



**Education and Health
Standing Committee**

**RURAL, REMOTE AND
INDIGENOUS HEALTH:
CURRENT ISSUES**

Report No. 2

2002

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Education and Health Standing Committee

RURAL, REMOTE AND INDIGENOUS HEALTH: CURRENT ISSUES

Report No. 2

Presented by:
HON MIKE BOARD, MLA
Laid on the Table of the Legislative Assembly
on 13 June 2002

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COMMITTEE'S FUNCTIONS AND POWERS

On 30 May 2001, the Legislative Assembly established the Education and Health Standing Committee.

The functions of the Committee are to review and report to the Assembly on –

- The outcomes and administration of the departments within the Committee's portfolio responsibilities;
- Annual reports of government departments laid on the Table of the House;
- The adequacy of legislation and regulations within its jurisdiction; and
- Any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities of the Committee. Annual reports of the government departments and authorities tabled in the Assembly will stand referred to the Committee for any inquiry the Committee may make.

Whenever the Committee receives or determines for itself fresh or amended terms of reference, the Committee will forward them to each standing and select committee of the Assembly and joint committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

The general provisions for standing and select committees of the Legislative Assembly will apply to the Education and Health Standing Committee.

CHAIR'S FOREWORD

The Education and Health Standing Committee is one of three portfolio-related standing committees appointed by the Assembly at the commencement of every Parliament. Pursuant to Assembly Standing Orders, the Committee may inquire into any matter within its portfolio responsibilities. The departments within the Committee's portfolio responsibilities are Education, Health, Indigenous Affairs and Sport and Recreation.

This is the second report of the Education and Health Standing Committee. It provides a brief overview of two conferences recently attended by the Committee, the Fifth WONCA World Conference on Rural Health (Melbourne) and the WONCA Satellite Conference on Remote and Indigenous Health (Alice Springs). The Committee has a strong commitment to addressing the challenges faced by people living in rural and remote areas of Western Australia. The primary purpose of this report is to raise awareness of some of the most important health issues currently facing those who live in rural and remote communities and those who deliver health services to these communities.

WONCA is the World Organisation of Family Doctors. It began some thirty years ago in Melbourne with a small group of physicians and now comprises more than 150,000 family doctors and other health care professionals from around the globe. The WONCA conferences provided the Committee with an opportunity to meet with some of the dedicated professionals working 'at the coalface', to learn about their personal experiences and to exchange ideas on innovative ways to address some of the long-term problems of rural, remote and Indigenous health. The Melbourne Conference put rural health in a global perspective, whilst the Alice Springs Conference added a truly local flavour.

Throughout the conferences, several issues arose repeatedly. In Melbourne, the shortage of trained healthcare professionals in developed countries, which has led to an ongoing exodus of professionals from developing countries, was perhaps the most prominent concern. The importance of adopting a coordinated approach to health service delivery, thereby making the most of our healthcare professionals, was also seen to be an important issue. The issue of tackling long-term health outcomes by implementing primary prevention strategies, thus addressing some of the underlying antecedents of ill-health, was widely discussed both in Melbourne and in Alice Springs.

The major lesson to be learned from the Alice Springs Conference is how important it is for Aboriginal communities to take ownership of their health problems and to become involved in active partnerships to ensure the delivery of appropriate health services. There were several presentations that demonstrated very encouraging results from programs that raised community awareness of health problems, fostered active community involvement in addressing these health problems and ultimately produced tangible health benefits. Most importantly, during the course of some of these programs, community commitment to improving health outcome was greatly improved, a shift in community attitude that is expected to enhance the sustainability and likely long-term success of such programs.

Participation in these conferences was an enjoyable, highly enlightening experience. The Committee returned to Western Australia with a fuller appreciation of rural, remote and Indigenous health issues, and a renewed commitment to addressing these issues.

I would like to thank my fellow Committee members for their participation in these conferences and for their contributions to this report. I also commend Dr Karen Hall, Principal Research Officer, and Mr Peter Frantom, Research Officer, for their assistance.

**CAROL MARTIN, MLA
CHAIR**

CHAPTER 1 FIFTH WONCA WORLD CONFERENCE ON RURAL HEALTH

1.1 BACKGROUND

WONCA stands for World Organisation of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians. WONCA's short name is World Organisation of Family Doctors.

The organisation was founded in Melbourne in 1972. Beginning with 18 members, there are now in excess of 60 member organisations in 53 countries and a total membership of around 150,000 general practitioners/family physicians.

WONCA convenes an international congress every three years. In May 1996, the first WONCA conference to focus purely on rural health issues was held in Shanghai, China. Subsequent WONCA World Conferences in Rural Health have been held in South Africa (Durban), Malaysia (Kuching) and Canada (Calgary).

