

issue 94 | winter/dry season 2014

CRANA *plus* magazine

RRP: \$10.00

the voice of remote health



educate 50
represent 56
support 70



4-5 SEPTEMBER 2014
ACTION ON SOCIAL DETERMINANTS OF HEALTH



**22ND NATIONAL AUSTRALIAN HEALTH PROMOTION ASSOCIATION CONFERENCE &
18TH CHRONIC DISEASES NETWORK CONFERENCE, ALICE SPRINGS CONVENTION CENTRE**



REGISTRATION OPENS FEBRUARY 2014, ABSTRACT SUBMISSION OPENS 10TH FEBRUARY 2014

KEY NOTE SPEAKERS:

Professor Sharon Friel - Professor Health Equity, Australian National University

Mr Darryl Day - Executive Director Energy Policy,
Department of Mines and Energy Northern Territory Government.

Mr Paul Pholeros - Director Healthy Habitat

Dr Suvajee Good - Program Coordinator and focal point
Social Determinants of Health, World Health Organisation, New Delhi, India

Dr Shelley Bowen - Senior Public Health Advisor Prevention and Population Health,
Department of Health Victoria

Professor Rolf Gerritsen - Professorial Research Fellow, The Northern Institute,
Charles Darwin University, Alice Springs

Dr Anne Lowell - Principal Research Fellow, Charles Darwin University

Dr Lawurrpa Maypilama - (Co-presenter)

Ms Pat Anderson - Chairperson of Lowitja Institute as the Australian Health Promotion Association Eberhard Wenzel Orator

Mr Martin Laverty, CEO, Catholic Health Australia

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Contact / Conference Organiser - Agentur ph: 08 89812010 email: equityatthecentre@agentur.com.au

from the editor

This edition is specially designed to fill your cold evenings with heart-warming and inspirational stories and a broad range of articles for your interest and reading pleasure.

One initiative is the phone app about bullying, launched recently by Bush Support Services (BSS). Developed in response to accounts by rural and remote area health workers of their experiences, this app has been designed to explore some of the ways of addressing the problem.

Our features also include reports from the final two recipients of the 2013 undergraduate student scholarships – both coincidentally about their time in Alice Springs. (Reminder that 2103-2014 Scholarship Applications close 31 July!)

Photo contributions from readers dot the pages throughout and you can see an updated list of the Invited speakers and generous sponsors joining us in Melbourne in October. (Reminder Early Bird Registrations – great savings – close 31 July!)

We had a huge response to our Call for Abstracts and have received papers of high quality. A draft program will be available on our website before the end of July.

It is with much pleasure we welcome new Corporate Member RFDS Central Operations, who deliver their services throughout South Australia and the southern half of the Northern Territory.

Settle in, snuggle up and enjoy reading this winter/dry season edition.

Anne-Marie Borchers

Manager Member Services, CRANAplus



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Magazine circulation 15,000.



Australian Government
Department of Health

CRANAplus graciously acknowledges the Australian Government Department of Health for making this magazine possible through grant funding.

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

About the Cover: Outback office: Port Augusta-based Royal Flying Doctor Service (RFDS) Community Health Nurse Cheryl Boles conducting a consultation on the Oodnadatta Track.
Photo: RFDS Central Operations.

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to the editor

Hi there,

I would like to say a huge thank you to the CRANAp^{plus} team – just for being who you are and also for providing us with so much support and care.

Just seven weeks ago I experienced a life changing event when my husband was badly injured in a motorbike accident caused by an uncontrolled dog running in front of the bike. I was just a few minutes behind him and had to put into place my skills as a RAN using only the tools consisting of: my training, my voice and my hands.

He has been through the journey of ambulance, air evacuation, ED, ICU and general ward and then driven home by me. As the 'Matron' (as he lovingly referred to me), I then nursed him back to near full action and he has now regained his cheeky demeanour.

This event has resulted in a certain level of PTSD for which I have utilised the services of the BSS mob and yesterday I received a beautiful Body Shop gift pack, for which I am very grateful. Thank you so much for your care and support.

Cheers, Leanne

Leanne McGill, RN
Katherine NT



from the ceo

I'm very excited to be writing for CRANAp^{plus} as your new CEO, following many years of involvement with the organisation, first as a volunteer, then as a REC course facilitator and as a Board member. Despite my intimate involvement with CRANAp^{plus} for so long, it has still been a steep learning curve. But it's also been lots of fun as I get to work with some amazing staff and a dedicated Board and chat with members and stakeholders far and wide.

As this edition of our magazine goes to print, CRANAp^{plus} is working to ensure that our activities over the coming financial year meet the needs of the remote workforce. I believe this is going to be a great time for CRANAp^{plus} as we look carefully at what we do, how we do it and whether it's meeting your unique needs. Given the federal budget pressures and the flow-on effect to State and Territory health expenditure, it's essential that CRANAp^{plus} positions itself to continue to be a strong voice for the remote workforce. The nature of remote healthcare makes it practically invisible (or at least very easy to ignore), hence the importance of supporting your united professional voice.

Our model of healthcare delivery in remote Australia is different to our urban, regional and even rural neighbours. The model was born out of necessity nearly a century ago, to cope with the harsh conditions of inland Australia, the vast distances and the lack of a traditional urban health workforce. This helped create the image and culture of outback Australian society, through the tough nursing sisters with Frontier Services in the outback missions, to the 'Galah sessions' on the HF radio, to the legend of John Flynn and the creation of the Royal Flying Doctor Service.

Today we continue this great tradition of innovation in meeting the healthcare needs of those most difficult to access through services such as:

- the network of Remote Area Nurses and Aboriginal Health Workers who provide on-the-ground day-to-day care in communities;
- remote Midwifery group practices;
- fly-in fly-out and drive-in drive-out models of Allied Health care; and
- the use of Telehealth for GP consultations and ehealth records to link urban-based specialist consultations.

It's important that we capitalise on these models and help build and reinforce them. The temptation to replace them with traditional, private, primary care services will not improve access to care nor provide the local comprehensive primary healthcare that is so essential in our context. The mal-distribution of health professionals is set to continue, and just creating more GPs in the hope they filter down into rural and remote, I believe, won't help. It's essential that policy makers focus on what is currently working, and what model is cost effective and sustainable, rather than applying a metro-centric worldview.

The grim fact is that life expectancy and health outcomes of Australians decrease as you move from urban, to regional, to rural – and becomes even more profound as you move to remote Australia. This needs to be fixed. Although much of this is a result of social determinants, healthcare does play a role in ensuring engagement, prevention, early detection, treatment and early referral. To achieve this, it is essential to have, at its core, a strong locally-based health workforce whether in an Indigenous community, farming town, isolated mine site or tourist Island resort. In Aboriginal and Torres Strait Islander communities, the Aboriginal Health Worker is an essential element in both the provision of care and care coordination. Without this, poor uptake of services is almost guaranteed.

I'll hop off my soap box now! Hope to see many of you at this year's Conference.

Christopher Cliffe
CEO, CRANAp^{plus}





engage

from the president

I write this article a week after the turmoil around the federal budget. I attended the health lockdown in Canberra last week, which I found extremely interesting. I entered with a sense of excitement, as I had never been before, and then, half way through the presentation from the Secretary for Health – Jane Halton, a sense of disillusionment and silence spread across the whole room.

People's jobs were going, with structures knocked down and organisations dissolved. There was an interesting mix of terminology used such as 'rationalising', 'rebuilding' and 'pausing', which I assume is code for 'waiting for more reductions in the next budget.' The devil, of course, will be in the detail.

Many of the things the health workforce have fought for over the years have disappeared and gone back to be managed by the Health Department – workforce, Indigenous and prevention.

In particular I mention the closure of the *Australian National Preventive Health Agency and Health Workforce Australia*; and the 'rationalisation' of Indigenous Affairs programs with cuts of \$121.8million over four years.

Many of the things the health workforce have fought for over the years have disappeared...

When the Secretary was asked what this means for Indigenous Australia she said they still had a commitment to *Closing the Gap*, but couldn't be clear about the detail of the 'rationalisation'. The word 'remote' was not mentioned and the only time rural was stated was when they were referring to general practice and primary care. There are also some serious changes occurring to the way in which general practice is being organised in Australia.

The national organising body *General Practice Education and Training* will be closed by June 2015 as well as the 17 regional training providers, which will be put out for tender to reduce the number of organisations providing GP training. The deckchairs were moved again on the Medicare Locals, the old Divisions of General Practice, which will be 'rationalised' into Primary Care Networks.



I feel as though we have lost focus about what is important in health in Australia. We know that prevention is better, and cheaper, than cure. So why close down the only prevention agency in Australia, which has only existed since 2011? We know that there are five times the number of nurses in Australia than doctors – 257,200 nurses to 43,400 GPs in 2013, as well as about 25,000 specialists. So why is the whole health system being based around the GPs roles? We know in remote Australia that the primary care provider is usually a remote area nurse or an Aboriginal or Torres Strait Islander health professional and the model of care is different. But like specialists we didn't rate a mention, leaving remote health in the shed out the back – out of sight out of mind.

I feel as though we have lost focus about what is important in health in Australia.

It concerns me that it is proposed it will cost our sickest and poorest people in Australia \$7 to see a GP and \$5 of this will go to a medical research fund. Why are our sickest and poorest having to pay for medical research on their own chronic diseases? ►►





► Additionally, it will cost us all an extra \$5 for a 'script'. What does this mean for the single mum with three sick kids? You all know what it means: they only get one script filled and split it amongst the children and hope they get well – often the reason why they don't.

My greatest concern is that the basis of all of this \$80 billion reduction in health and education will see a change in the overall class structure of the Australian population and produce a burgeoning underclass and upper class, all in the name of fiscal restraint. Company tax was reduced by 1.5%.

We know the biggest problem we have in remote and rural Australia is the health workforce – getting the right people, into the right places, at the right time and getting them prepared, supported and educated to stay there to provide great health services. So why close down *Health Workforce Australia* which has only existed since 2010 and has been doing some of the greatest health workforce reform we have seen in this country, which actually includes rural and remote workforce and all health disciplines?

I know this all sounds a bit like gloom and doom, let's just say it was very concerning, but there were some positives. There is a stronger focus on youth mental health with *Headspace* growing with another 10 sites to be established. There is a boost in dementia funding by \$200M, so I hope they find a cure soon for people like me who now have to work until they are 70. I wonder if I will soon be employed to write programs for dealing with dementia in the workplace! And there is an expansion of bowel screening and the ehealth system. So what about *CRANaplus* which is reliant on some of its program funding from Government? I think we are as much in the dark about this as other organisations who are trying to make a difference to the sickest people in this country.

We know the biggest problem we have in remote and rural Australia is the health workforce – getting the right people, into the right places, at the right time...

Other news is the *CRANaplus* Board of Directors had its face-to-face meeting in Cairns on the 14 and 15 June looking strategically at where we are going and what we are doing in terms of education, representation and support; as well as our budget for the next 12 months. I am always happy to hear from you with suggestions and ideas on how to move this great little organisation forward to better represent, support and educate the remote workforce. So please contact me with your ideas. Don't forget to put in your abstract for our national Conference in October.

And remember to do something nice for yourself every day. While you are doing that we will be working hard to make sure that remote health moves from the shed out the back onto the level playing field.

Dr Janie Smith
President, *CRANaplus* ●

call to coaching

Lukas Blom, receptionist in the *CRANaplus* office in Alice Springs, tells us about his volunteer work as a soccer coach.

I first started coaching young people at soccer when I was a young person myself, about 16 years old. I've been at it for five years now.

Early last year, a mate and I volunteered to work with a group of boys who showed promise for their age, and over the next 18 months we gave them roles and refined their skills, and trained them twice a week, every week for two hours. They were to be the representative side for Alice Springs.

On the recent May Day long weekend, we took them by bus to Darwin to play in the Northern Territory titles, along with four other teams from Alice Springs. They competed against teams from Katherine, Darwin, Borroloola and Gove. The last time Darwin agreed to play Alice in a tournament setting was the NT titles 10 years ago, where I myself played as an under 11.

