it causes to the delivery of quality health care.

Many report this non-physical hostility as sabotage, infighting, scapegoating and criticism. In health this can be passed off as women working together, personality traits, jealousy, ambition and lack of respect for each other.



For the majority being a professional gives us a sense of purpose and worth. It is unacceptable and destructive that we can experience Horizontal Violence in our workplace however it has been estimated that one in three experience it and one in two witness it.



The damage caused by this cannot be underestimated, many report reduced self esteem, depression, anxiety and sleep disorders which lead to ever decreasing levels of functioning. It leaves people broken, depressed and humiliated.

Inadvertent bullying may happen in the workplace because people are untrained, unsupported or see this behaviour as how others have been successful in the organisation. It's important to note that workplaces of high negative emotion are not productive!

Increasingly Compassion and its role in leadership has become part of the psychological conversation and much can be achieved in the improvement of workplace culture by the cultivation of this.

In today's workforce we all have the opportunity to be both leaders and workers.

It is rare to see 'contributing to creating a dignified and respectful workplace' as part of the core competencies for managers or staff. When the employer's ethos is results driven this often results in a cost in the psychological safety of staff.

Bush Support Services believes that the climate of health workplaces can change by increasing the connection between those in leadership and workers. In today's workforce we all have the opportunity to be both leaders and workers. ►►

- Some of the attributes of Compassionate Leaders and Workers include the following:
- They are in tune with feelings.
 - They demonstrate wisdom and kindness.
 - They have time to engage in connective conversations with others.
 - They are mindful and aware of their own feelings and the impact they have on others.
 - They show sincere, heartfelt consideration.

All of this goes towards more productive workers who are positive about the future and feel that what they are doing has a purpose. They have energy and more creativity all of which result in the increase in individual resilience. Workplaces are more effective and have a low staff turnover making the workplace more sustainable.

We work better for those we respect and trust.

“If you want others to be happy, practise compassion. If you want to be happy, practice compassion.”

The Dalai Lama

‘Doing Compassion’ means respecting others core values and displaying empathy with no expectation of reciprocity. It not about what you say – it is about what you do!

NOTE If we don’t keep our own batteries charged with good self-care we will not be in a position to show that we are connected to others ie. really hearing what is being said. Listening with your whole attention is so important – changes happen in the brain when someone listens to you!

The effects of ongoing horizontal violence are progressive if not addressed and result in increasing stress. Initially it can result in:

- Reduced self esteem.
- Sleeping disorders.
- Free floating anxiety.

If this continues people can experience:

- Difficulty with emotional control (bursting into tears or angry outbursts).
- Difficulty with motivation (burn out).

Firstly we need to acknowledge that horizontal violence exists in the workplace and address the issues that allow for that.

Further deterioration can occur:

- Intolerance of sensory stimulation.
- Loss of the ability to ignore things that were previously manageable.
- Changed response patterns which resemble a change of personality.

Remember BSS are always there 24/7 (Toll Free 1800 805 391) to support you if you would like to discuss any of the issues in this article.

Provision of education and support is important in order for staff members to safely address these issues.

Firstly we need to acknowledge that horizontal violence exists in the workplace and address the issues that allow for that. Provision of education and support is important in order for staff members to safely address these issues.

In addition Management needs to adopt a consistent, integrated approach to promote a culture of cooperation and address issues of horizontal violence.

**Therese Forbes
Psychologist**

CRANaplus Bush Support Services ●

Bush Support Services 1800 805 391 Toll Free Support Line



Bush Support Services



FREE telephone counselling & support

for families of Remote Health Practitioners living/working anywhere in Australia

Feel the need to chat with someone outside the square?

Call the CRANaplus Bush Support Services Toll Free Support Line on 1800 805 391.

- We are here 24 hours every day, offering a FREE and confidential service with anonymity guaranteed.
- Calls are FREE of charge from landline phones. We return calls to mobile phones.
- Our psychologists are qualified and fully registered professionals.
- Repeat callers may speak to the same psychologist on request.



**Australian Government
Department of Health**

**For more information visit
www.crana.org.au/support**

Take a different perspective get more of the good life

The pursuit of happiness keeps many of us engaged with work and life in general in order to strive for this elusive concept. Recent research has found that taking a different perspective on our experiences can greatly enhance our satisfaction and imbibe more meaning in our lives. In fact the benefits of positive expression have been shown to increase wellbeing and even longevity.

Being optimistic and demonstrating kindness are two ways that can greatly improve your life satisfaction. Optimistic people tend to interpret their troubles as transient, controllable and specific to one situation therefore not generalising and projecting difficulties into the future.

The exercise of kindness calls on your strengths to rise to an occasion and meet a challenge. As such kindness consists of total engagement and loss of self consciousness. Time stops. It is the ultimate mindfulness experience if you like. With a shift in perspective and the practice of kindness we can be well on the way to having more of the good life – both qualitative and quantitative!

Think about it this way – if you were offered two cocktails one which would increase fear, sadness and anger and the other which offers good cheer, increased self esteem and wellbeing – which would you choose? When presented in such a way the choice seems clear doesn't it and it really can be achieved by simply taking a different perspective. It is particularly important to take note of your interpretation of endings as these can colour the entire relationship or experience.

WARNING – This will require some conscious decision making! All too often we seek to take a different path but end up doing the same thing over and over. This is because we need to set a new default position, similar to your computer settings – if you don't specifically tell the computer what to do it will use the default. The good news is that, with practice, your new choices can become your default. Bss would like to invite you to try this and our new competition is designed to encourage some different perspective taking.

Announcing our 2015 Wellbeing competition – *Taking a New Perspective*.

We would love to receive your entries which can comprise of one or more of these four options:

1. Poetry or short story about your experiences in taking a different perspective or about an act of kindness you have experienced or given
2. A short story about a courageous step you have taken in the right direction.
3. Poetry or short story about an ending that you have been able to take a different and more positive perspective on.
4. Mindful photography which demonstrates some perspective taking

We would also welcome photos of artwork you have done which denote the qualities of perspective taking. All written works should be <500 words. Entries may be chosen to feature in the June and September editions of the CRANAplus Magazine and the winner will be announced at our Conference in October in Alice Springs. Please let us know when submitting if you do not give permission for your entry to be featured in this way.



Send your entries to
therese@crana.org.au
by 30 September 2015

A prize of \$500 will be awarded to the winner

dealing with shift work

Shift work and the disturbance created by being 'on call' are two of the most common sources of stress in the health workforce in general and those working rural and remote in particular. Many callers to Bush Support Services report that, apart from actually being rostered on to work night shifts, being 'on call' creates an anxiety that prevents sleep in case they miss the telephone ringing.

Both shift work and 'on call' work refers to working outside normal day hours. Rotating shifts specifically challenge an individual's normal ability to cope because of the physical and mental stress created by changes to the body's 24-hour circadian rhythm. Circadian rhythm is the control system of all body functions and the effects of shift work are experienced holistically.

It is important to understand the effects of shift work in order to consider appropriate ways of managing the impact and build resilience.

Physical effects of shift work

Callers to Bush Support Services report a wide range of physical health issues arising from on-call and shift work. The most common and obvious difficulty is lack of sleep. It seems that humans are wired to sleep during the night and to be awake during the day. As a result, many people who work night shift report difficulties sleeping in daylight hours. ►►



►► Nightshift workers are often concerned about their work performance because they have gone to sleep at night when they are supposed to be working.

Lack of sleep creates fatigue which in turn makes it difficult to concentrate and judgement and decision-making can become impaired.

The consequences of such difficulties can result in the risk of harm to both the health worker and their patients.

To cope with the physical tiredness caused by shift work, many workers rely on increased consumption of caffeine and tobacco during their night shifts. This strategy in turn creates its own difficulties, with increased irritability and physical arousal which is contrary to sleep even when it is appropriate.

Research has also shown that shift workers also consume more alcohol during the day in an attempt to assist with falling asleep.