1.2 THE PROGRAM

The Fifth WONCA World Conference on Rural Health was held in Melbourne between 30 April and 3 May 2002. More than 900 delegates from 40 countries attended. Over the four-day program, delegates had the opportunity to attend 11 keynote addresses, 20 parallel symposia presentations, 174 paper presentations, 30 facilitated poster presentations, 5 workshops and 7 clinical skills workshops. Delegates were also given the opportunity to contribute to the formulation of recommendations to be included in the WONCA Policy on Rural Health and Rural Practice through involvement in 'Village meetings' and the final Plenary Working Session.

The conference provided insight into a number of important issues that are facing policy-makers at both a national and global level. Presentations centred on four major themes:

- Recruitment and retention of the rural health workforce;
- The rural/urban interface;
- Indigenous issues; and
- Gender issues.

1.3 THE MAJOR ISSUES

By the end of day four, it was apparent that a number of issues are high on the health agenda, both interstate and internationally. These issues continually surfaced during formal presentations and during group discussions. Two of the most prominent issues are outlined below.

1.3.1 A responsible approach to training of health care professionals: a global perspective

One of the most important issues to arise repeatedly throughout the four-day conference is that of 'poaching' of trained health care professionals from developing countries. Many countries around the world have a shortage of trained health care professionals. For many developed countries, the solution to this problem has been to entice trained professionals from developing countries to fill the gap. In South Africa, for example, some 43 per cent of trained doctors immigrate to developed countries as a result of aggressive recruitment campaigns. In Zambia, the situation is worse, with less than 5 per cent of medical graduates remaining in their home country after qualifying.

1.3.2 Approaching health care in a coordinated manner

A number of presentations focussed on the importance of a coordinated approach to health care. Too often the first point of contact for many patients is their family doctor. This approach is costly, to both the community and the individual, and places an unnecessary burden on the medical profession. In many cases, other health care professionals, including nurses and allied health workers, could be more effectively utilised.

1.4 CONFERENCE HIGHLIGHTS

1.4.1 Health Inequalities

Professor Don Nutbeam, Head of Public Health, Department of Health (United Kingdom)

Professor Nutbeam highlighted some of the findings of two recently completed reports, the Acheson Report into Inequalities in Health¹ and *Saving Lives: Our Healthier Nation*.² The Acheson report indicated that despite the massive improvements in health in the last 20 years for the population as a whole, the gap between those at the top and those at the bottom of the scale has widened. A range of areas for future policy development was identified, including: poverty, income, tax and benefits; education; employment; housing and environment; mobility, transport and pollution; and nutrition. It was recommended that as part of health impact assessment, all policies that were likely to have a direct or indirect impact on health should be evaluated in terms of their impact on health inequalities. The report also recommended that high priority be given to policies aimed at improving health and reducing health inequalities in women of child-bearing age, expectant mothers and young children. *Saving Lives* identified the four main killers (cancer, coronary heart disease and stroke, accidents and mental illness) and set targets for improvement by the year 2010. The targets ranged from a 10 – 40 per cent improvement in mortality from these causes.

¹ Independent Inquiry into Inequalities in Health, Sir Donald Acheson (Chair), 1998.

² *Saving Lives: Our Healthier Nation*, Presented to Parliament by the Secretary of State for Health, 1999.

1.4.2 Technology enabled healthcare for urban and isolated consumers

Dr Lisa Hudson, Queensland Health

Telehealth is a powerful tool that enables health practitioners in remote locations to access information and to interact with their peers and other health practitioners in urban areas. Dr Hudson described the use of telehealth across Queensland Health. There are currently more than 230 videoconferencing sites throughout Queensland. They are used by a wide range of professional disciplines for a range of services. On average, less than five per cent of videoconferencing time is used for direct clinical care. The greatest proportion of time (70 per cent) is used for educational and training purposes. Whilst Queensland Health has established an international reputation as a world leader in the development of telehealth initiatives, Dr Hudson presented evidence to suggest that telehealth has not yet been widely adopted by professionals as a legitimate and accessible service delivery option. A program of work has commenced to develop and refine the infrastructure required for the delivery of sustainable, quality clinical services.