On this occasion, Alice won the NT titles in four out of the five age groups, and the majority of the players selected for the Northern Territory All Stars Team are from Alice Springs.

Below: Lukas with the Alice Springs Under 16 Team.



From here they will go on to represent the Northern Territory at the Coffs Harbour National Youth Championships, where they could potentially be identified for the Young Socceroos.

In addition, a number of our coaches, including myself, were identified for a coaching scholarship to complete our 'C' category coaching licence in Canberra.

For me, the thing about coaching as opposed to playing is the fulfillment it offers. To play a great game and win best on ground feels good for a day, but enabling a young person to fulfill their dreams is something else again; that stays with you longer than personal glory.

We have so much talent in the outback. With a population of only 25,000 Alice has a much smaller pool of talent to draw from but our players have proven themselves against their capital city counterparts. I put it down to our outback spirit, no angry parents and no real club rivalry. Everyone here in Alice has something positive to bring to soccer. ●



a look back on the 2014 financial year



What a big financial year it's been for CRANApplus! With the organisation again securing vital funding agreements with our key partner the Department of Health, we are now set to continue to provide a strong commitment to the remote health

workforce through representation, education and support up until June 2015.

As we near the end of our first year into the new funding agreements, many significant milestones have already been accomplished in such a short period of time.

The Finance division obtained the organisation's first full unqualified financial audit report. The Education division continued to develop and roll out a number of new courses throughout the year, achieved RTO status and is on target to have completed an unprecedented 91 courses for the year. Equally as impressive was the completion of the Clinical Governance Guide and the Professional Standards for Remote Practice which was funded by the Department of Health, made only possible through the strong advocacy role CRANApplus played. Bush Support Services has also been busy developing new and innovative ways of reaching out to the remote health workforce through the new BSS Bullying App and the *Sing for your Life* program.

Of course all these great achievements would not have been possible without the support

and hard work of our volunteer Board and all CRANApplus staff past and present.

Having also noticed the Bush Support Services magnet on every fridge I came across, I was reassured that even in the most isolated communities CRANApplus is there to lend a supporting hand.

As a non-health professional, I am always amazed at the passion and resilience in the remote health workforce to provide quality of care.

In a recent visit to Kalumburu I was truly taken back by the clinic's staff who, under some of the most challenging conditions, still continue to show a great deal of professionalism and integrity in the delivery of care. Having also noticed the Bush Support Services magnet on every fridge I came across, I was reassured that even in the most isolated communities CRANApplus is there to lend a supporting hand.

The 2015 financial year brings many new challenges and with a recent change in governance and operational leadership also opportunities to CRANApplus. I have the upmost confidence that the organisation will continue to reinvest its financial resources efficiently and constructively to push forward the goals and aspirations of the membership.

Steven Dangaard
CFO, CRANApplus ●



the puuya foundation

The remote indigenous community of Lockhart River in Cape York faces many hardships and challenges in social, economic and community development. Together with the Puuya Foundation, they are tackling these head on.

In keeping with its name, the Foundation is strengthening 'puuya' (or 'life force') to create partnerships ('you-me working together') and foster leadership, competence and confidence in the community. Through this innovative approach, the Foundation is investing in the current and future leaders to empower community-led action.

Puuya Foundation CEO and Founder, Denise Hagan said, "The Puuya Foundation is working with the community to improve economic and social development, including education and health. In terms of health, we know that there are major concerns. We believe the best way to make a difference is to grow the leadership of the Lockhart people in their own community, expand their choices and support them to have the power to act to achieve real and lasting change."

We believe the best way to make a difference is to grow the leadership of the Lockhart people in their own community...

Sadly, like many indigenous communities, the health problems crippling Lockhart River sees the life expectancy for men at just 47 years of age. High rates of mental health and chronic disease including kidney disease, gastrointestinal problems and diabetes are ever-present. But together and through self-determination, the Puuya Foundation and the Lockhart River community are finding real solutions.



Above: Puuya Foundation Board and Patron, Lockhart River 2013: (L-R) Mayor Wayne Butcher, Chair Dottie Hobson, Dame Quentin Bryce, Councillor Veronica Piva, CEO and Founder Denise Hagan.

Last year, the Foundation brokered a partnership between Sunrise Rotary, the Queensland Government's Office for Liquor and Gaming, the Apunipima Health Service and the Lockhart River Primary Health Care Clinic to create the Diabetics Footwear project. This resulted in sandals being provided to members of the community along with education and information on diabetes, infection and hygiene.

"Proper footwear is an important part of preventing and treating people with diabetes, even for those in the early stages of the disease.

Wearing the right footwear is crucial. It can prevent serious diabetic foot complications which can lead to amputations.

"Creating a community-led partnership like the Diabetic Footwear Initiative is an example of working together with partners from Government, and the not for profit sector to recognise the problem and find solutions that are not simply imposed on the community but led by them," Ms Hagan said.

The Puuya Foundation and the community are currently putting energy into an Early Years Learning and Parenting Project which they believe has the potential to create a new model for community-led integrated service delivery including health, education and family support services.

Puuya Foundation Chair Dottie Hobson can see first-hand the benefits this could make.

"Improved health and education for our babies, young children, teens and parents leads to better choices in life. Our kids are our future. We need to focus on our babies from in the belly and with healthy mums so they have the best start in life," Ms Hobson said.

Whatever the future holds for Lockhart River, one thing is certain. The Puuya Foundation and the community agree that working together is the only way.

**Contact: Denise Hagan
CEO, Puuya Foundation
0419 681 025**

www.puuyafoundation.com.au ●

Winners announced at national nursing awards



A mental health nurse, a graduate nurse assisting the elderly to live in their homes and an innovative Cape York-based infant safe sleeping program received the highest honours at the 2014 HESTA Australian Nursing Awards in Sydney last month.

Award recipients were recognised for their exceptional contribution to improving patient care, service provision and advocacy.

Now in its eighth year, the annual nursing awards recognise nurses, midwives, personal care attendants and assistants in nursing in the categories of Nurse of the Year, Outstanding Graduate and Team Innovation.

HESTA Chair, Angela Emslie, said the awards were a chance to recognise the work of Australian nurses and learn about some of the successes and innovations emerging from the nursing profession.

"The judges were impressed by the dedication and professionalism of the 15 finalists who are making a real difference to people's lives and tackling some of our most intractable social problems," she said.

"Our award recipients have not only demonstrated extraordinary care and compassion in the course of their work; they have gone above and beyond what is expected of them. HESTA is proud to honour the work of these outstanding individuals and nursing teams."



The 2014 recipients

Nurse of the Year

Steve Brown — of NorthWestern Mental Health, Victoria (the mental health arm of Melbourne Health) — for his role in implementing the Police Ambulance Clinician Emergency Response (PACER) system, to improve the crisis management of people living with mental health.

Outstanding Graduate

Zoe Sabri — of the Royal District Nursing Service in Springvale, Melbourne — for her work assisting elderly clients to continue to live safely in their own homes.

Team Innovation

The Apunipima Pēpi-pod® Program — based at Cape York Health Council — for their work with Indigenous Australians in helping reduce the rates of Sudden Unexpected Death in Infancy (SUDI) among Aboriginal and Torres Strait Islander communities.



Left to right, HESTA Chair Angela Emslie, 2014 winners: Zoe Sabri, Steve Brown and representing The Pēpi-pod® Program Professor Jeanine Young, and ME Bank CEO Jamie McPhee.

The award recipients share in a \$30,000 prize pool, courtesy of long-term HESTA awards supporter, ME Bank.

ME Bank CEO, Jamie McPhee, said, "We're proud to continue our support of the HESTA Awards Program, recognising the tireless contribution of individuals and organisations in health and community services."

Mr Brown and Ms Sabri each accepted a \$5,000 ME Bank EveryDay Transaction Account and a \$5,000 education grant. The Pēpi-pod® Program received a \$10,000 grant to enhance or extend their program.

To read more about the winners or learn more about the awards visit hestaawards.com.au

tackling the burden of chronic disease through diet in remote communities



Obesity rates in Australia are climbing faster than anywhere else in the world, with two-thirds of adults and one-quarter of children overweight or obese.

This is particularly concerning following the release of new data from the Global Burden of

Disease Study confirming that the top risk factors for disease burden in Australia today are poor diet and high body mass index. Obesity now poses more of a threat to health than smoking, alcohol or drug use.

Obesity now poses more of a threat to health than smoking, alcohol or drug use.

While escalating obesity rates in other countries have begun to plateau, Australia's have not. Regional and remote communities bear a disproportionate burden of chronic disease related to overweight and obesity. In 2011–2012, men living in regional and remote areas of Australia were more likely to be overweight or obese (74.4%) compared with men living in major cities (67.7%). This was also true for women, with women living in regional and remote areas more likely to be overweight or obese (63.2%) than women living in major cities (52.5%). Living in remote outback communities reduces the range of foods available, particularly fresh fruit and vegetables. For example, Indigenous people of the Northern Territory consume more sugar, white flour and carbonated soft drinks than the Australian average.

While few Australians meet recommended levels of intake for fruit and vegetables, regional and remote communities can face particular challenges in accessing readily available, affordable nutritious foods.

Living in remote outback communities reduces the range of foods available, particularly fresh fruit and vegetables.

The need to support healthy diets in remote communities has never been more important. It was recognised in the National Preventative Health Taskforce's 2009 recommendation that the Government develop strategies to increase the availability of fresh food for regional and remote areas, focusing on improved transport and increased production of high-quality, locally grown fresh foods.

However, the recent federal budget has signalled that prevention is a worryingly low priority, seeing the scrapping of the Australian National Preventive Health Agency (ANPHA) together with funding for the Preventive Health Agreements and spelling uncertainty for many preventive health programs across Australia.

The need to support healthy diets in remote communities has never been more important.

As States scramble to determine how to maintain support for prevention programs, they must grapple with the fact that initiatives to assist remote communities overcome barriers to maintaining healthy diets requires immediate action.



The costs to individuals, communities and governments of continuing poor diets and record rates of obesity, together with the associated chronic disease and ill health are simply too great to ignore.

Given the budget cuts, it is particularly concerning that political discussion has turned to the potential application of the GST to fresh fruit and vegetables. The impacts of such a move would be profound with researchers estimating that a 10% GST on fresh fruit and vegetables would reduce consumption by about 5%, with long term impacts estimated to result in an additional 90,000 cases of heart disease, stroke and cancer each year¹.

What is needed is a comprehensive, concerted effort led by the government that takes active steps to improve health of remote communities. Pursuing a systems approach to overcoming barriers to healthy diets through addressing geographic challenges like transport, storage, wastage and affordability issues, as well as the agricultural and supply policies and social and educational barriers to maintaining healthy lifestyles must be actioned, if we are to have any hope of improving diet and chronic disease rates in remote areas.

Jane Martin
Executive Manager
Obesity Policy Coalition ●

¹ "Taxing fresh foods could have a big, bad health impact." Lennert Veerman, 18 October 2013 *The Conversation*



Fireman's washing day, Moomba.

nashville story



Earlier this year, Co-Presidents of the Australian Student and Novice Nurse Association (ASANNA) Carol Mudford and Steph Jeremy gave a presentation at the 62nd annual convention of the US National Student Nurse Association (NSNA) in Nashville, Tennessee. Steph describes their experience.

Our invitation to the US followed our meeting last year at the International Council of Nurses Congress in Melbourne with the American National Student Nurses' Association (NSNA) President Jesse Kennedy, from the US state of Oregon.

We were asked to give a presentation on Australian issues and the formation of ASANNA at NSNA's annual convention, which attracts more than 3000 nursing students each year.

The celebrity treatment on our arrival in Nashville, with our own personal driver and a welcome gift basket in our room, was but a taste of things to come for Carol and I. I felt truly humbled to receive such genuine warmth, kindness and hospitality from so many people I met throughout our visit, in particular the NSNA Board members.