Shift workers report a higher rate of digestive problems than the general population. These difficulties range from dyspepsia to constipation and stomach ulcers. Apart from the disruption to the circadian rhythm the cause of the digestive problems may in part be due to poor diet created by working outside of normal social and family life.

Psychological effects of shift work

The most apparent psychological effect of shift work is the challenges that it creates in maintaining a normal work/life balance. Callers to Bush Support Services often report that they find it difficult to maintain close relationships because they are working when others are asleep, or asleep or fatigued when normal social and family activities are occurring. This can result in depression and anxiety as well as relationship breakdown.

Building resilience when shifts are a part of work life

Being aware of the impact that shift work is having on you is the first step in building resilience.

The very first step is to work out ways of making sure you get enough sleep during your non-work hours. Be mindful of the importance of quiet and dark in order to sleep.

The second step is to make sure that you continue to eat healthy food with plenty of water, fresh fruit and vegies. Shift work does not mean that you don't need to eat regularly.

The third step is to make sure that you exercise regularly.

If you are working permanent or semi-permanent night shift you may need to consider how you structure your days off.

...remember the most important thing in the world is your own well-being. Take rest breaks at least each hour during work and use mindfulness strategies.

Going back to a 'normal' schedule will make it difficult to get back into the swing of night shift, so consider continuing to have an afternoon nap, for example, even on your days off. If possible, change to the next later shift after some time off, for example a day-afternoon-night shift roster.

Finally, remember the most important thing in the world is your own well-being. Take rest breaks at least each hour during work and use mindfulness strategies. Try to make your work life as predictable as possible. Take as many weekends off as possible.

This will maximise the opportunity for you to spend quality time with friends and family. Remember that some people and families never adjust to shift work. If you feel it is not working for you it is important to consider your options.

Dr Annmaree Wilson
Senior Clinical Psychologist
CRANaplus Bush Support Services ●

will you be experiencing seasonal blues?



How looking for other colours can help

During winter, people living and working in the top half, and centre, of Australia experience mild temperatures much less harsh than the heat of summer, providing a period of time when they can enjoy the warmth of the Australian weather without the excessive sweating, loss of energy, striving to keep out of the sun, and risk of heat exhaustion. For people living in these areas, winter can be a time to enjoy the climate and focus on matters other than the hot weather, such as enjoying the environment or just getting on with work and life without having to adjust to the heat of the day.

A stark alternative exists for people living and working in the bottom half of Australia, including areas with high altitude, where winter months are cold and drop to freezing overnight, creating self-isolating behaviours for some, as they stay indoors in their attempts to keep warm.

For people living in areas with cold climates, seasonal depression can strike in either an ad hoc, or regular manner. People can experience feeling that life is a struggle, that it's so hard to keep warm, that each day is an effort, and there's not much to look forward to. They can find it hard, or even impossible, to do the things they usually enjoy, which reinforces their desire to stay at home, and turns winter into a negative season. People may go to bed early as an excuse to escape their winter blues, and may complain about the temperature, to themselves or to others. In particularly bad cases, people may reduce their communication as they perform behaviours similar to a bear in hibernation: closing down, hiding, sleeping.

If this sounds like you, listen up. There's a lot you can do. It's time to get positive. For a start, there's evidence to suggest that sleeping too much is not good for us. Having 7 to 8 hours of sleep a night (or day if you're on night shift) should be enough. Keep active. Sure it's cold outside, but behavioural activation is a guard against depression. Get up, get moving. ►►

► Easier said than done? Well it'll take some planning. To start with, grab a pen and paper, or use your electronic note app, and write down all the things you like about winter and enjoy doing when it's cold, and secondly, make a commitment to yourself to start doing them.

Here are some suggestions:

- Wearing your favourite coloured jumper or coat.
- Making soup, stews, casseroles, hot puddings.
- Looking out for the morning frost, or falls of snow.
- Taking photos of the frost or snow and sharing them with your friends.
- Admiring the evergreen trees that haven't lost their leaves: cypress and juniper trees, silver dollar eucalypts, English or Japanese box, or flowering trees such as magnolias, gardenias and camellias.
- Making a fire and watching the flames.
- Warming up your hands with a hot cup-of-soup.
- Snuggling up with a blanket and a good book.
- Lightening up your day by wearing a bright-coloured scarf or other bright item of clothing.
- Rewarding yourself for staying warm despite low temperatures.
- Knitting or crocheting yourself a scarf, cushion cover, or squares for the Bush Support Services Cosy Blanket Project (see CRANaplus website for details).

You could also try:

- Watching the birds, as many come out of the bush during winter in search of food.
- Sun-spotting, look for areas in your home where the sun shines in during the day, open the curtains or blinds and soak up that bit of sun, or find a sheltered spot outside to sit in the sun.
- Accepting an invitation to dinner or plan a winter dinner party for a friend or two.
- Baking bread, cookies or a cake and enjoy the warmth from the oven.
- Pulling out that bundle of ironing and enjoy the warmth of the iron.
- Keeping active and creating your own warmth, do some indoor exercise.
- Starting a count-down for spring; keep a lookout for the wattle, plant your bulbs and then watch the daffodils and jonquils bloom, use indoor pots if you don't have a garden.
- Planning your spring or summer holiday!

If you can engage in two or three of the positive items on your list every day during winter, you just might see yourself getting through winter a bit easier than last year. You'll be able to share information with others about your positive activities, which will help them to stay positive too. Ask a friend or colleague what they like to do in winter and see if you have anything in common, or whether you can get some ideas from them.

After all, winter gives us variety and helps us appreciate the other seasons, so why not start appreciating the colours of winter as well?

...communicating, with a splash of colour, instead of focusing on the cold climate, can put a positive spin on our days during the winter months.

If you're concerned about a friend or colleague presenting with low mood this winter, there are things you can do for them, but you should write down your list of positives about winter before you start, then you could try some of the following:

- Ask your friend or colleague what they enjoy about winter.
- Encourage them to write out their list and then engage in the positive activities.
- Tell your friend or colleague what you enjoy about winter.
- Refrain from talking about the negatives, keep conversations positive.
- Set them a challenge relating to cooking or indoor gardening, knitting/crocheting (for self or others), or decorating.
- Call your friend or colleague between shifts and have a positive chat by phone. This keeps communication alive and may prevent them from shutting down.
- Suggest having a morning or afternoon tea break out in the sun (sheltered spot).
- Set a colour theme day – set a day when staff are all asked to wear something orange/purple/pink/yellow (hair clip, earrings, shoe laces, under-clothing). Make sure the men in the workplace participate as well.
- Bring in a plant or flowers to work so you can all enjoy their colour.
- Place a brightly-coloured picture or poster in a prominent position in your workplace.
- Bake some brightly coloured iced cup-cakes or biscuits to share for morning tea.

It all sounds quite simple doesn't it? Focusing on behavioural activation, communicating, with a splash of colour, instead of focusing on the cold climate, can put a positive spin on our days during the winter months. Of course, if you don't, or someone you know doesn't, respond to simple attempts to improve their mood during winter it may be time for a trip to the doctor or a call to the Bush Support Services line. You can make a difference for others if you gently suggest that they address their low mood by getting assistance. If they don't listen, remind them again. It might take a bit of work on your part before they realise they need support.

You can make a difference for others if you gently suggest that they address their low mood by getting assistance... It might take a bit of work on your part before they realise they need support.

And what about those people who experience warmer winters in the top and central parts of Australia? Last week a friend and colleague of mine chuckled when she told me she was wearing a sleeveless top as she enjoyed her warm winter up north. Well, they won't have it easy when the wet season arrives. We'll be empathising with them as they may also fall victim to seasonal depression when the rains commence. Some of the strategies listed here may help people get through the wet season as well. If you start early, you can plan your activities for the wet season and go into it well-prepared, with a positive focus, and look forward to an easier, and more colourful, outcome in spring.