1.4.3 The burden of disease

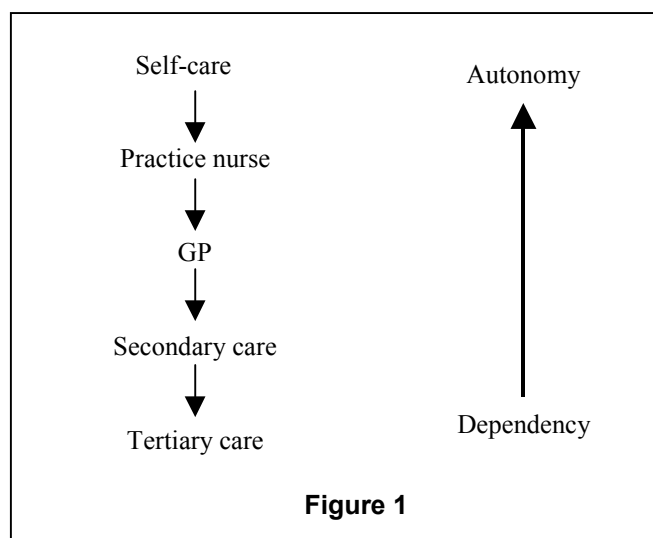
Mr John Thwaites, Deputy Premier of Victoria, State Minister for Health

The Victorian Burden of Disease Study, undertaken by the Public Health and Development Division of the Department of Human Services, began in 1997.^{3,4} The study provides a comprehensive assessment of the health status of the Victorian population. The mortality study identified regional differences in life expectancy and disease prevalence. Mr Thwaites indicated that these findings have been used to design health care programs for each region, which are able to target particular diseases.

1.4.4 Coordinated care

Dr Michael Boland, President, World Organisation of Family Doctors

Dr Boland explored the issue of coordinated patient care. He advocated the development of a longer referral chain (see Figure 1). The majority of patients (two-thirds) could be attended by a practice nurse, the remaining one-third requiring the attention of a medical practitioner (GP). The practice nurse could manage a number of consults, including: simple acute or self-limiting conditions; stable, chronic conditions; antenatal and postnatal visits; health promotion; dressings and minor procedures; and some patient testing. Only about four per cent of patients should need to be referred from the GP to a



³ Victorian Burden of Disease Study: Mortality, Public Health and Development Division, Department of Human Services, 1999.

⁴ Victorian Burden of Disease Study: Morbidity, Public Health Division, Department of Human Services, 1999.

specialist for secondary or tertiary care.

1.4.5 A perspective on health in a developing country

Dr Florence Manguyu, Former President, Medical Women's International Association

Dr Manguyu is a practising physician in Nairobi, Kenya. She highlighted the stark contrast between health and health care in developing *versus* developed countries. Whilst people living in developed countries have enjoyed great improvements in health in recent decades, people in developing countries such as Kenya, particularly in rural communities, have seen little change. Dr Manguyu compared the prevalence of HIV/AIDS in developed and developing countries. In Africa, 55 per cent of HIV/AIDS is transmitted by heterosexual sex, compared with only 10 per cent in Australia. Around 500 Australians were diagnosed with HIV/AIDS in 2000. By comparison, in Kenya, 700 people each day die from HIV/AIDS related diseases. Whilst more than 90 per cent of HIV/AIDS cases are found in Africa, around 90 per cent of pharmaceutical treatments are administered in the United States and Europe.

1.4.6 A rural resurgence: walking together

Mr James Fitzpatrick, Medical student and Young Australian of the Year 2001

Mr Fitzpatrick introduced delegates to the activities of the National Rural Health Network (NRHN), an organisation of undergraduate medical, nursing, dental, pharmacy and allied health students with a passion for rural health. The primary aim of the NRHN, which comprises 5000 students from 17 Rural Health Clubs across Australia, is to provide a communication network between rural health clubs. Mr Fitzpatrick also related his experiences from *True Blue Dreaming*, a road trip he undertook in 2001 with two friends. The three friends travelled 30,000km over a 5-month period, visiting young people in 47 communities in outback Australia. Their mission was to *'inspire and build the capacity of young Australians to participate in and contribute to community enhancement activities and in so doing, develop a sense of value, identity and purpose.'* Their survey of 1,300 8 – 24-year-olds revealed that very few young people feel empowered to contribute significantly to community enhancement, and many signalled an intention to leave their community.

1.4.7 Developing health education to address recruitment and retention issues

Professor Richard Hays, James Cook University

In 1993, James Cook University (Townsville, QLD) and the University of Queensland (UQ) formed the North Queensland Clinical School (NQCS), which provided training for a number of UQ medical students in their final years. Most junior hospital officer (medical) positions in north Queensland are currently filled by NQCS graduates, and the residency training program has the highest rural retention rate in Australia, attesting to the success of the program in encouraging graduates to practice in rural and remote areas. The James Cook University School of Medicine was established in the late 1990s, with its first intake of students in 2000. The school incorporated staff and resources of the NQCS. The medical course is designed to produce graduates who are qualified in the fields of rural/remote and Indigenous health, and tropical medicine. In each year of the six-year program, students undertake 2-8 week assignments based in rural settings across north Queensland. The initial cohort of 65 students in 2000 included 50% of students from rural areas, around 30% from the north and 5 Aboriginal and Torres Strait Islander students.