Our presentation, on the first day of the convention, began with offering our respects to the traditional owners of the lands that we were on, and an explanation of what that was about. This is not something that is done in the USA, but something that was positively commented on after the talks. We gave a brief overview of the history of Australia, starting with colonisation, and the forming of the Commonwealth of Australia.

This was juxtaposed with the history of Indigenous Australia, leading to the state of Indigenous health today.

We then spoke about the structure of healthcare in Australia, the inequity in access and the subsequent reduced health outcomes in rural and remote locations. We followed this with the topic of nursing education and graduate challenges, leading nicely into discussing ASANNA's goals, aims, achievements and growth.

The presentation seemed to go well: and this was confirmed by the line-up of people afterwards wanting to ask us questions and to have their photo taken with us! Our session facilitator said it was just like being at Disneyland! This attention continued throughout the convention, where people would approach us to say how much they loved our presentations. I was moved when one student approached me to say she had only come to our presentation to hear our cool accents, but then started to cry, saying that she thought our presentation was fantastic, and that we were doing such an amazing thing in setting up ASANNA.

This sentiment of amazement about the work we are doing in setting up ASANNA was a constant theme throughout the whole convention.

I was moved when one student approached me to say she had only come to our presentation to hear our cool accents, but then started to cry, saying that she thought our presentation was fantastic, and that we were doing such an amazing thing in setting up ASANNA.

Before the convention proper, we had been invited to attend the Council of State Presidents (COSP), where we gave a short presentation about rural and remote nursing, and graduate nursing issues. ►►





► We were also able to attend two roundtable-type discussions where the state presidents discussed their successes and challenges for the preceding year, giving people a chance to ask questions, and offer suggestions to help each other in a collaborative manner. I found this really interesting and got many ideas and insights into the NSNA, which has a membership of over 60,000 students!

The convention program itself was also illuminating. Whilst the convention went for five days, from 7am to 5pm on most days (even until midnight on one night), it did not just consist of speakers in the manner that Australian conference goers are more familiar with. Each day had a certificated educational event with CPD points available, concurrent streams with speakers, workshops to prepare for final licensure exam (NCLEX), employment readiness training, mandatory events for club representatives (such as a treasurer's workshop), NSNA presidential election events, and the voting on resolutions.

I believe no-one is a born leader; leaders grow, are taught and developed, mentored, facilitated, helped and nurtured.

A resolution is essentially what we in Australia would call a position paper. It is a researched, referenced document that usually supports the introduction of a particular stance or position on a particular issue. A resolution is presented, debated, amended (if necessary), re-presented and voted on before being accepted or rejected. There is a complex set of guidelines called 'Roberts Rules of Order' that govern these processes which were mind boggling but fascinating none the less. One of the more contentious Resolutions was 'In support of patients' safe access to therapeutic medical cannabis', which was robustly debated and passed.

To see the NSNA in action, to see how student leaders are valued, grown, developed, supported and congratulated, makes the lack of this in Australia seem hugely remiss. It makes me want this even more for Australian students too.

To see the NSNA in action, to see how student leaders are valued, grown, developed, supported and congratulated, makes the lack of this in Australia seem hugely remiss.

There seems to be so much talk at the moment of 'leadership in nursing' and in fact I am a grateful recipient of an honours scholarship to study just that. I believe no-one is a born leader; leaders grow, are taught and developed, mentored, facilitated, helped and nurtured.

See how many words we have to even describe this process.

Nurses are NOT born leaders – they need to be taught like everyone else, which is something the NSNA does EXTREMELY well, and something I believe Australia needs to do much better.

Attending the 2014 NSNA Conference in Nashville has reinforced both my resolute belief in the necessity for ASANNA, and my determination to continue to lead ASANNA with our group of amazing, committed and dedicated board members.

The ultimate goal is to enable ASANNA to fill its position in the professional nursing landscape – as it should; and to help generate respect and worth for Australian student and novice nurses – as they so deserve.

Of course, much planning went into enabling this trip, and would not have occurred without the assistance of the NSNA, and for me the assistance of my employer – ACT Health, for which I am extremely grateful. ●

Just some random stats and differences we learned:

American students must sit an exam called the NCLEX once they have graduated, prior to becoming registered. Canada is about to adopt this system. Apparently this exam is difficult and candidates may have to have multiple attempts at passing it.

A nursing degree in America costs around \$15,000 USD per year!

America does have a Medicare system but it is an insurance system that serves the over-65s mainly, whereas Medicaid is an assistance program. Medicaid is for those on a low income and is paid from federal, state and local tax funds.

The Anti-Vaccination movement is 'picking up steam'. Reported cases of measles in 2000 was 86, in 2011 was 220. Some states report 4.5% of kindergarten children are unvaccinated.

Child obesity rates in 2011–2012 show that 17.3% of children aged 2–19 were obese. Over a lifetime the medical cost associated with childhood obesity was stated at US\$19,000 although the real costs do not show up until later when the kids get adult health problems at a greater rate.

30% decline in colon cancer incidence in adults 50 and older from 2000 to 2012.

US\$1.33 billion = total US hospital charges for patients between the ages of 3 and 20 diagnosed with depression.

71% percentage of clostridium difficile infection cases in children tied to prescribing antibiotics in an outpatient healthcare setting.

More than 51 million US patients visited a doctor for a headache between 2007 and 2012 with 12% receiving an MRI or CT scan, costing a total of US\$3.9billion

US\$185billion = total US spending on operating room procedures in 2011, accounting for 48% of total hospital costs.

opportunities in disguise – attending the CRANAp^{plus} conference



Laurie Bickhoff.

You might ask why a graduate nurse, who works at a major metropolitan hospital, would attend a conference devoted to remote area nursing. Fair question. To be honest, at the start of the year, it hadn't even occurred to me to attend. However, after

presenting at the ICN Student Assembly in May, I was encouraged to submit my abstract for consideration to present at the 2013 CRANAp^{plus} Conference. I thought, why not, wholeheartedly believing it wouldn't get a second glance.

Then the unexpected happened – my abstract was accepted and I was invited to present. I was over the moon to have been accepted but had some doubts as to whether I should attend. Was it worth attending a conference dedicated to a field of nursing I am not working in and have no plans to join in the immediate future? I needed to do some serious thinking and consider all the pros and cons of going.

I was over the moon to have been accepted but had some doubts as to whether I should attend.

In the cons column:

There are significant costs involved in attending nursing conferences, especially those held interstate. I did the sums and realised I was looking at about \$2,500 by the time the conference fee, accommodation, meals and flights were all added together.

That's a pretty hefty sum for anyone, let alone when you only started working full time in February and are on a new graduate nursing wage.

My primary interest is cardiac nursing. My short-term goal; to gain a position in the Greater Newcastle Acute Hospital Network transitions to cardiology nursing program for 2014. My long-term goal; to become a cardiology clinical nurse consultant.

Would attending the CRANAp^{plus} Conference help me achieve either of these? Would the information I learnt be helpful along this career path? I honestly didn't know. However, I knew there were other conferences and seminars more specifically suited to critical care and cardiac nursing.

Lastly, attending this Conference would require taking some annual leave. I am sure many of you know just how quickly the slots for annual leave fill on a ward, especially during school holidays which was when the conference would be held. I checked and there was no annual leave available for the conference, meaning it be would difficult to organise my roster to be able to attend.

In the pros column:

To be accepted to present at a national conference is an amazing honour – an opportunity few new graduate nurses will be offered. Could I really turn that down? I am only just starting my nursing career and need to take advantage of every opportunity that comes my way.

Not only would it give me another chance to present at a national level, it would also let me get on my soap box and discuss a subject I am passionate about – social media and patient privacy. I reflected on my subject matter and realised that it may be even more applicable to rural and remote nurses than those in metropolitan areas.

These nurses work in very small communities, where trust between the locals and the health care workers is truly essential and even the smallest breaches in patient privacy may have devastating consequences. Therefore, I felt the presentation may be of benefit to those attending and applicable to their practice.

To be accepted to present at a national conference is an amazing honour – an opportunity few new graduate nurses will be offered.

Attending would give me the opportunity to learn more about rural and remote nursing, something I have to admit, I know little about. Even if I am not planning to go down that nursing path at the moment, it is always good to know what other paths are out there and where they may lead you. This would be a great way to learn and give me the opportunity to speak to practicing remote area nurses (RANs) about their experiences. It would also help me make some contacts that might be useful if I did decide to become a RAN.

I didn't know anyone else who was attending the conference. I know most of you, may think this sounds like it should be in the cons column, but I put it in with the pros. Why? Because I believe in pushing myself out of my comfort zone. ►►



Laurie Bickhoff and Carol Mudford.



The Esplanade, Darwin.

» Spending three days at a conference where I would have to go and introduce myself to new people, who had no clue who I was, would definitely push me out of my safe, comfortable little bubble.

Weighing up all the pros and cons, I decided to go for it and accepted the invitation to present.

The Conference was in Darwin in the Northern Territory, a part of Australia I had never seen. Given my work schedule and hopeful schedule for 2014, it was unlikely I would be taking a big holiday anywhere for a while. The chance to get away to a new destination, even for a few days, certainly held appeal.

Weighing up all the pros and cons, I decided to go for it and accepted the invitation to present. So sitting here at the end of the conference, waiting to attend the closing dinner, do I think it was worth it? I can confidently say it definitely was, without any doubts.

Yes, the money side was an issue but I was able to spread the costs out. I booked flights at the start of August and paid the conference fee at the end of the month. Accommodation was booked but didn't need to be paid for until the actual date of the conference. Being able to space these payments out made it much easier.

My wonderful NUM and ward CSO were able to work out my roster for me, letting me take the days needed as annual leave. Yes it did mean arriving in Darwin at 1am early Thursday morning and leaving again at 1am very early Sunday, but it worked and I am grateful to them for their help.

My presentation was well received and I was given some very nice feedback, from both the delegates and CRANApus Board. Through the tweet-reporting of the Conference, Melissa Sweet, author of Croakey; the Crikey Health Blog, heard about my presentation and ran a short article outlining some of my points and shared the article with her 7000+ Twitter followers.

My presentation was well received and I was given some very nice feedback, from both the delegates and CRANApus Board.

As for worrying that the Conference content might not be beneficial to my own practice, I couldn't have been more wrong. Many of the points raised by the speakers were applicable across all nursing settings. The discussions on end of life, euthanasia and palliative care are relevant to my practice now and I know will continue to guide me through my nursing journey.

Even more importantly, those speakers who addressed issues specific to remote areas helped me understand my patients better.

Even more importantly, those speakers who addressed issues specific to remote areas helped me understand my patients better. I currently work at John Hunter Hospital (JHH) which is a tertiary level referral hospital servicing northern NSW. We often have patients who have been transferred from rural and remote locations. By listening to the stories told at the CRANApus Conference, I feel I have a better understanding of just how hard that hospital stay will be for them and their family.

I was given many resources which will allow me to better care for and help these patients and learnt about services like *'Friendly Faces Helping Hands'* which aims to reduce the strain on rural patients needing treatment at metropolitan hospitals, far from their homes.

I came away with a better appreciation of the resources I have available to me, both professionally and personally. Whilst our care and services can always be improved, I am grateful for the support and treatment options to which we have such ready access at JHH. I also realised just how much easier the interdisciplinary team I work with makes my job. RANs often have to fill all these roles for their patients, not an easy task.

I came away overflowing with new information and inspired by the stories of both the RANs and the resilient nature of their patients.

As for not knowing anyone, it was a nice surprise to see Carol Mudford, a fellow Emerging Nurse Leader, attended and presented as well. I met some truly remarkable nurses, who were all so welcoming and kind that it was easy to see why their communities would love them.

Overall it was a great conference and I had an amazing time. I came away overflowing with new information and inspired by the stories of both the RANs and the resilient nature of their patients. Whilst I might not be able to attend the CRANApus Conference every year, I am glad I took the opportunity to go while I could and would encourage other nurses to consider attending the 2014 Conference in Melbourne.

The most important lesson I learnt however, is to look beneath the surface of the opportunities that come your way. Like an iceberg, their true magnitude may be hidden and only be revealed once you've dived into the water.