Amanda Akers
Psychologist
CRANaplus Bush Support Services ●



educate

on course with our courses

As we reach the halfway point of the year, it is a good time to reflect on what has been and what is ahead for our Education team. In the first six months, we have delivered 35 courses to over 600 participants: and we have 43 courses planned for the remainder of the year.

Pediatric Emergency Care Course

We have successfully piloted the revised Pediatric Emergency Care (PEC) course to positive reviews. One of my favourites is *"Enjoyed the course, found it very useful. Great to get Pediatric Basic & Advanced Life Support as well. Feel a lot more confident in my pediatric management skills"*.

For more information on the course, please contact the course Coordinator Anni Kerr (annikerr@crana.org.au).

Practical Skills Course

The Practical Skills course has also been met with great enthusiasm. This one-day course focuses entirely on clinical and practical skills. The theory component is completed on-line prior to the face-to-face workshop. The plastering, suturing, ear and eye assessment skills are relevant to the remote and isolated health workforce and one of the few opportunities available for participants to cover all of these skills in a one-day hands-on workshop. As one participant's feedback demonstrates, practice makes perfect: *"Overall a really good day – a lot of skills were covered & I will have fun practicing suturing on chicken breasts! – before I close on a human."*

For more information on this course, please contact the course Coordinator Anne-Marie McNamara (anniemac@crana.org.au).



Above: Claire Perrin, Sue Orsmond, Annie Kerr and Sharon Marchant at the Spark of Life Conference.

The Spark of Life Conference

Coordinators Anni Kerr and Sue Orsmond along with facilitators Claire Perrin and Sharon Marchant attended the Australian Resuscitation Council Spark of Life Conference in Melbourne in April.

There were almost 500 delegates at this national event with many international speakers among the invited guests.

We were very excited when the CRANaplus Advanced Life Support (ALS) course received a particular mention from Mike Gale, National Course Coordinator for the Australian Resuscitation Council, who spoke about the future of Advanced Life Support courses. He noted that CRANaplus is the only organisation in Australia to offer a practical ALS assessment via Skype, as a part of contextualisation of our course, to meet the needs of clients.



For more information on the options available contact Senior Coordinator Sue Orsmond (sue@crana.org.au).

2016 Emergency Short Course Schedule

The proposed schedule is currently in development with a view to be released later in the year. As part of the process, we engage with organisations and health services who have held courses in the past but are also keen to deliver courses in new locations. We will provide a private course specifically for your staff, or hold a public course open to participants from other regions. If you are interested in exploring the possibility of holding one of our courses in your area, there are a few things required:

- Suitable venue for 20–24 course participants
- Adequate and appropriate accommodation for course facilitators and participants from other areas (if a public course).
- Reasonable accessibility and transport links available.
- Suitable catering availability.

If you are able to meet these criteria and would like to discuss this further please contact Liz Gordon (liz@crana.org.au). ►►



► In progress:

1. In response to feedback from users of the e-Remote platform we are undertaking a review to improve the functionality of the platform, content and audio and video resources.
2. We are developing a course that is a combination of the Remote Emergency Care, Practical Skills and Trauma Preparedness courses for Aboriginal and Torres Strait Islander Health Practitioners & Workers. This course will be held in 2016 and held over five days.
3. This year in collaboration with Aboriginal and Torres Strait Islander Health Practitioners & Workers in the Northern Territory we are piloting a course on physical assessment in the context of the CARPA Manual. This will run over four days and will be evaluated on its application across a broader audience.
4. The Pediatric Emergency Care course is being adapted to the particular needs of Aboriginal and Torres Strait Islander Health Practitioners & Workers on Elcho Island in August and we anticipate being able to offer this further afield once evaluated.

We encourage input from you about the type of course you might require. Whether it is a combination of current courses offered or a modification for your particular needs we are open to your ideas. Particular requests, constant scrutinising of course evaluations sheets and conversations held during course lunch breaks has assisted us in the development of new courses... we are interested in what you have to say!

If you would like to discuss the suitability of your location or indeed anything to do with our courses please contact the Director of Education (flec@crana.org.au)

Sue Orsmond
Senior Coordinator
CRANApus ●

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improving
remote health



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email liz@crana.org.au or call 07 4047 6407

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* Limited availability. Conditions apply.

CRANApplus advanced life support (ALS) course options

Does your heart skip a beat when faced with a cardiac emergency? Are you expected to be a competent Advanced Life Support provider? Do you have difficulty getting away from work to get this important competency ticked off?

In the context in which we work we often have limited exposure to cardiac arrest emergencies.

Combined with the fact that ALS techniques are regularly reviewed and updated, it is important that as remote and rural health professionals, we undertake Advanced Life Support training

annually to ensure our knowledge and skills are up-to-date. A recent revision of the CRANApplus ALS Course options is designed to help resolve all of these issues.

The various options for program completion are designed to reduce the amount of time you need to spend at the face-to-face course if getting away from work is an issue.

Upon successful completion of our course you will receive a Basic and Advanced Life Support certificate.

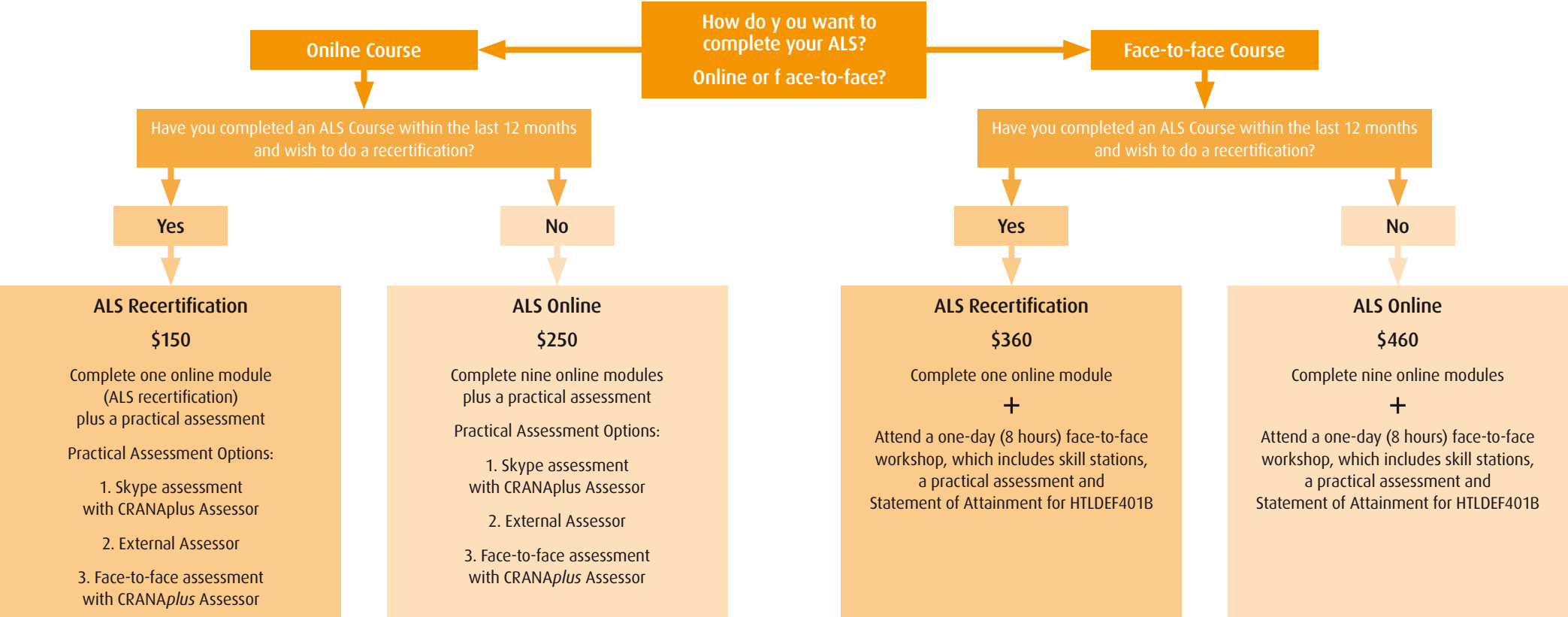
Course Options

The CRANApplus ALS Face-to-face Course includes one nationally accredited unit of competency HLTDEF410B – *Record Clinical Information During Casualty Resuscitation Techniques*. This course content provides sufficient scope to support this unit of competency.