1.4.8 Village meetings

On Wednesday 1 May and Thursday 2 May, delegates were given an opportunity to form small groups or 'villages' to raise issues from the day and contribute to the formulation of recommendations for presentation to the final Plenary Session of the Conference. These group discussions provided a valuable opportunity for committee members to interact with delegates from around Australia and the rest of the world, and to learn about the issues that are currently at the forefront of rural health both in Australia and abroad.

1.4.9 WONCA recommendations

The final Plenary Working Session was devoted to the development and presentation of Conference recommendations to be incorporated into WONCA Policy on Rural Health and Rural Practice 2002. Numerous recommendations were put forward, and it was pleasing to note that many were consistent with recommendations made by the Education and Health Standing Committee in its report into *Adequacy and Availability of Dental Services in Regional, Rural and Remote Western Australia*. Some of the many recommendations, focusing on training, recruitment and retention, and the role of local communities, included:

- Early exposure of rural school pupils to medical practice;
- Establishment of scholarships;
- Admission of more rural students to training programs;
- Adequate support and resources in rural placements;
- Specific rural practice attachments;
- Mentor schemes;
- Decentralised medical schools;
- Formation of multi-disciplinary links early during training;
- Strategies to increase skills through rural vocational training;
- Financial incentives to encourage recruitment to rural areas;
- Attention to other factors that may encourage recruitment and retention (e.g. spouse, adequate housing, education, support groups);
- Health care programs to recognise the importance of health promotion in schools and assist communities to seek their own solutions;
- Strategies to encourage healthy community values; and
- Inclusion of communities in decision making about health services.

1.4.10 The Melbourne Manifesto

There was a clear indication from conference presenters and other delegates that a number of developed and developing countries are experiencing a shortage of skilled health care professionals, particularly in rural and disadvantaged areas. It also became clear during the course of the conference that the wealthier countries are responding by recruiting trained health care professionals from poorer countries, rather than by increasing the number of professionals trained internally. There is a steady flow of trained professionals from developing to developed countries, which impacts negatively on already seriously under-resourced health systems. The Melbourne Manifesto provides a Code of Practice for international recruitment of health care professionals. The purpose of the document is to:

- Promote the best possible standards of health care around the world;
- Encourage rational workforce planning by all countries in order to meet their own needs; and
- Discourage activities that could harm any country's health care system.

The Code of Practice asserts that it is the responsibility of each country to train sufficient health care professionals for its own current and future needs. Whilst there is no intention to diminish the rights of individuals to choose where they will work, the Code of Practice supports the cessation of active recruitment from developing countries.

CHAPTER 2 WONCA SATELLITE CONFERENCE ON REMOTE AND INDIGENOUS HEALTH

2.1 THE PROGRAM

The WONCA Satellite Conference on Remote and Indigenous Health was held in Alice Springs between 4 May and 6 May 2002. Some 200 delegates attended. Over the three-day program, delegates had the opportunity to attend 5 keynote addresses, 46 paper presentations, 4 workshops and to participate in 4 site visits. Delegates were also given the opportunity to participate in a Round Table Discussion “What is the way forward for Aboriginal health?”

The conference provided insight into a number of important issues in relation to provision of health services to remote and Indigenous communities. Presentations centred on three major themes:

- Indigenous comprehensive primary health care;
- Working cross-culturally; and
- Remote health education.

2.2 THE MAJOR ISSUES

During the three-day conference, a number of important issues came to the forefront. Two issues were frequently addressed by presenters and delegates, namely community control of health care and the important role of primary prevention strategies.

2.2.1 Primary prevention strategies

Total health care involves a range of measures, beginning with primary prevention, which focuses on addressing the underlying causes of disease, through to secondary prevention, which focuses on health promotion, education and prevention strategies, and finally to tertiary care, the stage at which medical intervention is necessary to cure and rehabilitate. A number of presenters emphasised that health cannot be considered in isolation, that it must be addressed in a much broader social context, considering other factors, such as income, education and housing, to name just a few. This approach is considered to be particularly relevant to remote Indigenous communities, where poor health outcomes have a complex aetiology. There was a strong sense amongst health practitioners and health service providers that investing in primary prevention strategies will be cost-effective, as the potential cost-savings at the tertiary care end of the spectrum are substantial.