Laurie Bickhoff ●

baby baskets, belonging and 'baby one'



'Baby One' is a term used by Aboriginal women from Cape York when referring to their youngest child.

Apunipima Cape York Health Council's, successful Maternal and Child Health Baby Basket program has been running since 2009. Baskets are given to Cape York mums at key points during the antenatal and postnatal periods, including their first presentation to clinic, when they travel to Cairns to give birth and when their baby is six months old. The baskets, which contain a range of baby and personal care products, have seen an increase in engagement of Aboriginal mums with health care services.

A recent evaluation found that as well as increasing engagement, the program made mums feel more comfortable about coming to the clinic, enhanced their relationship with Apunipima, increased their sense of belonging and made them feel part of a health organisation which cares.

After four successful years, the program is about to move into a new phase: the Health Worker – led Baby One Program (BOP). Beginning on 1 July, BOP will provide seven baskets and 15 home visits from pregnancy until baby is 1000 days old.

Maternal and Child Health Team Leader Johanna Neville, developer and driver of the program said Baby One's focus was on education.



"I have worked in a range of home visiting programs and I know they work. A Health Worker – led home visiting program, will make the program culturally strong while encouraging open knowledge exchange between families and health care providers.

In line with Apunipima's vision, BOP will empower families and strengthen their spirit and families are the ones who grow babies strong.

In line with Apunipima's vision, BOP will empower families and strengthen their spirit and families are the ones who grow babies strong. There is a long way to go to *Close the Gap*, there's a lot of work to do, but this is the generation we can make a real difference to." ●



Applications open for July – December 2014 courses

This Short Course is specifically designed for Remote Area Nurses (RANs) who work in or are planning to work in remote, rural or isolated practice.

The course uses a case based approach to the Pharmacotherapeutics of common acute and chronic conditions to assist RANs apply knowledge of medicines to practical cases. Principles of drug therapy such as adverse reactions, interactions, adherence and professional and legislative issues underpin the cases discussed.

The two day workshop provides a self-directed learning guide, and an assessment package to be completed after the workshop.

Upon completion of the assessment registrants will receive a certificate of achievement.

2014 DATES AND LOCATIONS

Thursday 17th – Friday 18th July 2014 Alice Springs

Tuesday 22nd – Wednesday 23rd July 2014 Darwin

Thursday 14th – Friday 15th August 2014 Alice Springs

Wednesday 8th – Thursday 9th October 2014 Darwin

Thursday 6th – Friday 7th November 2014 Broome



Undergraduate remote placement scholarships available

CRANAplus is the peak professional body for all remote health.

Each year since 2006 CRANAplus 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 CRANAplus to the future remote health workforce.

The CRANAplus Scholarships are among a range of benefits offered student members by CRANAplus 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 31 July of each year

For full details of eligibility and how to apply go to

www.crana.org.au

invaluable experience

Jade O'Brien, a 4th Year Bachelor of Nursing/Midwifery student from Monash University in Gippsland outlines her CRANApus remote placement scholarship in Alice Springs.

Having learnt vastly about Indigenous and rural health throughout my degree, the opportunity to go to Alice Springs to undertake my special care nursery placement as a part of my midwifery degree was a chance to expand my knowledge not only of working in a rural environment, but also of Indigenous culture. The inequalities in health between Indigenous and non-Indigenous communities is still of great concern in today's society and having the opportunity to experience this firsthand has been invaluable.

I recently completed my placement at the Alice Springs Hospital in the special care nursery where I was able to consolidate theory into practice and enrich my understanding of neonatal issues and concerns that are prevalent in rural and remote settings.

During my placement, I found the mothers and staff to be extremely welcoming. Having a child in the special care nursery can be extremely stressful and emotionally draining on any new parent and the mothers were always welcoming and grateful for help. It is evident through the quality health care provided that the staff and hospital are focusing on holistic care in order to close the gap between the inequalities in Indigenous and non-Indigenous health.



Through my time spent in the nursery, I feel more confident in my clinical skills and assessment abilities in terms of caring for the neonate, thanks to the guidance and support I received from the staff. The sense and ability to be able to care for an infant when they need it the most is an amazing feeling and skill to obtain.

During my time in Alice Springs I also had the opportunity to undertake a shift with the St John Ambulance paramedics when I attended numerous call outs. I am so grateful for these experiences as I was able to obtain a better understanding of the communities and different areas of Alice Springs as well as working with different health professionals.

There is so much to learn and this experience has expanded my knowledge...

In my spare time in Alice Springs I undertook a three-day camping tour of Uluru, Kata Tjuta and Kings Canyon, where I learnt about Aboriginal history and culture. Despite undertaking this placement alone, the residents of Alice Springs were extremely welcoming and I met many amazing people on my travels.

I would also like to extend great thanks to the amazing staff at the Alice Springs Special care nursery and Monash University for giving me the opportunity to undertake this placement and the staff of St Johns Ambulance for this opportunity. Lastly my thanks go to CRANApus for the remote placement scholarship that assisted in this journey. I would recommend any nursing or medical student to undertake a placement in the Northern Territory whether it be a remote community or Alice Springs itself. There is so much to learn and this experience has expanded my knowledge and is a memorable experience I can always look back on. ●



a clinical placement of firsts

Kathryn Anderson, in her 1st year as a Bachelor of Nursing student at Charles Sturt University in her home town of Bathurst, NSW, whose CRANaplus scholarship took her nearly 2000 km to Alice Spring in the Northern Territory to complete an Indigenous Placement, writes of her experience.

I was extremely lucky to secure my placement in the Renal Ward at Alice Springs Hospital, which held many firsts for me: my first time in Alice Springs; my first time on a busy ward; my first time nursing with MRSA precautions; and my first time working with renal patients.

Working in the renal ward at Alice Springs was completely different to my past practical experiences as a student nurse due to the fast pace of the ward and my first time nursing Indigenous patients.



I quickly realised that learning Indigenous words would be a must. However, I soon discovered there were three different Indigenous languages used by the patients here, unlike at home where there is only one Indigenous language group. I also found that working in an area with a large Indigenous population, I learnt more about the prevalence of health issues in this community, social issues that surround discharge and the utilisation of various liaison officers and external services.



My placement was also my first experience of working with renal patients and therefore everything from fluid restrictions to renal dialysis and fistulas was new and exciting to me. I had not yet had specific renal health training as a first year student and so I was hesitant at first to have a clinical placement in a renal ward.

However, during my time in the ward, I was able to learn the routine and specific care measures to ensure positive health outcomes for the patients.

Among other firsts, this was my first time working with MRSA precautions. As a first year nurse I had learned the importance of infection control, but had not yet used a variety of PPE equipment. Wearing the plastic gowns, although essential to preventing the spread of MRSA, was a novelty to me. It was my first time wearing a gown in a hospital, which made me feel like I was a health professional. However, the novelty soon wore off in Alice Spring's summer heat!

My placement was definitely enhanced by the great nurses I worked with in the renal ward. Their guidance, not just in renal nursing but in all areas of nursing, allowed me to learn so much during my time in Alice Springs. They were able to explain nursing theories concisely to ensure my understanding and they were so patient with me as I learned: for that I am very grateful.

My placement was definitely enhanced by the great nurses I worked with in the renal ward.

Due to the large distance I travelled to get to Alice Springs, I would not have been able to financially support myself without this scholarship, so I would like to sincerely thank CRANaplus and the Michael Ilijash Perpetual Scholarship for this amazing opportunity to expand my horizons in the field of nursing. ●

Centre for Remote Health Short Courses 2014

The Centre for Remote Health offers a range of short courses for Remote Health Professionals and those interested in working in Remote Australia.

Course Facilitators are respected practitioners and academics with relevant remote experience.

Many of these courses have been accredited for CPD points with professional organisations.

Courses vary in length from 1 day to 3 weeks.

While most courses are offered in Alice Springs, some courses are delivered in other locations.

Join a varied cohort of learners across a range of professions who practise in isolated locations around Australia.

Courses for 2014 include:

- Fracture Management
- Framing Indigenous Health
- Introduction to Living in the Central Australian Context
- Pharmacotherapeutics for RANS
- Primary Health Care
- Recognising & Responding to Dementia In Indigenous Communities
- Transition to Remote Area Nursing Program
- Working with People with Disabilities in Remote & Indigenous Communities
- Responding to Child Abuse & Neglect: What Primary Health Care Practitioners Need to Know (Available only to Community and Primary Health Care Workers in the Northern Territory)



E: crh.shortcourse@flinders.edu.au | W: <http://www.crh.org.au/>
PO Box 4066 Alice Springs NT 0871 | P: +61 8 8951 4700 | F: +61 8 8951 4777

Keep your eye on the CRH website for dates, locations, and new courses, or contact the Short Course Administrator: crh.shortcourse@flinders.edu.au



why advertise with CRANAp^{plus}?

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

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

CRANAp^{plus} offers several advertising options at very competitive rates:

1. The CRANAp^{plus} 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 CRANAp^{plus} 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.

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 rates, artwork specifications and contact details below for more information. ●

advertising rates

Standard 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. Back cover is unavailable until December 2014.
*Corporate members receive further discount on these rates. Contact 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



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 health care 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.



Northern Territory Department of Health & Families Remote Health Branch offers a career pathway in a variety of positions as part of a multi-disciplinary primary health care team.



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.



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.



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.



Mt Gibson Iron Ltd – Koolan Iron Operations Koolan Island is an iron ore mine site on one of 800 islands in the Buccaneer Archipelago in Yampi Sound, off the Kimberley coast of Western Australia. Approximately 400 people are employed and all are FIFO (Fly-in/Fly-out) workers.



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 health care to the Ngaanyatjarra people in Western Australia.



The Northern Territory Medicare Local (NTML) is committed to achieving an equitable, comprehensive primary health care system, driven by community needs, to improve the health and wellbeing of all Territorians.



Puntukurnu Aboriginal Medical Service presently provides services to Jigalong, Punmu, Kunawarritji and Parnngurr with a client base 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.



Randstad's healthcare team has provided the best people, recruitment solutions and HR services to your industry for over 30 years.



The **Royal Flying Doctor Service** Central Operation provides 24-hour emergency aeromedical and essential primary health care 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.



Rural and Remote Nursing Solutions provides flexible, responsive, high-quality and alternative nursing solutions for their clients.



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.



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.



registration

Register to join us at the 2014 Annual CRANApus Conference by completing the online form or by downloading a PDF Registration form, both available at: <https://crana.org.au/about/conference/register-preview/>

See opposite for Conference Registration options, ranging from full inclusive packages through to individual events, enabling you to tailor your attendance.

We look forward to welcoming you to the Pullman Melbourne, Albert Park. ●

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welcome

On behalf of the organising committee we invite you to join us at the CRANApus 32nd Annual Conference – *creating and sustaining diversity within communities*, at the Pullman Melbourne, Albert Park 15th-18th October 2014.

Since the organisation's inception in 1982 this event has served as both a professional and social resource for remote health workers across Australia.

We aim to offer an environment that will foster new ideas, promote collegiate relationships, provide opportunities for professional development and celebrate remote health practice.

CRANApus strongly encourages you to not only attend Conference but to participate through the submission of abstracts and award nominations.