A Statement of Attainment will be issued if the student successfully completes the required assessments associated with this unit of competency.

Endorsements

The Advanced Life Support Course is endorsed by the ACN and attracts a total of 22 CPD points (14 online/eight face-to-face). It is also endorsed by ACRRM and attracts 10 ALS and 10 PRPD points + 20 PRPD Anaesthetics and Emergency Medicine MOPS and RACGP and attracts 40 Category 1 points and is eligible for Emergency Medicine grant – one day, Anaesthetic grant – one day. The Advanced Life Support course is also available as a private course. **For more details contact sue@crana.org.au**



Please note that enrolment is valid for 12 months, however the practical assessment must be completed within 6 months of completing the online modules.

Please note that enrolment is valid for 12 months, however the online modules must be completed less than 6 months prior to attending course and more than one week prior to attending course)




endorsements and accreditations

CRANaplus is dedicated to the development and delivery of high quality education programs specific to the needs of Remote and Isolated Health Practitioners, which is fundamental to the delivery of safe care and the retention of Remote Health Professionals.

Our Education Program offers a suite of remote emergency and maternity emergency courses including online education.

Many CRANaplus courses (see table below) are accredited or endorsed by a number of organisations. ●


It is a pre-requisite that all nurses working for the Northern Territory Dept of Health in remote areas are to have completed a Remote Emergency Care (or an equivalent course) and the Maternity Emergency Care course.




ACN is the professional nursing organisation that supports nurses throughout their career and is a voice of influence for nurses in policy matters.



Endorsed by the Australian College of Midwives.
Approved for 20 CPD points in the MidPLUS Program.



ACRRM is responsible for setting the professional standards of training, assessment, certification and continuing professional development of medical professionals caring for rural and remote communities across Australia.



This organisation is an authorised provider of accredited activities under the RACGP QI&CPD Program.

CRANaplus course

Endorsed or accredited by

REC (Remote Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
MEC (Maternity Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p>
AREC (Advanced Remote Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
MIDUS (Midwifery Up Skilling)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by MidPLUS (Australian College of Midwives)</p>
ALS (Advanced Life Support)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
PEC (Paediatric Emergency Care)	<p>Accredited by the Australian College of Rural & Remote Medicine (ACRRM)</p> <p>Endorsed by the Australian College of Nursing (ACN)</p> <p>Endorsed by Royal Australian College of General Practitioners (RACGP)</p>
BLS (Basic Life Support)	<p>Endorsed by the Australian College of Nursing (ACN)</p>

educations courses for 2015

Location	Dates	MEC	AREC	MID	REC	ATSI MEC	ALS	BLS	PEC	TEC	ATSI REC	PS NEW
Adelaide, SA	20-21 Jun								●		●	
Katherine, NT	23-25 Jun				●							
Lorne, VIC	26-28 Jun			●								
Cairns, QLD ○	26-28 Jun			●								
Toowoomba, QLD	26-28 Jun			●								
Barcaldine, QLD	10-12 Jul				●							
Mt Isa, QLD	10-12 Jul	●										
Newman, WA (1 day)	16 Jul						●					
Darwin, NT ■	16-18 Jul	●										
Newman, WA	17-18 Jul								●			
Newman, WA (1 day)	19 Jul											●
Benalla, VIC	24-26 Jul			●								
Darwin, NT	24-27 Jul		●									
Esperance, WA	31 Jul-2 Aug				●							
Darwin, NT (1 day) ■	12 Aug						●					
Darwin, NT ■	13-15 Aug				●							
Darwin, NT	16-18 Aug			●								
Laynhapuy, NT (1 day) ○	18 Aug						●					
Laynhapuy, NT ○	18-19 Aug										●	
Alice Springs, NT	28-30 Aug				●							
Alice Springs, NT	29-31 Aug			●								
Hobart, TAS	4-7 Sep		●									
Darwin, NT	11-13 Sep				●							
Alice Springs, NT	14-16 Sep	●										
Cairns, QLD (1 day)	18 Sep						●					
Cairns, QLD	19-20 Sep								●			
Ceduna, SA (1 day)	24 Sep						●					
Darwin, NT ■	24-26 Sep			●								
Ceduna, SA	25-27 Sep				●							
Alice Springs, NT	12-14 Oct				●							
Alice Springs, NT	18-19 Oct								●			
Alice Springs, NT	18-20 Oct	●										
Broome, WA	30 Oct-1 Nov			●								
Townsville, QLD	30 Oct-2 Nov		●									
Mt Isa, QLD	6-8 Nov				●							
Cairns, QLD	6-8 Nov	●										
Longreach, QLD	20-22 Nov				●							
Cairns, QLD	20-22 Nov			●								
Adelaide, SA (Student REC)	4-6 Dec				●							
Hobart, TAS	4-6 Dec				●							

○ Private. ■ Department of Health and Flinders Students. Please check website as details may change.

*Collaborate, communicate
and celebrate*

AIDA 2015

The **Australian Indigenous Doctors' Association** (AIDA) is a not-for-profit association contributing to equitable health and life outcomes, and the cultural wellbeing of **Aboriginal and Torres Strait Islander** people. **AIDA 2015** will facilitate collaborative and collegiate relationships to support and increase the Aboriginal and Torres Strait Islander medical profession. **AIDA 2015** will provide networking, **professional development** and cultural engagement, and also an opportunity to celebrate the achievements of our **Indigenous** students and doctors.



16-19 September 2015

Stamford Grand Glenelg, South Australia

www.aida.org.au

represent

professional services – leading the way

Since the Autumn edition, momentum has gathered to a fast pace seeing professional services providing strategic leadership at a number of events and activities representing the views of remote and isolated area health professionals.

Birthing on Country Position Paper

CRANaplus is part of consortium with Australian College of Midwives (ACM) and Congress of Aboriginal and Torres Strait Islander Nurses & Midwives (CATSINaM), leading the development of a 'Birthing on Country' Position Paper.



The Position paper requests action at National and State levels to address the maternity needs of Aboriginal and Torres Strait Islander women and their families.

International Practice Nurse Perspective – Cost and care effective force for change – Australian Primary Health Care Nurses Association

This event was held in Canberra in mid – May. International Guest Speakers from UK, USA, Botswana, and New Zealand presented their perspective on opportunities and challenges of PHC Nursing, which provided insights and comparisons regarding roles of Practices Nurses, internationally, and in the Australian context. Recognising the significant workforce growth over the past decade, with the evolving role of practice nurses, and the imminent nursing shortage led to discussions about the need for a clear professional pathway.

Journey Out the Back – ACNP Queensland Chapter

A two-day forum was held in Mount Isa in late May with a very large representation of Nurse Practitioners from the Queensland mid-west. However there was one NP who had travel 12 hours from the Northern Territory to get there. A comprehensive forum, which generated robust discussions when 'kicked off' with clinical scenarios involving management chronic diseases, poly-pharmacy and its cascading impact of clients. Presentations were also given around NP workforce issues, use of telehealth, obesity, smoking and illicit drug use, locums, and the importance of maintaining credentials.



National Rural Health Conference

The 13th National Rural Health Conference was held in Darwin in May attracting an audience of around 1200 participants. As is the norm for this event the diversity of participants is representative of the diversity of the workforce, consumers and stakeholders involved and/or interested in rural health.

CRANaplus had a very successful stand at the Conference under the capable hands of Anne-Marie and Colleen and we presented a paper on the Clinical Governance Guide which seemed to generate a high demand for the resource which was available at our stand.