2.2.2 Aboriginal community control of health care

A recurring theme throughout the conference was the importance of Aboriginal community control of health services and health outcomes. A common sentiment echoed by all conference participants is that Aboriginal people must be given the opportunity to assume ownership of

health problems in their communities and to become partners in health care strategies. The involvement of Aboriginal communities should not be limited to ‘participation’ in health care strategies, instead efforts should be concentrated on building partnerships. In order to ensure sustainability, health development strategies must focus on strengthening a community’s capacity to address its own health problems. Education and training must build people’s capacity to take control and be provided in a way that Aboriginal people do control.

2.3 CONFERENCE HIGHLIGHTS

2.3.1 Indigenous life expectancies: regional differences

Professor Stephen Kunitz, University of Rochester, New York

Professor Kunitz presented evidence to indicate that the life expectancies of Indigenous peoples of Australia are amongst the lowest in the developed world, lagging behind New Zealand and the United States (see Table 1).

Table 1.
Life expectancy of Indigenous versus non-Indigenous peoples in Australia, New Zealand and the United States

Country	Life Expectancy (years)		Indigenous as % of non-Indigenous
	Indigenous	Non-Indigenous	
Australia	60.4	77.7	77.7%
New Zealand	70.5	76.3	92.4%
United States	71.1	75.5	94.2%

Indigenous Australians experience a consistently higher rate of deaths due to causes that are ‘amenable to medical intervention’ than do native Americans and New Zealanders. In recent years the life expectancy of Maoris and native Americans has improved, whilst that of Australian Aborigines has not.

Professor Kunitz indicated that this discrepancy does not appear to be income related, as Australian Aborigines and native Americans have a similar income (as a percentage of non-Indigenous income). The Indian Health System (IHS) has blanket control over all Indigenous health services, and all members of identified ‘tribes’ are entitled to care through the IHS. This arrangement is thought to impact favourably on morbidity and mortality in native American communities.

2.3.2 Primary health care strategies for the future

Professor David Sanders, University of the Western Cape, South Africa

Primary health care considers health in a broader context, addressing social, economic and political factors that impact on health. It requires a redistribution of resources and re-orientation and broadening of skills. An integrated primary health care strategy involves three levels of intervention:

- Primary prevention, which involves addressing the underlying causes of disease;
- Secondary prevention, which involves health promotion and ongoing prevention; and
- Tertiary care, which involves medical intervention.

There is mounting evidence to support a shift toward primary prevention as the most effective way to combat disease.

2.3.3 “Alcohol in the Alice” and the Central Australian Division of Primary Health Care (CADPHC)

Mr John Boffa, Central Australian Aboriginal Congress Inc.

The People’s Alcohol Action Coalition was formed in July 2001 to address a key public health problem: alcohol consumption in Central Australia. The Coalition comprises representatives from Government organisations, health service providers and community representatives. Under the Coalition’s guidance, a trial aimed at reducing alcohol consumption began in April 2002. In essence, the program restricts the sale of alcohol to containers with a volume of 2 litres or less. Previously 4 and 5 litre containers provided the best ‘value for money’, with a cost of less than 3 cents per gram of alcohol. In addition, during the trial period, sale of alcohol prior to 2.00 pm has been banned on weekdays. Around six weeks after the introduction of the trial, liquor outlets in Alice Springs reduced the price of port by approximately 15 per cent, such that it now costs less than 3 cents per gram of alcohol.

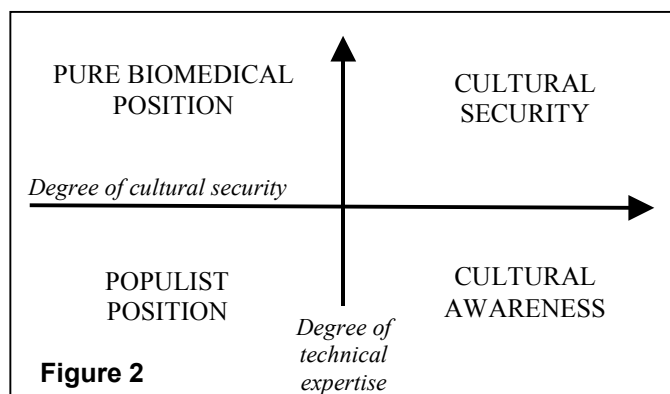
2.3.4 Cultural security and the delivery of health services

Mr Shane Houston, Department of Health, Western Australia

Cultural security is achieved when:

- the rights, values and expectations of Indigenous people are recognised; and
- administrative, clinical and service domains are tailored to meet the cultural needs of the Indigenous community.