Speakers (national and international) will offer 3 days of opportunity to engage in stimulating dialogue and conversation around the challenges of creating and sustaining diversity within communities. ●

Early Bird Registrations close 31 July 2014 Savings of up to \$220 for Early Bird Members	Early Bird Member	Early Bird Non-Mbr	Member	Non-Mbr
Packages				
Full Conference Package includes: <ul style="list-style-type: none"> Welcome Ceremony <i>Wednesday 15 October</i> Day One Paper Sessions <i>Thursday 16 October</i> Day Two Paper Sessions <i>Friday 17 October</i> Day Three Paper Sessions <i>Saturday 18 October</i> Annual Dinner <i>Saturday 18 October</i> 	\$660	\$850	\$880	\$990
Student/Retiree Concession Full Conference Package includes: <ul style="list-style-type: none"> Welcome Ceremony <i>Wednesday 15 October</i> Day One Paper Sessions <i>Thursday 16 October</i> Day Two Paper Sessions <i>Friday 17 October</i> Day Three Paper Sessions <i>Saturday 18 October</i> Annual Dinner <i>Saturday 18 October</i> 	\$495	\$550	\$520	\$570
Individual Events and Sessions				
Welcome Ceremony <i>Wednesday 15 October</i>	\$70	\$75	\$80	\$85
Day One Paper Sessions <i>Thursday 16 October</i>	\$250	\$350	\$300	\$400
Day Two Paper Sessions <i>Friday 17 October</i>	\$250	\$350	\$300	\$400
Day Three Paper Sessions <i>Saturday 18 October</i>	\$250	\$350	\$300	\$400
Annual Dinner <i>Saturday 18 October</i>	\$120.00			

EARLY BIRD Registrations close 31 July 2014 and ALL registrations close 5 October 2014.



keynote speakers



Tim Wilson was appointed Australia's Human Rights Commissioner in February 2014. Dubbed the "Freedom Commissioner", Tim is a proud and passionate defender of universal,

individual human rights. As Commissioner he is focused on promoting and advancing traditional human rights and freedoms, including free speech, freedom of association, worship and movement and property rights.

Prior to his appointment Tim was a public policy analyst and a policy director at the world's oldest free market think tank, the Institute of Public Affairs. He has also worked in trade and communication consulting, international aid and development, as well as politics.

He has served as a Board member of Monash University's Council and on the Victorian Board of the Australian Health Practitioner Regulation Agency. Tim is a Director of Alfred Health. ●



Former Chief Commissioner of Victoria Police, **Christine Nixon APM** was appointed in February 2009 to chair the Victorian Bushfire Reconstruction and Recovery Authority and tasked with the oversight

and coordination of the largest recovery and rebuilding program Victoria has ever faced.

Under Christine's leadership, the Authority worked with communities, businesses, charities, local councils and other government departments to help people rebuild their lives and communities.

Since August 2010, Christine has moved into a role as the Victorian Government's Advisor on Bushfire Reconstruction and Recovery, a voluntary role. She continues to support communities, to work with the bereaved community, and remains a member of the Victorian Bushfire Appeal Fund panel. ●



invited speakers



Dr Rosemary Bryant commenced in the position of Commonwealth Chief Nurse and Midwifery Officer in July 2008. She was formerly Executive Director of Royal College of Nursing, Australia,

a position she held for eight years.

She has had a broad career in acute hospital and community nursing, as well as extensive experience in policy development in nursing, midwifery and the broader health sector.

Rosemary is a Fellow of the Australian College of Nursing, is Emeritus Director of Nursing at Royal Adelaide Hospital and is the immediate past-President of the International Council of Nurses, an organisation which represents 19 million nurses worldwide. She was awarded the degree of Doctor of the University by the Queensland University of Technology in 2010 and by Flinders University in 2012. ●



Photo: www.pullmanhotels.com



Lee Thomas is the Federal Secretary of the Australian Nursing and Midwifery Federation (ANMF), the second largest, and fastest growing union in Australia. Lee's priority for the ANMF is to

ensure that it is one of the strongest industrial, political, professional and campaigning unions in Australia. Membership growth in the private and aged care sectors and increasing members power are paramount to Lee and the ANMF.

Lee commenced nursing as a personal care attendant in aged care and completed her general nurse and midwifery education in Adelaide. Lee also holds a Bachelor of Nursing and a neonatology certificate, is a registered midwife, and is currently studying a law degree.

Prior to taking on her current role Lee was ANMF's Assistant Federal Secretary and served as Branch Secretary of the Australian Nursing Federation (SA Branch) for eight years, where she focused on membership growth and enterprise bargaining across all sectors. ●



Squadron Leader (SQNLDR) **Sarah Wheal MA**, GradDipNurs is a registered nurse in the Royal Australian Air Force (RAAF). She started her career as a medical assistant in the Army

Reserve, transferring to the RAAF in 1999, and commissioning as a nursing officer in 2002. She has a Bachelor of Nursing from the University of Sydney, Post Graduate Certificate in Advanced Practice Nursing (Rural and Remote) from the University of Southern Queensland, a Graduate Diploma in Nursing from the University of South Australia and a Master of Arts in Defence Studies from the University of New South Wales.

She is a qualified women's health nurse, holds a Cert IV in Workplace Training and Assessment, is a REC facilitator with CRANaplus and is currently employed as the Health Centre Manager of East Sale Health Centre where she gets to watch the Roulettes practice during her lunchtime run. Her military deployments include Operations Bali Assist II, and Slipper/Catalyst, and most recently, deployment on Operation Slipper in Afghanistan. ●



Dougie Herd works for the National Disability Insurance Agency (NDIA), the agency implementing the National Disability Insurance Scheme (NDIS), as the Branch Manager

with responsibility for Communications and Engagement Branch in the national office. Dougie joined the agency in October 2012.

Before joining NDIA, Dougie worked for two years as Project Manager of the NSW Industry Development Fund, managed by National Disability Services NSW, six years as the Executive Officer of the Disability Council of NSW (the State's official advisory body) and five years as the EO of the Physical Disability Council of NSW (a State peak and systemic advocacy organisation). ●



Paul Pholeros AM has an architectural practice working on urban, rural and remote area architectural projects throughout Australia and overseas. Since 1985 he has also worked with

Dr Paul Torzillo and Stephan Rainow as a director of Healthabitat. The other two directors have medical and environmental health backgrounds.

The work of Healthabitat aims to improve health through improving housing and the living environment.

Since 1999, Healthabitat has improved over 8,000 houses, and the living environment and health of Indigenous people in over 200 projects in suburban, rural and remote areas of Australia.

Over the last 8 years similar health related work has expanded to projects in rural Nepal, Bangladesh and PNG and urban areas of South Africa and the USA.

In 2011, the work of Healthabitat was recognised internationally, when Healthabitat was awarded the UN Habitat's World Habitat Award, and nationally winning the Australian Institute of Architect's national Leadership in Sustainability prize – for sustaining people. ●



Hyder Gulam was born in Singapore and educated in Melbourne. He is a registered nurse, a qualified lawyer, an accredited mediator as well as a Fellow of the Royal College of Nursing in Australia.

He has post graduate qualifications in business/management, law and nursing.

He has served as an officer with the Royal Australian Air Force, both in Australia and overseas. He has published in areas such as trans-cultural nursing, health law, criminal law and military law. Hyder has also worked in indigenous health, paediatric nursing, aged care, as well as emergency and trauma. Prior to accepting a role back in Melbourne, Hyder worked in Riyadh, Saudi Arabia for one of the world's biggest law firms. Hyder has practiced mainly in the areas of Commercial and Corporate, Defence Procurement and Islamic Finance. ●



Working collaboratively with mental health consumers, clinicians and sector managers, **Professor Nicholas Procter PhD, MBA, RN** has longstanding interests in research, knowledge translation

and community engagement in mental health practice. He is the UniSA inaugural Chair: Mental Health Nursing and convener of the Mental Health and Substance Abuse Research Group located within the Sansom Institute for Health Research. His other appointments include convener of UniSA's Human Rights and Security Research and Innovation Cluster, and adjunct professor at the University of Tasmania. ●





different as Switzerland, Trinidad, Africa and of course Marysville and the Triangle district.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical.

We love to surprise our audience with a variety of music styles, ranging from Calypso, Latin and Samba over Jazz to world music and classical. Playing at many music festivals in Melbourne and regional Victoria we have released our first CD entitled "Recovery" in 2011. To celebrate the newly rebuilt town, we organised the inaugural Australian Steelband Festival in Marysville in 2013, featuring nine steelbands from interstate and overseas (New Zealand and Oman).

For information on Pans on Fire and the other community steelbands of the Marysville/Triangle area visit: www.trianglesteelbands.com

entertainers

Pans on Fire – Murrindindi's own Steelband

Out of the Fire... And into the Pans

'Pans on Fire' was started in November 2009 as a Marysville and Triangle district Black Saturday bushfire recovery project.

With the aid of many pan enthusiasts, the project has grown into a vital community asset that crosses cultural territories as widely



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educate

triage education courses (tec)

The newly developed CRANaPlus Triage Education Courses (TEC), piloted for the first time in 2013, are providing an invaluable service.

Rural hospitals are isolated with minimal services and staff and doctors are often working in an 'on call' capacity especially after hours. It is therefore vital that all nurses have sound knowledge of the national triage system and are confident to implement it using the standard scale.

The first courses, developed following a request from Townsville Mackay Medicare Local for CRANaPlus to provide some triage training to six sites in their area, courses were delivered at Hughenden, Richmond and Collinsville by Libby Howell and Sue Orsmond. The participants were required to complete the seven Physical Assessment online modules through eRemote to broaden their knowledge and understanding of initial assessment and then attend a one-day face-to-face training day on site.



Three further courses were delivered shortly after by Sue Orsmond and Geri Malone in Dysart, Clermont and Moranbah. This year, this team delivered courses in Ingham, Charters Towers, Ayr, Proserpine, Sarina and Bowen.



In each location staff were very enthusiastic and extremely grateful to receive training in their local area. There were many positive verbal comments, in addition to the written ones in the evaluations, expressing gratitude for the opportunity to attend a course in their community. At each location, staff were 'hungry' for training and were keenly interested in what CRANaPlus could provide for them. To this end, a REC and ALS course is to be conducted in Hughenden in July and a REC in Dysart in August.

Comments were not only positive about the delivery of local training but also about the positive aspect of receiving training as a team, allowing participants to discuss their local issues and explore possible solutions to problems they face at a local level. In two of the locations, nursing staff resolved to approach their local GP for a meeting to discuss the training they have received and attempt to deepen their collegiate relationship even further through an open discussion on triage, calls to the doctor and implications for practice for all involved. It is hoped this will result in a positive outcome for all staff involved as well as the patients of their community.

The TEC course is available nationally for anyone looking to upskill staff in national triage guidelines and processes.

Contact Sue Orsmond (sue@crana.org.au) if you would like to discuss a TEC course in your area. ●



Mindful Photography competition contributor: Yvette Daley – Derby WA.

 Australian College of Nursing

NURSING & MIDWIFERY SCHOLARSHIPS

Open 21 July 2014 – Close 15 September 2014

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- > continuing professional development
- > nurse re-entry
- > midwifery prescribing
- > nurse practitioner
- > emergency department clinical and non-clinical continuing professional development.

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An Australian Government Department of Health initiative supporting nurses and midwives.
Australian College of Nursing is proud to be the fund administrator for this program.

education courses

Location	Dates	REC	ALS/ ALSP	MEC	MIDUS	AREC	ATSI	AMB
Roma, QLD ○	4–6 Jul				●			
Hughendon, QLD	4–6 Jul					●		
Hughendon, QLD	7 Jul		●					
Townsville, QLD	11–13 Jul			●				
Alice Springs, NT (Mon 8 am–Wed 1 pm)	14–16 Jul	●						
Alice Springs, NT (Wed 8 am–Fri 1 pm) ■	16–18 Jul				●			
Alice Springs, NT (Fri 8 am–Sat 1 pm) ■	23–25 Jul	●						
Tamworth, NSW	25–27 Jul				●			
Derby, WA ○	1–3 Aug			●				
Port Augusta, SA	8–10 Aug	●						
Broken Hill, NSW	8–10 Aug			●				
Laynhupuy Homelands, NT ○	19–20 Aug						●	
Laynhupuy Homelands, NT ○	20 Aug		●					
Darwin, NT ■	21–23 Aug			●				
Elcho Island, NT	29–31 Aug						●	
Alice Springs, NT	1–3 Sep	●						
Burnie, TAS	5–7 Sep				●			
Ipswich, QLD (TBC) ○	12–14 Sep			●				
Alice Springs, NT	19–21 Sep			●				
Dubbo, NSW	26–28 Sep					●		
RFDS Jandakott, WA ○	3–5 Oct				●			
RFDS Jandakott, WA ○	6–7 Oct		●					
Pre Conference Course	12–14 Oct			●				
Pre Conference Course	11–14 Oct					●		
CRANApplus Conference	15–18 Oct							
Post Conference Course	19–21 Oct	●						
Alice Springs, NT (Wed 8 am–Wed 1 pm) ■	22–24 Oct			●				
Roma, QLD (TBC) ○	31 Oct–2 Nov			●				
Broome, WA	31 Oct–2 Nov	●						
Broome, WA	3 Nov		●					
Darwin NT (Mon–Wed) ■	3–5 Nov	●						
Esperance, WA	7–9 Nov			●				
Derby, WA ○	13–15 Nov							●
Longreach, QLD	21–23 Nov			●				
Melbourne, VIC – RAHC ○	21–23 Nov	●						
Burnie, TAS	5–6 Dec	●						
Cairns, QLD	5–7 Dec	●						
Cairns, QLD	8 Dec		●					

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

endorsements and accreditations

CRANApus 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 CRANApus courses (see table below) are accredited by the Australian College of Rural

and Remote Medicine (ACRRM). Eremote online courses ALS, LSP and ALSP are also accredited with ACRRM.