One of the strengths of the biennial National Rural Health Conference is its capacity to generate recommendations for action to improve policies and programs for rural and remote health. ►►



►► The recommendations come from the participants and are developed during the duration of the Conference and culminate in a long list, pared down to 10 priority recommendations which can be found on pages 81-83 of this magazine.

The complete list along with full range of information regarding the Conference is available at <http://www.ruralhealth.org.au/13nrhc/recommendations>

Pathways to Remote Professional Practice – New Release

This great new resource is very helpful for any health professional contemplating furthering their career in remote practice. Pathways to Remote Professional Practice describes the landscape of professional practice in the context of remoteness. It includes Professional Standards of Remote Practice for nurses and midwives that guide and shape practice, to ensure the expected benchmark level of healthcare required for remote and isolated communities across Australia. Visit our website <https://crana.org.au/advocacy/professional-issues/remote-practice/> or if you want a copy contact us at professional@crana.org.au



Geri Malone
Director of Professional Services
CRANAplus ●



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insight into mental health

Twenty five students from the University of Wollongong received an insight into Indigenous mental health issues recently from psychologist Kara Eddington.

They were attending a weekend course in Aboriginal Mental Health First Aid, organised by the university's SHARP Rural Health Club, part of the National Rural Health Student Network (NRHSN).

"These students were wonderful, with a desire to help at the core of their being," said Ms Eddington, who has run training in a number of remote communities throughout Australia.

"It was also good to have a mix of different health disciplines – that is very important because Aboriginal people take a holistic view of wellbeing, encompassing all aspects of a person: a healthy mind, body and spirit.

"Mental health is not seen as separate. It fits into a wider picture that encompasses the individual, their family and their community."

Those attending represented medicine, health science, nursing, psychology, public health and dietetics courses – reflecting the diverse nature of the NRHSN, the only student body in Australia open to all fields of health.

Ms Eddington spoke candidly about the factors impacting mental health in Indigenous communities, touching on racism, the Stolen Generation and historical issues such as dispossession from country.

She wove this into a broader narrative about rural mental health where lack of access to services can require people to travel long distances for help. In Aboriginal communities, this is keenly felt and can exacerbate mental health issues when people have to leave family, country and support networks in order to receive treatment.



Her messages struck a chord with the students, with one observing: "I was incredibly impressed by Kara's approach... she did an amazing job deconstructing the more clinical aspects of mental health, making it far more personal without trivialising the challenges mental health creates for individuals and families."

Ms Eddington said she was heartened by the positive feedback and hoped the students would reflect on their training and consider the part they could play once they graduated.

"One of the things to be aware of is not coming into communities as 'the big expert'," she said. "Young health professionals need to speak to

local health workers and other key community people who will help them find their way.

"This is vital in Aboriginal communities where Elders and Aboriginal health workers often hold the key to acceptance of the practitioner and their ability to effect healing."

SHARP is one of 28 Rural Health Clubs that belong to the NRHSN.

The student network is Australia's only multi-disciplinary student health organisation, bringing together people studying medicine, nursing and allied health – and encouraging them to pursue rural health careers.

The NRHSN has a major focus on Aboriginal and Torres Strait Islander health and advocates for an integrated Indigenous health curriculum to be applied across all health disciplines.

The NRHSN also advocates for mental health training for all health students, including mental health first aid. It recently released an updated version of its popular student mental fitness guide, *When the Cowpat Hits the Windmill*. The publication was developed with assistance from beyondblue and is designed to help support students stay mentally healthy while training.

To view and/or order hard copies of this publication, go to **When the Cowpat Hits the Windmill** ●

nt shows its true colours for health students



Photos courtesy Diana Carli-Seebohm, Northern Territory Medicare Local

They came, they saw, they connected. That's what happened when six university students visited Central Australia to check out local health services and promote health careers at Territory high schools.

They travelled 1500km in five days, calling in at six schools and seeing more than 230 students – and a dingo at the Devils Marbles!

The trip was hosted by the Northern Territory Medicare Local, which literally rolled out the red centre carpet as part of its efforts to attract future workforce to the Territory.



Above: Great to be here... health students jumping for joy in Central Australia.

Left: The team at the Royal Flying Doctor Service base in Alice Springs.

Local health professionals like Dr Sam Goodwin and speech pathologist Megan Crowe were on hand to greet the visitors and talk about their own experiences of working in the NT.

Destinations included the Royal Flying Doctor base and Alice Springs School of the Air, with remote children logging in from as far north as the Tiwi Islands to hear from their interstate guests. ▶▶

» The trip was open to members of the National Rural Health Student Network and attracted more than 60 applications.

They travelled 1500km in five days, calling in at six schools and seeing more than 230 students...

Those selected were: Amy Coopes, medicine, University of New South Wales (RAHMS rural health club); Jessica Berrell, paramedicine, University of Western Sydney (RHUWS); Jorja Hutton, nursing, Charles Darwin University (StARRH); Jacqueline Fraser, medicine, Deakin University (NOMAD); Steve Macvane, physiotherapy, and Aleisha Summers, speech pathology, both from the University of Newcastle (BREAATHE). ●

Below: Medical student Amy Coopes shows her virtual side at Alice Springs School of the Air.

Top right: Keep that oxygen going... aspiring paramedic Jessica Berrell from the University of Western Sydney with Jaimie Cook from Year 9 at St Philip's College in Alice Springs.

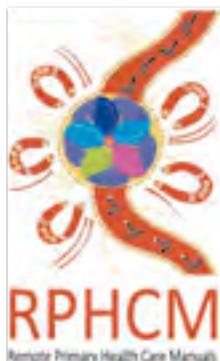
Below right: One of the locals on the road to Tennant Creek

Top far right: Steve Macvane with students at Ltyentye Apurte School.

Below far right: Amy Coopes with a student at Yirara College.



Photos courtesy Diana Carli-Seeborn, Northern Territory Medicare Local



Call for Secondary Reviewers

The Remote Primary Health Care Manuals (RPHCM) are a suite of clinical manuals designed by remote practitioners, for remote practitioners. They support quality, evidence-based primary health care in central, northern and remote Australia, and are firmly grounded in both the evidence and the realities of remote practice.

The RPHCM suite is made up of five manuals that work together:

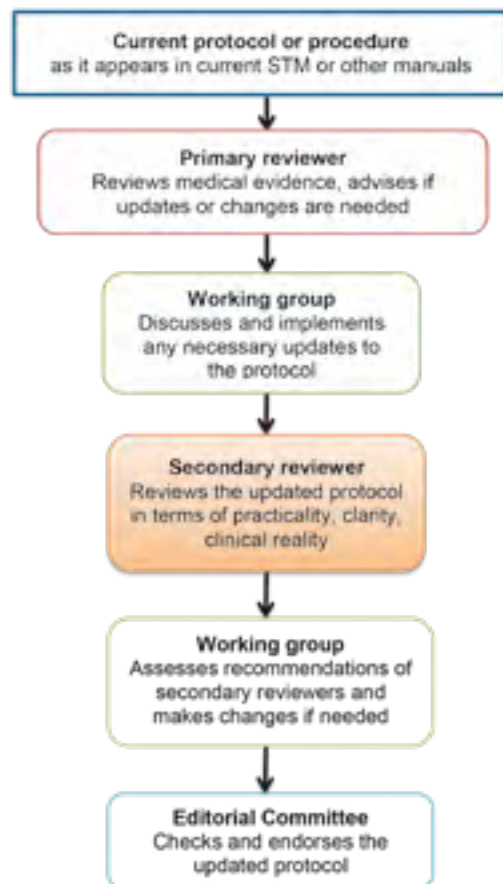
- **CARPA Standard Treatment Manual**
- **Minymaku Kutju Tjukurpa – Women's Business Manual**
- **Clinical Procedures Manual** for remote and rural practice
- **Medicines Book** for Aboriginal Health Workers
- **Reference Book** for the Remote Primary Health Care Manual

The manuals are focused on what makes a difference to remote clinical practice and health outcomes, and are reviewed regularly.