Mr Houston emphasised the importance of cultural security in the delivery of health services. He indicated that in Australia, health services are generally ‘culturally aware’ but stop short of full cultural security (see Figure 2). Cultural awareness has been promoted for some 25 years, but efforts at cultural security are still largely inadequate.



2.3.5 Financial and non-financial incentives to attract general practitioners to rural and remote areas

Mr John Boffa, Central Australian Aboriginal Congress

Mr Boffa described some of the financial incentives currently offered to medical practitioners to encourage them to practice in rural and remote areas, including:

- Remote area grants of \$50,000, of which there are 19 in the Northern Territory;
- Retention grants valued at \$25,000, payable after 12 months of service;
- Relocation and training grants – fully paid 3 week orientation and training programs; and
- Family support program, which pays for families of medical practitioners to return home two to three times per annum.

Mr Boffa indicated that despite the attractive financial incentives, there was still a significant maldistribution of medical practitioners around the country. The highest per capita utilisation of Medicare rebates is in an affluent metropolitan region (\$1000 per head in Doubleday, Sydney), whilst the lowest is in a remote location (\$80 per head in Broome, Western Australia).

Mr Boffa advised delegates of a proposal that advocates the allocation of Medicare provider numbers such that provider numbers will be restricted in areas with the highest rates of medical practitioners and additional provider numbers will be allocated in areas of unmet need. Those practitioners who agree to work in areas of unmet need will be granted preferential access to urban provider numbers and to advanced training programs.

2.3.6 Achievements of a community response to child nutrition problems at Walunguru (Kintore) Community

Ilan Warchivker, Centre for Remote Health

Mr Warchivker described a three-year community-based, multi-disciplinary, multi-agency nutrition program in a remote community in Central Australia. The Pintubi Homelands Health Service, the Wilunguru community foodstore, the women's centre and the Centre for Remote Research collaborated on the project. Prior to commencement of the program, growth charts indicated that from the ages of five to eight months (weaning), children in the community were failing to gain weight as expected, suggesting that the transition to solid food was problematic. A community meeting in 1998 identified three necessary steps to improve growth: education of mothers; education of staff; and provision of meals to children.

The program began in June 1998. Children at risk were targeted, and nutritious meals were delivered at a cost of \$20 per fortnight (paid by mothers). After just one year, there was a 70 per cent reduction in the prevalence of malnutrition in children under the age of three. The number of hospital admissions associated with gastroenteritis and child nutrition problems was also reduced by 70 per cent during the first year of the program. Both the reduction in hospital admissions and the decreased prevalence of malnutrition remained low during the three-year period of the program. In the three years of operation, there was an estimated cost saving to the health system of \$224,000, mainly as a result of the reduction in hospitalisation and evacuation costs.

2.3.7 Laramba Diabetes Project: an evaluation

Marg Tyrell, Centre for Remote Health

The Laramba Diabetes project was conducted over two years in a remote Central Australian Aboriginal community. The aim of the project was to increase the knowledge of diabetes risk factors and consequences and to improve the management of diabetes in the community. A range of measures were employed to meet the objectives, including: improving access to health services; establishing health education programs; and introducing community directed primary prevention strategies. During the course of the program, a large vegetable garden was planted and maintained by community members, a number of camps were held to discuss diabetes and nutrition, community members were taught to identify healthy food choices in the community foodstore and health workers were given appropriate training in prevention and management.

Whilst there was no evidence of a significant improvement in control of diabetes for the 13 diabetic members of the community, a number of very positive changes were seen. Analysis of store turnover revealed a 65 per cent drop in sugar purchase, a 175 per cent increase in purchase of low fat meat and a substantial increase in the purchase of fresh fruit and vegetables. There was also evidence of increased access to health services, improved health service performance and an increase in educational and health promotional activities. Importantly, by the end of the two-year period, there was greater community control of the project.

2.3.8 Social justice for Aboriginal people – a role play

Mrs Carol Martin, MLA and Mr John Boffa

This role-play was used to demonstrate the helplessness experienced by many Aboriginal people and their communities.

Mrs Martin began by asking Mr Boffa for his wallet, which he handed over without complaint. Mrs Martin then explained to Mr Boffa that he must try to retrieve his wallet, but in doing so he must abide by ‘Carol’s rules’, which are as follows:

- You must not speak;
- If you do speak, no-one will understand you;
- You will have no representation;
- You will have no advocate;
- You will not use force;
- You will not use violence; and
- Possession is nine-tenths of the law.

During the next few minutes Mrs Martin proceeded to examine the contents of Mr Boffa’s wallet, taking anything of value. Mr Boffa looked on helplessly, unable to do anything.