CRANApus is currently in the process of renewal of endorsement with the Royal Australian College of General Practitioners (RACGP). ●

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.

CRANApus course

REC (Remote Emergency Care)

Endorsed or accredited by

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

MEC (Maternity Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

AREC (Advanced Remote Emergency Care)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

MIDUS (Midwifery Up Skilling)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

Endorsed by MidPLUS (Australian College of Midwives)

ALS (Advanced Life Support)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

REC-LSP (Life Support Paediatrics)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

Endorsed by the Australian College of Nursing (ACN)

REC-ALSP (Advanced Life Support Paediatrics)

Accredited by the Australian College of Rural & Remote Medicine (ACRRM)

BLS (Basic Life Support)

Endorsed by the Australian College of Nursing (ACN)



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.



represent

professional services

As we head into mid-year the variety of activities under our portfolio continues to grow and, in particular, we are focused on providing information regarding Pathways to Remote Practice and the Standards.

Here is a brief overview of our activities:

The fact sheets on *Pathways To Remote Practice* are now on our website: <https://crana.org.au/advocacy/professional-issues/pathway-to-remote-practice/> and we look forward to any comments or feedback you may have.

We are continuing to follow up on the distribution of the Clinical Governance Guide and we have spoken to many of you. If you would like to provide us with some feedback or follow up we would like to hear from you.

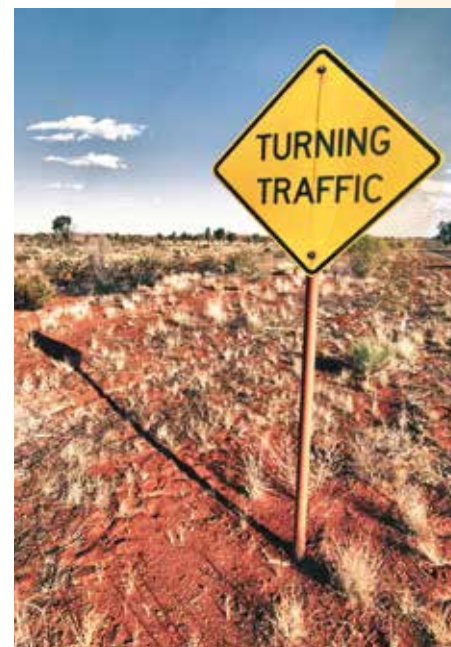
Marcia Hakendorf conducted a very successful one-day workshop in Victoria at Elmhurst Bush Nursing Service attended by seven

Centre Managers of the Western Bush Nursing Service, and went on to present the development of the Guide at the Australian Practice Nurses of Australia Conference in Sydney.

The AMSANT CQI Program have expressed interest in the guidelines, published an article in their May newsletter and have taken several copies for distribution.

If you would like to provide us with some feedback or follow up we would like to hear from you.

Check the Guide on our website and contact us if you would like follow up: <https://crana.org.au/advocacy/professional-issues/a-clinical-governance-guide-for-remote-and-isolated-health-services-in-aust/>



One 'good news' item from the Budget is that the Government has committed to an increase in the Nursing and Allied Health Scholarships, which are delivered through the Australian College of Nursing (ACN) and Services for Australian Rural and Remote Allied Health (SARRAH).



We are represented on the Nursing Scholarship Advisory Group and will be active in ensuring, as committed, that the focus for the extended funding is on access for rural and remote health professionals. At the very least, there needs to be greater promotion and access to this scheme to increase the uptake by those in the remote and rural health workforce and also potential undergraduate students from rural and remote backgrounds.

The scholarships are offered to Postgraduate studies, Continuous Professional Development (CPD) activities and Re-entry. In addition, specific scholarships are offered for Aged Care.

For further information email geri@crana.org.au or marcia@crana.org.au or visit the following websites:

<http://www.rcna.org.au/wcm/RCNA/Scholarships/rcna/scholarships/scholarships.aspx?hkey=2c5ba235-a406-4823-afe4-65fe65d2ccd7>

<http://www.sarrah.org.au/site/index.cfm?display=250845>

<https://crana.org.au/advocacy/professional-issues/>

Geri Malone
National Coordinator of Professional Services
CRANApplus ●

federal budget will actively worsen the health of people and planet



The first federal budget from the Abbott Government very clearly demonstrated its ideology to the Australian public, which it kept carefully under wraps prior to the election, along with repeated promises of “no surprises” and “no cuts”, while they lauded the merits of “trust”.

So Australia now has a government under false pretenses.

Sly manoeuvring includes cuts of \$50 billion to hospitals, forcing cash-strapped states to push for a rise in GST, which many analysts agree is needed to sustain required levels of services, and was recommended in the Commission of Audit.

Another sleight of hand is the systemic demise of preventive health care towards funding high-tech research, much of which will benefit big pharma. Such a fiscally irresponsible move reflects again the distorted ideology of giving preferential treatment to profits over the health of the public.

Investments in prevention give benefits in the order of 3:1 to 40:1, that, is every dollar spent on preventing diseases saves between 3 to 40 dollars in health spending in treating that disease at a later date (on today's prices).



CLIMATE AND
HEALTH
ALLIANCE

The benefits to the individual, their family and society of avoided illness far exceeds these figures. So it is not only heartless, but bad economic policy to curtail prevention research and programs.

Preventative health starts with the environment

On all continents, the greatest population health gains have been achieved via providing urban communities clean and healthy environments, and by people following a healthy lifestyle. This means clean air, clean food and clean water.

...the greatest population health gains have been achieved via providing urban communities clean and healthy environments...

Environmental degradation hampers health, and lifestyle diseases continue to contribute heavily to Australia's burden of disease. Yet the Abbott Government's first budget wilfully sets to destroy recent advances.

Their bad policies will:

- worsen air pollution and reduce physical inactivity by promoting roads over rail
- exacerbate climate change, giving us hotter summers, and more disastrous fires, droughts and damaging storms, by scrapping renewable energy incentives and promoting fossil fuel industries
- shovel more people into a state of poverty and hopelessness, which inevitably results in poorer health, made worse by restricting access to expensive health care



Australia must address climate change

Australia would be better served by a budget that addressed Australia's high vulnerability to climate change. Rather than supporting Australia to prepare for more frequent and more intense heat waves, deeper droughts, more catastrophic fires and storms, and steering Australia to reverse its own contribution to these, this budget does the reverse.

The boost to medical research is a con job, thrown in as a sweetener, hoping Australia will swallow the nasty pill of the demise of Medicare.

Adaptation funding, already diminished, will be wound back and ceased. The budget proposes to abolish the Australian Renewable Energy Agency, established to boost the rollout of affordable renewable energy, to scrap of \$10 billion Clean Energy Finance Corporation, and remove the carbon price. Funding for public transport is scuppered to build more roads, whereas subsidies to polluters continue, and new incentives are planned for mining.

An ideological opposition to health?

This government is apparently ideologically opposed to the health of Australians. The boost to medical research is a con job, thrown in as a sweetener, hoping Australia will swallow the nasty pill of the demise of Medicare. Can we trust this – or future – governments not to incrementally erode the universality of Medicare? ►►

» Past performance would suggest not. For decades, the Liberal Coalition has made repeated efforts to dismantle Medicare at every opportunity.

Australia's health system took decades to build, and we have an excellent mix that attends the needs of the poor, funded proportionally by income tax, and provides for private health care.

We deliver better health outcomes than the more expensive American model, yet this government pushes us away from a health system regarded by many as "the envy of the world", and towards that poor performing system. As the population expands, the health system, including health promotion and protection, needs investment, not slashing.

Amalgamation of major agencies such as the National Preventative Task Force and the Australian Institute of Health and Welfare with groups whose focus is health efficiencies is a retrograde step.

Australia considers itself an advanced society. Advanced societies investigate their vulnerabilities, address their shortfalls, track their progress, confront the residual challenges and monitor performance by publishing trend data. The AIHW gives us this.

We took pride in our government's transparency and commitment to good health, and were proud of our achievements. Hiding trends by blinkering our health and welfare statistics looks very shifty, Mr Hockey.

Anti-Australian bias

The ideology revealed here in this budget reveals an anti-Australian people, pro-business bias. The only future being protected in this budget is fossil fuel and big miners.

By savaging the most needy in society, this government clearly ignores the evidence that the supposed 'trickle-down effect' does not work – it only widens the gap between the haves and have-nots. It will expand Australia's underclass.

The government has demonstrated a total disregard of the wealth of evidence about nation building.

Social science clearly shows that deprivation of opportunities to contribute to society sets people up for a lifetime of social exclusion. Similarly, public health evidence shows this sets people up for a life of poor health. Those individuals loose out, and society loses out, by shifting their potential productive contribution to one of ultimate dependence. Furthermore, their plight negatively impacts upon their family, and drags them down as well. The ripple effect is very powerful within those inner rings. A few pennies saved multiplies enormously in the costs, financial and human. So these budget moves are dangerously flawed in the human toll and economic argument.

The government has demonstrated a total disregard of the wealth of evidence about nation building.

A budget designed to build a strong future for Australia would invest in its people, in their health and education, and promote a healthy world in which current and future generations can productively contribute.

Instead, the budget destines us all to a world of worsening disasters, greater inequities and the social consequences that inevitably arise.

This budget not only broke our trust, but subjects Australia to a trajectory of increasing hardship and ill-health. The ramifications of their systematic destruction of civil society will be felt for generations to come.

Dr Liz Hanna
Australian National University ●

Dr Liz Hanna is a fellow at the National Centre for Epidemiology and Population Health at ANU, and president of the Climate and Health Alliance.

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Membership criteria and application forms can be found on our website at www.catsinam.org.au.

If you would like further information about CATSINaM please contact our office on 0427 896 446 or email membership@catsinam.org.au.

young nurse embraces remote health

It's her fifth field trip to Arnhem Land, and registered nurse Jules Galliers is kicking back in Maningrida, a remote community 500 km east of Darwin.

The weather is beltingly hot, the Arafura Sea is a beautiful azure blue and she's just helped airlift a patient with complications from badly crusted scabies.

Such a contrast: tropical paradise and health conditions that wouldn't be tolerated in southern cities.

But it's the perfect combination for Jules who is happy to be using her skills to make a difference where the need is greatest. Since landing a job earlier this year with non-profit organisation One Disease, she has been visiting places like Maningrida running skin health clinics.

The aim is to eliminate scabies. Left untreated, the scabies mite causes a terrible itch and constant scratching can create sores that become infected and ultimately lead to serious conditions such as acute rheumatic fever and long-term kidney problems.

It's rife in remote Indigenous communities where as many as 7 in 10 children have had scabies before their first birthday.

"Seeing the number of health issues remote communities face makes me even more motivated to work with Indigenous people of all ages and support them to lead healthier lives," says Jules.

Originally from south of Perth, Jules's journey to the Top End started at university when she got involved with the National Rural Health Students' Network.