Nurses, doctors, Aboriginal and Torres Strait Islander Health Practitioners, midwives, academics and allied health professionals contribute as volunteers across all levels of the review process, facilitated by the RPHCM Editorial Committee and project team.

We are calling for secondary reviewers to look at one or more of our updated protocols and comment on their readability, accuracy and practicality in remote clinics. If you use the manuals, whether for the first time or as an experienced remote practitioner, we would love to hear from you.

Please contact us and let us know your area of interest at remotephcmmanuals@flinders.edu.au or www.remotephcmmanuals.com.au



Essentials for Remote Health Managers – Path to Positive Outcomes

A One-day Management Workshop

6
CPD POINTS

You are warmly invited to attend a One-day Management Workshop specifically designed for remote managers and potential managers.

The Program will provide remote managers and potential managers, an opportunity to sharpen their capabilities in leadership and management expertise, and broaden their understanding of Clinical Governance.

Workshop Dates:

15 October 2015 9:30am– 4:00pm
Alice Springs Convention Centre

Cost:

\$100 per person

Organisational management has a strong influence on staff's performance, willingness to engage, retention and the delivery of safe, quality care for achieving positive outcomes for the health service, clients, their families and wider community.

The Program is designed on the mandatory National Safety and Quality Health Service Standards, Standard#1: Governance for safety and quality in health organisations, with specific focus on the four pillars of Remote Clinical Governance.

The Workshop will be tailored to the participants learning needs, and the remote context. The CRANAplus Clinical Governance Guide will be used as the resource for this workshop.

Don't miss out on this great opportunity for managers to network, share their local experiences and tap into CRANAplus' mentoring program.

Morning/afternoon tea and lunch provided.

Book early as places are limited!!!

Registration details and the draft program can be found at www.crana.org.au



connect

western health remote nursing program

In 2014 a partnership was established between Western Health (WH) and Remote Area Health Corps (RAHC)¹ to develop remote nursing secondment positions in Indigenous Australian health care settings, for qualified nurses from the Emergency department (ED) at Footscray hospital (WHF). In 2014 five consecutive ED nurses from ED at WHF completed the Remote Nursing Pilot Program. The first nurse was placed in Areyonga in Central Australia and the following 4 nurses were placed in Waruwi on South Goulburn Island.

The Remote Nursing Pilot Program came out of a discussion between Julie-Ann Martin (former) Clinical Nurse Educator at WHF ED and Julie O'Connell, Acting Nurse Unit Manager at WHF ED; and stimulated by a resolve to offer qualified and experienced ED nurses with formative and supported opportunities to apply their advanced

knowledge and skills within new and challenging clinical and culturally diverse environments.

The Program in Remote Nursing also offered auxiliary aims – clinical, professional and cultural. It was anticipated that these experiences in remote nursing could offer WHF ED nurses with the potential to extend their skills and scope of practice in less familiar domains including midwifery, trauma, paediatrics, and primary health care. Through exposure to alternative practices, it was anticipated that their experiences in remote nursing would encourage ED nurses to: apply their critical and analytical thinking; assert the importance of ongoing education, training and learning; affirm the organisations recognition of their professional value; and cultivate greater awareness and sensibility for patient centred care. These objectives closely align with the hospitals priority for the promotion of best care practices and commitment to 'Closing the Gap' in Indigenous Health.



To facilitate this proposal, a partnership between WH and an external partner was desirable.

A new alignment with RAHC was considered because in 2009 the (former) Clinical Nurse Educator at WHF ED had worked for RAHC as a remote nurse in Galiwinku Health Care Clinic on Elcho Island, Northern Territory.

From the initial contact with Phillip Roberts RAHC General Manager in August 2013, RAHC expressed enthusiasm, disposition and support for the development of a Remote Nursing Pilot Program under a partnership between WH and RAHC.

As developments unfolded RAHC remarked about WH's resilience to develop this opportunity particularly as 'many other public hospitals had previously commenced negotiations to develop a partnership of this kind, but none had succeeded... that it takes strong vision and courage to be the first'.

Engaging RAHC in a partnership with WH has been fundamental to the development and implementation of the Remote Nursing Pilot Program. Working collaboratively together from the beginning, has enabled mutual objectives to be clearly defined and met; enabled the successful recruitment and placement of five WHF ED nurses; enabled five WHF ED nurses to advance their knowledge and skills through further studies and training.

Through RAHC's support three WHF ED nurses attended the CRANaplus Midwifery Emergency Care course,² four WHF ED completed the About Giving Vaccines Immunisation Course,³ and five WHF ED received on-site orientation and training from a RAHC Educator.⁴

Additionally all ED nurses gained advanced training in primary health care, a deeper awareness of chronic health conditions, and expressed that they have improved confidence and pride in their own abilities. ►►

Western Health & Remote Area Health Corps Remote Nursing Program



Ruth, Clinical Nurse Specialist, Emergency department, Western Health Footscray,
Remote Nursing in Warawii Northern Territory.

Western Health



RAHC

References

1. RAHC was established under the Expanding Health Service Delivery Initiative, which was part of the 'Closing the Gap' in the Northern Territory measure, and aimed to: recruit and increase the number of urban-based health professionals who could provide primary health care on short-term, paid placements in remote Indigenous communities in the Northern Territory (NT); strengthen key health workforce activities in remote Indigenous communities; and support the health professionals working in these remote communities. Australian Government: Australian Government, 2012. Stronger Futures in the Northern Territory: Implementation approach for the Remote Area Health Corps (RAHC). www.dss.gov.au/si [Accessed: 14 January 2015].

2. CRANA: CRANA, 2014. Maternity Emergency Care. <https://crana.org.au/education/nationally-accredited-training/maternity-emergency-care-course/> [Accessed: 14 January 2014].

3. RAHC: RAHC, 2015. About Giving Vaccines Course. <http://www.rahc.com.au/about-giving-vaccines> [Accessed: 20 January 2015].

4. RAHC Educator's role is to mentor and support new to remote nurses and to assist in their transition to the remote workplace both culturally and clinically. They work along new remote nurses to assist them to gain their confidence working in the remote setting, assess and guide their assessment skills, appropriate and optimise the use of the available resources, and to ensure that they display cultural sensitivity. RAHC: RAHC, 2015. RAHC Remote Educators. <http://www.rahc.com.au/rahc-remote-educators-res> [Accessed: 20 January 2015].

For further details on the Western Health Remote Nursing Program contact:

Julie-Ann Martin
Acting Staff Development Coordinator
julieann.martin@wh.org.au

Health Systems Worldwide Pledge Climate Action

Commit to reducing carbon footprint through 2020 Health Care Climate Challenge

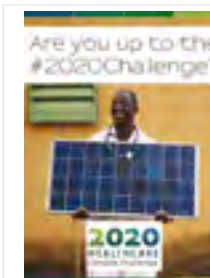
Nine leading health care institutions from across the globe are pledging to take meaningful action on climate change, kicking off a worldwide campaign to mobilize hospitals and health systems to address one of humanity's most pressing problems.

Their commitment signals the launch of the 2020 Health Care Climate Challenge, an international initiative from Health Care Without Harm's Global Green and Healthy Hospitals Network. The 2020 Challenge invites health care systems and hospitals to reduce their carbon footprint and protect public health from climate change in the run-up to a worldwide meeting of heads of state at the United Nations Conference on Climate Change this December in Paris.

The 2020 Challenge also marks the first international effort ever to track emissions and take measurable actions to reduce the sector's carbon footprint.

"At a time when climate change is posing one of the greatest threats to public health, hospitals and health systems are stepping up to help the world kick its addiction to fossil fuels," said Josh Karliner, Global Projects Director for Health Care Without Harm, and coordinator of its Global Green and Healthy Hospitals Network. "This is a leadership moment for health care."