Mrs Martin turned to the audience and asked ‘How did you feel, watching me take what I wanted from his wallet, watching him stand helplessly looking on?’ Comments ranged from uncomfortable to embarrassed to ashamed. Mrs Martin explained the purpose of the role-play, drawing analogies to the struggles of Aboriginal people to reclaim their land and their culture.

APPENDIX ONE

CONFERENCE PROGRAM – FIFTH WONCA WORLD CONFERENCE ON RURAL HEALTH, MELBOURNE

TUESDAY 30 APRIL

3.00 - 6.30pm **Registration**

6.30 - 7.30pm **Conference Opening**

Ceremony of cleansing by Aboriginal dancer.
Welcome by Aboriginal tribal elder of the Bunurong tribe.

Speakers:

Welcome the World:
Professor Roger Strasser

History of Wonca World Rural Health Conferences:
Dr Michael Boland

Presentation of Conference Program:
Dr Lexia Bryant

Official Opening

The Honourable Steve Bracks MP
Premier of Victoria

7.30 - 8.30pm **Welcome Reception**

WEDNESDAY 1 MAY

7.30 - 9.00am **Breakfast Session - Rural Faculty of RACGP**
10th Anniversary Champagne Breakfast

9.00am - 5.00pm **Free Standing Poster Expo**

9.00 - 10.30am **Keynote Addresses - Chair: Professor Roger Strasser**

Ms Pat Anderson
Chair, National Aboriginal Community Controlled Health Organisation (NACCHO)

Professor Don Nutbeam
Head of Public Health, UK Department of Health

Dr M K Rajakuma
Wonca Working Party on Rural Practice Rural Health and Global Equity.

Dr Bruce Chater
Convener, WHO-Wonca Co-Sponsored Consultation "Health for all Rural People"

10.30 - 11.00am Morning Tea

11.00am - 12.30pm Parallel Symposia

Concurrent Symposium 1 Recruitment and Retention of Rural Health Workforce - Chair: Dr Chris Brook

Dr Charles Boelen (Switzerland)
Towards Unity for Health: the WHO approach

Mr Andrew Stuart (Australia)
Achieving a Rural Primary Health Care Workforce which matches population needs.

Professor Shatendra Gupta (Nepal)
Retention of Health Manpower in Rural Areas

Mr John Bell (Australia)
Collaboration-the key to effective community health care services

Concurrent Symposium 2 Gender Issues - Chair: Ms Jo Wainer

Dr Barbara Doty (Alaska)
What Women Physicians Want

Dr Zorayda Leopando (Philippines)
Graduates of Philippine Medical Schools Who Chose the Rural Areas for their Practice: A Comparison between Men and Women

Dr Helen Tolhurst (Australia)
Issues for Women in Rural and Remote Practice

Dr Basseer Jeawody (Australia)
Embracing therapeutic skills of male rural health practitioners

11.00am - 12.30pm Free Standing Paper Presentations

Paper Session 1 Indigenous Issues - Chair: Dr Morton Rawlins

Ms Marlene Drysdale (Australia)
Health Issues for Indigenous Australians

Mr Adrian Appo (Australia)
Ending the "ambulance at the bottom of the cliff" approach to health: an Indigenous approach in the Goulburn Valley

Mr Lance Emerson and Mr Ken McCarthy (Australia)
Community Pharmacist support to remote Aboriginal Health Services

Dr Lindsay Crowshoe (Canada)
Journey to Understanding: Physician education the Aboriginal way

Professor Wah-Yun Low (Malaysia)
Relationship between iodine status and mental development among young children in Sarawak, East Malaysia

Mr Paul Pholeros (Australia)
Fixing Houses for Better Health

Paper Session 2 Rural/Urban Interface - Chair: Dr Tariq Aziz

Dr John Wynn Jones (Wales)

The impact of the recent Foot and Mouth epidemic on the health of the farming and rural community in the United Kingdom

Dr Elsa Herdiana Murhandarwati (Indonesia)

Environmental and behaviour risk factors for Malaria incidence at Girimulto Village, Menoreh Hill, Java, Indonesia

Dr John Gillies (Scotland)

Tackling geographic inequity: a Disease Management system for secondary prevention of CHD in the Scottish Borders

Dr Sajjad Ahmad Malik (Pakistan)

Incidence of cancers in rural areas of Pakistan

Mr Richard Eccles (Australia)

Flexible Services that meet Community Needs

Paper Session 3 Recruitment and Retention of Rural Health Workforce - Chair: Dr Jim Rourke

Dr David Mildenhall (Australia)

Further Initiatives to Improve Health in the Australian Rural and Remote Setting

Professor John Humphreys (Australia)

Workforce retention in rural and remote Australia - Why do GPs stay in practice?