Her studies took her to the University of Notre Dame's Broome campus where she became president of the KRASH Rural Health Club, one of 28 clubs that belong to the student network.

The club runs events with a positive rural focus, takes part in Indigenous festivals and organises activities such as clinical skills workshops.

While in Broome, Jules successfully applied for the Northern Territory Medicare Local's Rural High School Visits Program. This takes Rural Health Club members to schools where they promote healthy living and talk about health careers with local children. Participants also get to visit health clinics in either the Top End or Central Australia.

...it's a privilege to sit down and yarn with people about their lives and their families.

This experience cemented Jules's desire to pursue a career in remote health. And two years later, here she is in Maningrida. And now, with the week's work done, she's staying on for the weekend so she can attend a local football match where she'll be barracking for the Crocodiles (not the real ones, but the Baru Football Club).

"The side benefits of remote nursing are amazing – it's a privilege to sit down and yarn with people about their lives and their families. Plus you get to experience some beautiful country," says Jules who is now a proud NRHSN Alumni member.

If you're a health student, start your rural health journey by connecting with the NRHSN and its Rural Health Clubs www.nrhsn.org.au ●



mentoring – accelerates learning, navigates decision making



Mentoring programs are well-recognised for accelerating learning; by supporting participants in navigating their decisions; providing greater opportunities to network; and preventing people from making those 'rookie' mistakes.

People who have had the benefit of a mentor often report that they have gained greater self-confidence in decision-making and more understanding of the system, processes and people they work with. Mentoring can be done informally, however a well-structured program can enrich the experiences gained by both the mentee and mentor.

CRANApplus promotes mentoring as a career tool and offers its Remote and Rural Mentoring Program to undergraduates and new graduates as well as experienced remote/rural health workers.

Carol Mudford tells her story about being mentored as an undergraduate student, describing the positive outcomes of this experience. Carol is continuing with the mentoring program during her graduate year.

From Carol Mudford

As a student I wasn't quite sure if the mentoring program was for me. After all, I really wasn't quite sure if I was committed to going remote, and I certainly didn't have a job (or even a placement) lined up. But I rang to find out more about it all and I was so warmly welcomed by the CRANApplus crew that I thought, if they considered it was worth their time to talk to me, then I would be lucky to have a go!

So in my last year of studies I've had the honour of being mentored by a great remote area nurse. At first I was worried I would be wasting his time as, like I said, I wasn't sure if remote nursing was for me, especially at this early stage of my career.

I'm so glad I took the chance. We spoke by phone, emailed and skyped when we could, and were able to meet face-to-face at the CRANApplus Conference. It was quite amazing that someone was willing to listen to me, answer all my questions about remote and rural career pathways and strategies, skills, travel, communities, personal qualities and the list goes on. The biggest help was when I was going through graduate job applications.

People who have had the benefit of a mentor often report that they have gained greater self-confidence in decision-making and more understanding of the system, processes and people they work with.

It still amazes me that there is little support for students looking for specific career guidance (which graduate program is the best for my career?) I can't thank my mentor enough for helping me with that. I was lucky enough (and amazed) to be offered two grad programs: one in a large urban Sydney teaching hospital, and one in a Northern Territory hospital. One of course offering access to every test and procedure and clinical experience available in the country (as they told me) and the relative comfort of a large institution, and one offering perhaps a bit more of a challenging, unique and, well, distant opportunity.

It was amazing to balance my early career worries and unknowns with a good dose of steadied, professional experience and understanding.

But opening up more doors to rural, remote and Indigenous health. Being a naturally indecisive person, I'm sure our conversations about the different opportunities each offered must have driven my mentor mad. But he never gave it away and instead patiently talked me through all my pros and cons. It was amazing to balance my early career worries and unknowns with a good dose of steadied, professional experience and understanding.

So my final year of studies turned into a final 18 months, as I went part-time. After discussing options with my mentor, I arranged all my final semester's placements to be in rural/remote/Indigenous health; and I am very excited about moving to the Territory to start my grad program and my nursing career!

I still don't know if remote is for me (or if I'm for remote), but I feel a lot more confident about having a go!

Thank you CRANApplus and the mentoring team.

For further information about the Remote and Rural Mentoring Program visit CRANApplus website at: <https://crana.org.au/education/remote-and-rural-mentoring-program/> or contact Marcia Hakendorf: marcia@crana.org.au



new national knowledge centre aims to reduce harmful substance use among aboriginal and torres strait islanders

In early June, National Indigenous Drug and Alcohol Committee (NIDAC) Chair, Associate Professor Ted Wilkes, launched the new Australian Indigenous Alcohol and Other Drugs Knowledge Centre (Knowledge Centre) at the NIDAC Conference in Melbourne.

The Knowledge Centre web resource aims to provide the evidence base to reduce harmful substance use among Aboriginal and Torres Strait Islander peoples.

It provides quick and free online access to a comprehensive collection of relevant, evidence-based, current and culturally appropriate alcohol and other drug (AOD) knowledge-support and decision-support materials and information for individuals, communities, practitioners and policy makers that can be used in the prevention, identification and management of alcohol and other drug use in the Aboriginal and Torres Strait Islander population.

The contract to develop the Australian Indigenous Alcohol and Other Drugs Knowledge Centre was awarded to Edith Cowan University's Australian Indigenous HealthInfoNet by the Department of Health.

HealthInfoNet Director, Professor Neil Drew, believes 'Better information and knowledge are required to improve approaches to harmful substance use among Aboriginal and Torres Strait Islander peoples.

Health professionals require access to a wide range of up to date and culturally appropriate materials and governments require evidenced based policy support materials. The Knowledge Centre will enable us to provide the collation and provision of advice to governments and health practitioners on Indigenous substance issues, with special focus on how current research can best inform future policy and planning and provision of strong and practical support for the Indigenous AOD workforce.

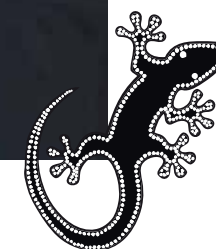
The Knowledge Centre will enable us to provide the collation and provision of advice to governments and health practitioners on Indigenous substance issues...

The work of the Knowledge Centre is supported by a collaborative partnership with the three national alcohol and other drug research centres (the National Drug Research Institute, the National Centre for Education and Training on Addiction, and the National Drug and Alcohol Research Centre). Guidance is provided by a National Reference Group comprising of specialists in the area of AOD.

www.healthinonet.ecu.edu.au



Above: (L-R) Leigh Westcott Department of Health, Neil Drew HealthInfoNet Director, Ted Wilkes NIDAC Chair, Michelle Catto Knowledge Centre Project Manager and Avinna Trzesinski Research Officer.



Australian Indigenous
HealthInfoNet

Closing date:
Friday 15 August 2014



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

Rowan Nicks Russell Drysdale Fellowship in Australian Indigenous Health and Welfare 2015

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

right time, right place



Improving access to health service through effective retention and distribution of health workers.

A collection of high-quality research that examines how effectively different countries are attracting and retaining skilled health workers has been published in an online international journal.

Health Workforce Australia (HWA) sponsored the peer reviewed series *Right Time, Right Place: Improving access to health service through effective retention and distribution of health workers* in the free access online Human Resources for Health (HRH) journal.

The series draws together a variety of studies that highlights how different countries are improving access to healthcare through more effective human resources policies, planning and management, with a specific focus on health workforce distribution and retention.

The series consists of ten papers that have each gone through a rigorous and independent peer review process.

Two of the published papers have been written by HWA staff.

To read the papers go to: <http://www.human-resources-health.com/series/Righttime> ●



Mindful Photography competition contributor: Marie Casanova – "Doo Doo Doo looking out your backdoor".

support



Mindful Photography competition contributor: Yvette Daley – Derby Jetty at Sunset.

bss mindful photography competition

Mindfulness: The Art of Being 'fully present'. BSS has received some wonderful entries in its *Mindful Photography Competition* which was announced in the March edition of the *CRANApplus* magazine. We are very proud to bring you a selection of some of the entries received so far, dotted throughout this magazine.



Mindful Photography is about capturing ordinary moments in everyday life that encourage you, the viewer, to be in the moment.



Mindful Photography competition contributor: Alli McKenzie – The remote highlands of PNG.

A reminder that no special equipment is required and that using mobile phone cameras is great because it is usually on hand when your eye is caught by the 'extra-ordinary'.



This competition is not about photos of people or intrusion into others lives. It is about fostering calmness and self awareness – noticing the light, nuances of colour and seeing the world differently.

Photos will be compiled in an electronic display and will be on show at the *CRANApplus* Conference in Melbourne in October.

A reminder that no special equipment is required and that using mobile phone cameras is great because it is usually on hand when your eye is caught by the 'extra-ordinary'.

Remember that it is eye for detail that we are looking for – evidence that the photographer is being fully aware and noticing and engaging with their environment.

If you have a photo that encapsulates these factors send your entry to therese@crana.org.au

Entries are to be judged by an independent person and the overall winner will be awarded a prize of \$500.

Deadline is 30 September 2014.

Therese Forbes
Bush Support Line Psychologist
CRANApplus ●

bush support for families

Families of remote professionals play a very important role in providing support for their loved ones, says Bush Support Services (BSS) Psychologist Therese Forbes, who emphasizes in this article the availability of BSS counselling for family members in times of stress and difficulty.

CRANApus Bush Support Services Counselling Line has been supporting remote and rural health clinicians for 18 years. Many have used this service over the years for debriefing, counselling and general mental health care.

A lesser known fact is that this valuable and well-used service is also available for the families of remote professionals whether they are 'on community' or keeping the home fires burning back home. This includes parents, partners and adult children.

The benefits of working remote are many and it can be a very positive experience for all. However, normal life pressures can and will occur. For families living together on communities, there is the added factors of isolation and disconnection from normal supports and activities. For family members 'back home', the additional factor can be the physical distance from their loved ones. Both situations can cause distress and a sense of loneliness, and it is important to remember that Bush Support Services is always there.

The benefits of working remote are many and it can be a very positive experience for all.

The Bush Support Services Counselling Line is available 24 hours 7 days a week, and is manned by a team of dedicated psychologists all of whom have had experience living and working remote.



We can be reached by calling 1800 391 056 and this service is FREE!

The issues do not need to be huge and just being able to talk confidentially to someone who is trained and experienced can provide a great sense of relief.

Bush Support Services acknowledges the important role that families provide in supporting their loved ones and we encourage them to turn to us in times of stress and difficulty.

Confidentiality is assured and no identifying data is collected. We are also able to provide information and refer to other professionals if indicated. There is no cost involved and arrangements can be made to speak to the same counsellor if a couple of sessions are required.

Bush Support Services acknowledges the important role that families provide in supporting their loved ones and we encourage them to turn to us in times of stress and difficulty. We can be reached by calling 1800 391 056 and this service is free! If you are calling from a mobile please let us know and we will ring you back. ●

Bush Support Services 1800 805 391 Toll Free Support Line

CRANAplus
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 CRANApus 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.bss.crana.org.au

psychologically closing the gap

By Tyrone Toomey
BSS Psychologist, CRANApus

An Aboriginal and Torres Strait Islander Health Professionals support initiative.

Health care providers play an important role in providing preventive, curative, promotional or rehabilitative health care services to individuals, families or communities. This role is more complex within the rural and remote areas of Australia due to the limited resources and rural distances for face to face clinical and operational supports.

These difficulties are more evident when Aboriginal and Torres Strait Islander cultural issues are taken into account. Health workers in this area are torn between the systemic operational world that governs funding disbursement, policy development and the world that teaches the values of a cultural holistic model of service provisions. In rural and remote areas of Australia, the Aboriginal and Torres Strait Islander health professionals often work as sole practitioners that link the important culture protocols to health services amenities. This role is usually described as ongoing and ingrained within the community infrastructure. As well the role can be 'invisible' to the outside world (Gruen and Yee, 2005).