The 2020 Challenge participants, health systems from Asia-Pacific, Africa, Latin America, Europe and the United States, have committed to substantially reduce their own carbon footprint, prepare to withstand extreme weather events, and to promote public policies to reduce greenhouse emissions. Together they represent the interests of more than three hundred hospitals. Hundreds more from around the world are expected to join the Challenge in coming months.



Sign the Pledge!

Hospitals, Health Systems and Health Care Facilities, [click here to sign the Pledge](#) and become a climate leader today!

The Climate and Health Alliance (CAHA) is the Australian partner of Health Care Without Harm, and regional coordinator of the Global Green and Healthy Hospitals Network and the 2020 Health Care Climate Challenge. CRANaplus is a member of CAHA. To join the network, sign up for the Challenge or for more information, email fiona.armstrong@caha.org.au or call 0438 900 005.



Join Health Systems Worldwide and Pledge Climate Action Now!
Are you up to the #2020Challenge?



www.greenhospitals.net

food, family, community

Foodswell's Food, Family, Community NSW program kicked off with The Big Lunch in Inverell in April.

The program aims to build awareness and practical support for grass roots initiatives that tackle food insecurity and build social inclusion.

Held in the spirit of Harmony Day, The Big Lunch was conceived and produced by Foodswell and delivered in partnership with the team at BEST Employment. Over 150 people came together to enjoy a delicious and diverse 'pot luck' lunch and local entertainment.

The BEST Food Garden was established to provide people with Intellectual Disability, the long term unemployed and community groups a meaningful activity whilst developing new skills and confidence and giving back to the community.

Eggs and produce grown in the garden is distributed (at no cost) to elderly and impoverished community members throughout Inverell and Glen Innes. ▶▶

Below: BEST Team and remaining guests at the end of a fun day.





► “BEST’s food garden is a hub for food security and social inclusion. It is a great story that we hope will continue to grow in Inverell and hopefully, elsewhere!” Anthea Fawcett, from Foodswell said.

The Food, Family, Community NSW program is made possible with Australia Post Our Community and Medibank Community Grant support. Foodswell is pleased to collaborate with organisations that include the Royal Botanic Gardens Community Greening teams.

Above: Big Lunch guests enjoy a talk with Costa Georgiadis, Foodswell Ambassador and well-known host of Gardening Australia.

Foodswell is a health promotion charity that works to cultivate a healthy Australia and to create change towards food security and food sovereignty for all Australians.

Foodswell programs include and expand upon those of the Remote Indigenous Gardens Network.

Foodswell is keen to hear from organisations in remote and rural NSW who might like to discuss the program.

Anthea Fawcett
Founder/CEO, Foodswell Ltd
Foodswell01@gmail.com
0419 478 856 ●

using online resources to empower indigenous communities to reduce harmful substance use

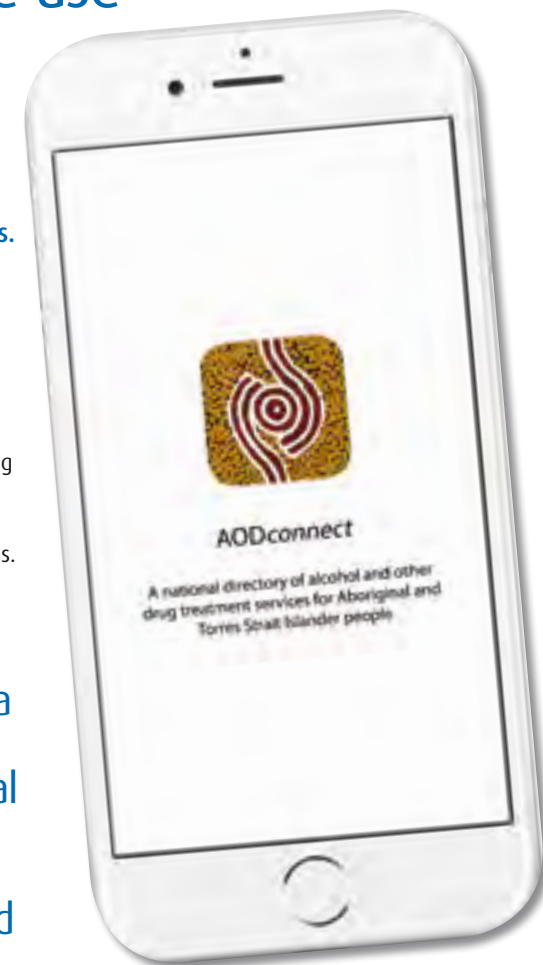
By Joanne Hoareau

Using the internet to provide evidence based information on substance misuse prevention and treatment has been identified as an important medium for reaching new or hard to reach audiences.

Aboriginal and Torres Strait Islander people are increasingly using online information and communication technologies which have the potential to promote empowerment, social participation and improvements in Indigenous health. The expansion of the Internet in rural and remote regions of Australia is also providing more opportunities for Aboriginal and Torres Strait Islander people to access a variety of information services and social media platforms.

The expansion of the Internet in rural and remote regions of Australia is also providing more opportunities for Aboriginal and Torres Strait Islander people to access a variety of information services and social media platforms.

Two online tools recently launched by The Australian Indigenous Alcohol and Other Drugs Knowledge Centre, *AODconnect* and the Knowledge Centre Community portal, aim to support Alcohol and other Drugs (AOD) workers and empower community members working to reduce harms from substance use.



AODconnect is a mobile phone app that provides a directory of Aboriginal and Torres Strait Islander AOD treatment services. The app is designed for anyone who has an interest in Indigenous health and wants to access culturally appropriate AOD services for Aboriginal and Torres Strait Islander people. An interactive map allows the user to find a service by state or region. ►



► Services can also be filtered by treatment type. The app is a portable means to easily access information about service providers such as contact details and program descriptions while out in the field, helping to facilitate referral or initial contact with AOD service providers. Currently the app is available only for iOS devices (iPhones and iPads) but a version for Android devices is soon to be developed.

Often community members and family are the first people to respond to and assist a person who is experiencing problematic substance use. The Knowledge Centre Community portal was created in recognition that community and family relationships play a vital role in the prevention and treatment of substance use problems.

Developed in consultation with AOD workers and community members, the portal contains plain language information on alcohol and other drugs, what communities can do, and finding help for specific groups such as families and young people. People are also encouraged to directly contribute content by sharing their stories about programs or initiatives that are working in their community.

It is important that evidence-based information is tailored for Aboriginal and Torres Strait Islander people to create resources that are relevant and meaningful. Similarly, facilitating access to services that integrate and acknowledge traditional values, spirituality and cultural practices is important as these have been shown to be more effective than mainstream services. Online tools such as AODconnect and the Community portal provide more opportunities for people working and living in regional communities to connect to appropriate information and services.

User feedback on the AODconnect app and Community portal will continue to shape and guide the content and format of these online tools to better meet the needs of Aboriginal and Torres Strait Islander communities.

To find out more about the Australian Indigenous Alcohol and other Drugs Knowledge Centre, or to download the app visit: www.aodknowledgecentre.net.au

See the Community portal at: www.aodknowledgecentre.net.au/aodkc/elders-and-community

To contribute information or to share your story, please email j.hoareau.ecu.edu.au



priority recommendations from the 13th national rural health conference

It is vital that people in rural and remote Australia have access to high quality, affordable, safe and well-coordinated health care. To ensure that they do, delegates at the 13th National Rural Health Conference call upon governments to adopt the 10 priority recommendations below.

1. Aboriginal and Torres Strait Islander health and health services

Delegates agree that they will not tolerate continued failure to improve the health and wellbeing of Aboriginal and Torres Strait Islander people. In addition to existing programs and initiatives, Conference delegates urge:

- the Commonwealth Government, as a matter of urgency, to announce and fund an Implementation Plan for the National Aboriginal Health Strategy;
- Commonwealth, State and Territory governments to establish a joint fund to compensate Aboriginal and Torres Strait Islander people, and Aboriginal health services, for the time they spend helping to design, implement and evaluate programs and projects; and
- the Commonwealth Government to fund clinical pharmacy positions in Aboriginal health services to oversee the delivery of the \$100 Remote Area Aboriginal Health Service Program.

2. Broadband

Fast, reliable, affordable, digital access is an urgent priority for remote and rural communities, for business and recreational purposes as well as for health services such as telehealth and telecare. Delegates call on:

- the Commonwealth Government to develop a remote digital inclusion framework and telecommunications strategy to ensure that remote and rural Australians can effectively participate in the global digital economy; and
- the Department of Health to undertake a comprehensive review of telehealth/telecare initiatives that identifies ways of extending and improving services delivered through such mediums, providing sustainable resourcing for them, and establishing business models that effectively underpin implementation and sustainability.

3. The success of Primary Health Networks in rural and remote areas

It is vital that the Primary Health Networks (PHNs) help facilitate tangible improvements in the health and wellbeing of rural and remote Australians. To succeed, PHNs with rural and remote populations will need to work differently from their metropolitan counterparts. Delegates call on the Commonwealth Department of Health to establish a cross portfolio Working

Group, designed to assist rural PHNs find ways of working collaboratively across program areas in various portfolios, including: disability and aged care services; acute and primary care; preventive health; education and Indigenous affairs. The Working Group should look in particular at:

- ways of capitalising on the local knowledge and capacities of existing service providers (for example Multi-Purpose Services, community health services and Aboriginal Community Controlled Health Services);
- alternative approaches to funding service delivery (such as block and pooled funding options);
- proven methods of engaging local communities; and
- novel approaches to organisational management and governance.

4. Food security

Delegates call on the Senate to establish an inquiry into food security in remote and rural areas. The terms of reference should include:

- a review of the supply chain and cold storage issues;
- the potential introduction of a community service obligation on food wholesalers and retailers;
- ways in which local and regional food production and supply systems can be established or encouraged;
- food literacy and behavioural change policies; and
- the hypothecation of taxation on unhealthy foods.

5. Implementation of the National Disability Insurance Scheme

For the NDIS to succeed in rural and remote areas, there needs to be a substantial increase in the supply of service providers available in those areas. Delegates call on the National Disability Insurance Agency to trial innovative, local responses that include engagement and liaison with existing workers.

Such approaches could include:

- a key worker model that would enable a nominated health professional to oversee the delivery of the entire package of care for an NDIS participant in a remote area; and
- employing local, community workers to work in partnership with key workers, particularly in remote Indigenous communities. These individuals could provide regular, on the ground support for people with disabilities in their local community, help key workers to operate effectively, and act as community/cultural advisors.

6. Health workforce

Delegates call on the Commonwealth Government to convene a Summit on rural and remote health workforce issues that leads to the development of a National Rural Health Workforce Strategy. The Strategy should identify ways of addressing longstanding challenges, including:

- recruitment and retention of the rural and remote health workforce;
- expanding access to continuing professional development, mentoring and 'upskilling' for existing rural and remote health workers;
- effective methods of identifying students and graduates most suited to working in rural and remote areas;
- the need for a national, longitudinal health workforce data set that can inform workforce planning and incentive programs;
- the adequacy of rural and remote training places and incentive programs for health professionals in rural and remote areas;
- methods for funding the training of health service managers in rural and remote areas;
- ways of expanding and developing the Aboriginal and Torres Strait Islander Health Worker profession;
- options for developing rural generalist pathways for all health professionals; and
- the possibility of revising existing scopes of practice for health professionals working in sparsely populated areas.

7. Funding rural and remote health service delivery

Although the burden of disease is generally higher in rural and remote areas, expenditure on health care tends to be lower, often because people have limited access to Medicare-funded services.

To remedy this disparity, delegates call on the Commonwealth Government to examine ways of expanding access to Medicare in rural and remote Australia as part of the work of its Medicare Benefits Schedule (MBS) Review Taskforce. Specific issues that should be considered include:

- developing new funding models to support multi-disciplinary team practice in primary care; and
- expanding access to Nurse Practitioner and allied health services under the MBS in rural and remote settings with demonstrated workforce shortages.

8. Child health

In view of the rising prevalence of children with chronic illness and learning difficulties, whose conditions require early identification and management, delegates call on Commonwealth, State and Territory governments to:

- agree and implement a co-ordinated national approach to screening and early intervention programs for children that includes a nationwide, standardised school-readiness screening program;
- fund culturally appropriate ante- and post-natal care clinics supported by Aboriginal and Torres Strait Islander health workers to encourage the uptake of early screening by Indigenous women and children, and to support family focussed care; and
- increase funding for successful programs that work to prevent family violence in rural and remote areas.

9. Eye health

With 94 per cent of vision loss in Aboriginal communities being preventable or treatable, delegates recommend Commonwealth, State and Territory governments jointly fund an integrated strategy to Close the Gap for Vision. This strategy should include:

- increased funding for visiting optometry and ophthalmology services in areas of need;
- programs to support local and state-wide co-ordination and community control;
- a subsidised spectacle scheme for rural and remote areas and Aboriginal and Torres Strait Islander communities;
- support for trachoma elimination; and
- funding to support monitoring, reporting and national oversight of the strategy.

10. International health

As part of its commitment to the region, Australia should continue to take an active and proactive role in improving the health and wellbeing of people in all Oceanic nations. To progress this goal, Delegates recommend that the Commonwealth Government:

- invest in work to identify the threats to health, wellbeing and security posed by climate change in the region, along with options to ameliorate its consequences;
- develop a multinational plan to prevent and eliminate the infectious diseases of greatest burden regionally (including malaria, TB, leprosy); and
- develop partnerships between Australian health professions and their equivalents in neighbouring countries to support joint training opportunities in rural and remote health.

More information regarding the Conference is available at <http://www.ruralhealth.org.au/13nrhc/recommendations>




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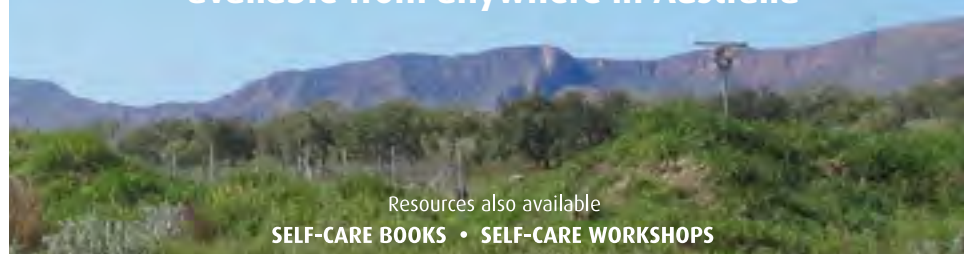
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Closing date:
Friday 21 August 2015



Do you want to make a difference in Australian Indigenous Health?

Rowan Nicks Russell Drysdale Fellowship in Australian Indigenous Health and Welfare 2016

This Fellowship awards up to \$60,000 (negotiable depending on qualifications and/or experience) for a 12 month period. It 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.

The Fellowships could take the form of:

- A salary for a 12 month period, whilst undertaking a program, at a level commensurate with the Fellow's experience and qualification OR
- A stipend and payment of course fees to undertake approved education or research

The Fellowship is open to Australian citizens or permanent residents who have appropriate prior experience and/or education and wish to:

- Undertake approved programs/activities OR
- Undertake further education OR
- Undertake a research project



For further information about the Fellowship and for application forms, visit the website:
<http://sydney.edu.au/medicine/scholarships/indigenous/index.php#rowan>
or contact Louise Lawler, Sydney Medical School, University of Sydney
on 0418 251 864 or at louise.lawler@sydney.edu.au