Aboriginal and Torres Strait Islander health professionals often see their communities' health needs through the eyes of family connections, cultural ties and lores that govern what should happen at certain times. This constant shift between the communities' needs, the health service demands and the workers own personal needs may produce dilemmas and stressors that can be in a constant state of flux. Supporting such individuals needs to occur within the framework of cultural understanding and sensitivity.

This article discusses the need for both Aboriginal and Torres Islander health professionals to have an outlet for receiving support and debriefing when it is needed.

These health professionals wear different professional hats to be a part of the community life in which they live and work. Their struggles for support can be seen through a multitude of articles that explores all of the stressors of working in rural and remote areas of Australian society. Furthermore, anecdotal evidence suggests that for many of these workers obtaining clinical and/or peer support can be very limited or non-existent. Yet they continue to give their all to the communities and the organisations, they move forward with what can be very challenging obstacles for other employees. Such professionals become advocates, translators and gatekeepers for service provisions that would be limited without their involvement.

The cultural knowledge that guides a person to make a sound health decision is priceless and very hard to measure in a quantitative form. The nature of Aboriginal and Torres Strait Islander health professionals engaging process highlights that they are not just workers of a system, but are key components in a holistic care model. It may be argued that the measurable strengths of a health initiative can be a challenge for many individuals, organisations and funding bodies. Moreover, government departments require a measuring tool for identifying whether selected key performance indicators (KPIs) have been met accordingly. This process often showcases that an individual or organisation will try to speak for a community at a level that can sometimes be described as foreign and without connection. It may be said that an individual may speak for a community but when a community speaks for an individual then these words are golden and come from the heart of the people. Furthermore, many of the Aboriginal and Torres Islander health professionals have gained this acceptance within their communities through developing the trust and respect from their elders.

This close linkage to the community can come with an emotional and psychological cost for many Aboriginal and Torres Strait Islander health professionals. Their work becomes ongoing and is often removed from the 8.00am to 5.00pm guidelines of mainstream society. These important workers not only see their community in times of joy but also in times of sadness (i.e. Grief and Loss). The high statistics in relation to health outcomes becomes a way of life for many health professionals and finding appropriate peer support is hard to achieve. It is also even more problematic when these health professionals try and explore professional supervision that is removed from the ties associated with their communities. Furthermore, the need for the supervisor to understand the cultural nature of the problem being discussed can become even more challenging than the supervision process itself.

The cultural knowledge that guides a person to make a sound health decision is priceless and very hard to measure in a quantitative form.

The need for supportive strategies in rural and remote areas of Australia is paramount and thus some organisations such as CRANApus Bush Support Services who has moved towards providing this service. CRANApus Bush Support Services has initiated plans to help the Aboriginal and Torres Strait Islander health professionals working in the isolated communities within Australia. Currently, Aboriginal workers have been reluctant to seek support outside of their communities and many of the issues discussed in this paper have been intended to highlight these problems.

However, the paper was also about emphasising the need for supportive structure to develop accordingly for a crucial target group within the workforce.

...the need to provide support is essential and strategies need to be put in place.

Without the Aboriginal and Torres Strait Islander health professional many people in rural and remote areas would be disadvantaged. Therefore, the need to provide support is essential and strategies need to be put in place.

CRANApus Bush Support Services have recognised this need for Aboriginal and Torres Strait Islander health professionals and I have been contracted, an Aboriginal person and psychologist, to work in partnership with these rural and remote communities.

Through hearing the voices of the people, partnerships can develop simultaneously with Aboriginal and Torres Strait Islander health professionals and the elders who know what will work within their communities.

References

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- Social Health Reference Group. Social and Emotional Well Being Framework: A National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Well Being (2004-2009). Canberra: Department of Health and Ageing, 2004.
- Wikipedia (May, 2014). http://en.wikipedia.org/wiki/Health_care_provider.

bss bullying app



Bush Support Services has launched its Bullying App, developed in response to accounts by rural and remote area health workers of their experiences. There are a number of factors that enable a climate of bullying in the remote area

workforce. This app has been designed to explore some of the ways of addressing the problem.

The BSS Bullying App is unique in identifying the particular types of stress that nurses and other health workers working in remote areas can experience and which may foster a climate of bullying.

For example, remote area health workers often:

- work beyond full-time;
- perform multiple roles for which they may be trained but are not necessarily experienced; and
- are on-call twenty-four hours a day, often for many weeks at a time.

iPhone



android



Quick and easy instructions for scanning the QR codes

It's quite simple for the everyday user, all you need to do is: (1) scan the code; (2) go to the link; and (3) click install.

In addition they:

- often work alone, or in two nurse posts, with responsibility for a large number of patients;
- are more likely than their metropolitan colleagues to experience multiple traumatic events, with little time to recover from one, before another occurs; and
- may live and work in the same place or building, and may live in inadequate housing, usually have to travel great distances to access support, clinically or professionally.

The BSS Bullying App is unique in identifying the particular types of stress that nurses and other health workers working in remote areas can experience...

These factors increase an individual's susceptibility to stress, and it is little wonder that this stress, at times, creates defensiveness or vulnerability. This can lead to either bullying behaviour or a situation in which they become a victim of bullying.

The BSS Bullying App can help you learn about:

- What bullying looks like in the rural and remote health workplace.
- The sorts of symptoms associated with being at the receiving end of bullying.
- Some ideas about ways of handling bullying.
- Direct links to support and help.

So download the BSS Bullying App and have a look. Remember that by downloading it's always with you when you need it!

Dr Annmaree Wilson
Senior Clinical Psychologist
Bush Support Services ●

Bush Support Services 1800 805 391 Toll Free Support Line



BSS bullying app

all the answers at your fingertips!

**Feeling bullied at work?
Bullying is unacceptable in the workplace.**

- Learn how to identify bullying in a remote health workplace.
- Understand the process in preventing and responding to bullying.
- Learn to identify symptoms associated with bullying and when to seek help.
- Find out whom to contact and utilise readily-available resources.

Download our App FREE from the App Store.



Australian Government
Department of Health



iPhone



android



**For more information
visit www.bss.crana.org.au**

knitting together nicely

Colleen Niedermeyer, BSS Program Manager, tells the story of the BSS Cosy Blanket Project 'Knit A Square For A Mate In Need'

Thank you

A humungous thank you to all the knitters and volunteer blanket makers who have contributed to the Cosy Blanket Project since 2009. We thank you for your generosity of spirit. We regret that the list of people who have contributed to the project so far is too long to publish by name.

In 2009, after studying the statistics of the mental health of remote health practitioners nationwide it was decided to look for ideas in the field of prevention and to think of things that people could become interested in.

Creativity seemed a good way to start at the time, but what could we put out there to the far corners of Australia that would encourage remote health workers to practice mindfulness for a few minutes each day or more often? Something simple, something that almost anyone could do, something meaningful...

When knitting squares came to mind I was shot down in flames with statements such as: 'people' no longer knit. 'It takes too long' 'waste of time' 'waste of money' 'won't succeed' 'you'll get no takers'.

'Give me just \$100 for wool and needles', I pleaded. With the requested granted, knitting kits were made up with instructions including a flyer on 'how to knit'.

For six months very little happened as we worked our fingers to the bone trying to encourage the remote health workforce to knit. Clickety Clack, we said, Knit Away any Stress that is looming on your mental horizon. Think of needy mates who will receive a nice warm colourful blanket this winter, we urged. Do it for them. Feel good about yourself while you are knitting. Knit squares for us to make up into knee rugs for those living in aged care; baby blankets for hospitals to provide to newborns from disadvantaged backgrounds; kiddies blankets for families who survived floods, fires and other natural disasters.

Knit, Knit, Knit, we advocated. Don't let stress get to you, knit it away...

The months dragged on...

Although the pile of 'knitting kits' began to dwindle in the office corner we hadn't received one knitted square. We therefore decided to abandon the project and get back to reality: 'knitting was an ancient craft which our grandchildren would one day learn about through visiting their local museum'.

Then, out of the blue, we received an unexpected call from the Royal Flying Doctor Service in Alice Springs advising that a soft brown paper parcel was waiting for us at the landing strip, and 'no' they could not answer any questions about what, who, why or where, but if we wanted the parcel we should get down to the airstrip asap.

'Stunned mullet' is not quite the correct expression but it'll do as we ripped through paper and pulled out... knitted squares. A response at last, and from such a dramatic delivery source! We had asked for squares and were looking to Australia Post and a land delivery... never expecting knitted squares to drop out of the sky!



From that day, it was onwards and upwards, as squares started arriving from all directions of Australia including Christmas and the Cocos Keeling Islands, Thursday, Saibai, Badu Islands, Lord Howe Island, Tiwi Islands, Tassie and New Zealand.

'Stunned mullet' is not quite the correct expression but it'll do as we ripped through paper and pulled out... knitted squares.

Soon we were up to our ears in knitted squares. Beanies too. How did the squares become blankets? Well we advertised for volunteers to sew the squares into blankets and finish off the edges. I guess a sort of community spirit was forming through a connection with health practitioners in remote and very remote parts of the country.

Before BSS Cosy Blankets are distributed, tags are sewn indicating that the knitters are the Remote Health Professionals of Australia.

The BSS Cosy Blanket Project has provided blankets to many needy people, sometimes through charitable organisations, sometimes directly to the end user.

Recipients (nationwide) include: women and children's refuges, aged care facilities (including Aboriginal), Anglicare homes, homeless mothers, Blue Care, remote hospitals and people who have lost their homes due to natural disasters.

However, one of the most heart-wrenching stories was received from a mental health nurse working with homeless people in Melbourne City who wrote: "Don't know how to thank you enough for the colourful hand-knitted blankets received. When I handed them out to the group of homeless people I meet up with once a week at a park in Melbourne City, some people just stood in front of me and cried and cried. They find it incredibly hard to believe that the blankets are theirs to keep." ►►

►► Some unusual instances include:

After waiting patiently for a number of weeks for a knitting kit, a nurse on Thursday Island decided to sand down two pieces of wood and make her own needles. She managed to knit a small blanket before the BSS kit arrived.

One day we received a call from Greyhound Coaches to collect a carton which a friend had sent via a driver friend from South Australia to Alice Springs. The carton contained knitted squares.

People stop by and hand deliver squares from 'knitters' in the bush.

Often delegates at the annual CRANAplus Conference drop off bundles of knitted squares at the BSS booth.

Two nurses from New Zealand who worked in Australia knitted dozens of squares for the project after they arrived home.

We have one male knitter!

Knitters are spread out across the country and include many of the following: doctors and their spouses, nurses, paramedics, ambos, youth workers, occupational therapists, prison social workers, social workers, mental health workers and the children of health professionals working out bush. ●

Subject: Re: Cosy Blankets

From: Doug Edmonds

Sent: Wednesday, 26 March 2014 8:42 AM

To: Colleen Niedermeyer

Hello Colleen

Thank you very much for your email and the offer of blankets for those affected by last year's fires. We are just checking with our people on the ground as to how we would handle your splendid gift. Anglican Health & Welfare employ a Pastoral Worker in each of the two most affected areas and we would probably work through them.

Alternatively, Anglicare is our welfare agency, the largest in the State and has workers in place; and, on top of that of course, we have a network of churches and congregations we can work through.

I wonder if CRANAplus would be happy to extend their remit beyond those who actually lost their homes, some of who have moved elsewhere. We are also aware of many who have been badly affected in other ways, such as severe financial insecurity through loss of income to farms or businesses.

I will be in touch shortly.

Doug

The Rev Canon Doug Edmonds
Executive Officer – Anglican Health & Welfare

BUSH SUPPORT SERVICES

CRANAplus
bush support
services

1800 805 391

Toll-free Support line

a confidential telephone support and debriefing service

available 24 hours every day of the year

for multi-disciplinary remote health practitioners and
their families

staffed by registered psychologists with remote and
cross-cultural experience

available from anywhere in Australia

Resources also available
SELF-CARE BOOKS • SELF-CARE WORKSHOPS

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YNA has placed nursing staff across Australia since the 1970's. We have Australia's most experienced management team and a dedicated Rural and Remote service team that are able to offer the highest level of service and support to both our clients and nursing staff.

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