Mrs Antoinette Struwig (South Africa)

Does Compassion Fatigue exist in rural healthcare and how to address it?

Dr David Sutherland (Australia)

Supporting rural origin students in medicine

Dr Lexin Wang (Australia)

A comparison of metropolitan and rural medical schools in China: which schools provide rural physicians?

Paper Session 4 Recruitment and Retention of Rural Health Workforce - Chair: Dr David Topps

Dr Marietjie De Villiers (South Africa)

Integrating individual and population health approaches in a new School for Public and Primary Health Sciences at Stellenbosch University, South Africa

Dr Gerald Doeksen (USA)

The economic importance of the health care sector on a rural community

Dr Ron Gorsche (Canada)

On-call: The impact on the children of Alberta family physicians

Dr J Thomsett (Australia)

Increasing the cultural awareness of medical students in rural Queensland: Is it working?

Ms Gillian Laven (Australia)

Results from the study: Are medical students of rural origin more likely to become rural general practitioners than students of urban origin? A national case control study

11.00am - 12.30pm Facilitated Poster Presentations

11.00am - 3.30pm Clinical Skills Program

12.30 - 1.30pm Wonca Rural Women's Working Party Meeting

"Strategic directions for female rural doctors"

Convenors: Dr Barb Doty & Ms Jo Wainer

12.30 - 1.30pm Lunch

1.30 - 3.30pm Workshops

The Healing Circle

Facilitators: Dr Jim Lord, Dr Barb Doty & Dr Jennette Hermiston (Alaska)

Untangling the Web

Facilitator: Dr Leslie Rourke (Canada)

The design, Implementation and Evaluation of Clinical Pathways

Facilitator: Ms Anne Maree Conners (Australia)

1.30 - 2.30pm Free Standing Paper Presentations

Paper Session 1 Indigenous Issues - Chair: Ms Helen Evans

Mr Kevin Boots (Australia)

Working together to become a Centre of Excellence in Primary Health

Mrs Mavis Golds-Harrison (Australia)

A comparative study of health post and Aboriginal Medical Service models in NRAHS

Dr Michael Jong (Canada)

Risky Sexual Behaviours - learning from Teenagers & Parents

Mr Brian Sullivan (Canada)

Local and Global Perspectives on the Health of Migrant Workers

Paper Session 2 Recruitment and Retention of Rural Health Workforce - Chair: Dr Steve Reid

Ms Yvette Vella (Australia)

Multidisciplinary interest in rural and general health education: Encouraging and supporting multidisciplinary teams from an undergraduate level

Dr Kristine Battye (Australia)

Evaluation of an innovative model of cardiac rehabilitation in rural North West Queensland

Mr Erin Wilson (Australia)

Strategies to Support Families of Female Rural General Practitioners

Mr Neil Anderson (Australia)

Recruitment and retention of pharmacists in rural Australia

Paper Session 3 Gender Issues - Chair: Ms Jacinta Allan

Ms Noela Lippert (Australia)

Supporting Female Rural General Practitioners: Are current incentives programs gender neutral or gender blind?

Ms Afroja Parvin (Bangladesh)

Advocacy work to mainstream gender issues in AIDS program at the policy level

Dr Dewaram Nagdeve (India)

Reproductive and Child Health Care in Rural India - Role of ANM

Dr Aruna Uprety (Nepal)

Gynaecological Priorities of Women in Rural Nepal

Paper Session 4 Rural/Urban Interface - Chair: Dr Zorayda Leoponda

Dr Berta Nunes (Portugal)

Old people in a rural Village in Portugal: What are the problems?

Sue Whetton (Australia)

Growing older gracefully

Dr Thi Hoai Duc Nguyen (Vietnam)

Community involvement in improving reproductive health care in remote areas

Dr John Wynn-Jones (Wales)

Adolescent substance misuse in rural Wales: Culture, geography and service delivery

Paper Session 5 Rural/Urban Interface - Chair: Dr Bruce Chater

Dr Donata Kurpas (Poland)

Do we know enough about children from rural environments?

Dr Max Blouw (Canada)

Progress towards an innovative partnership in medical education

Mr Tarun Kumar Maiti (India)

Building students' courage bank

Ms Kate Brass (Australia)

Rural access: Building communities for everyone

Paper Session 6 Rural/Urban Interface - Chair: Dr Neethea Naidoo

Ms Jan Tully (Australia)

Enhancing loss and grief supports in rural communities

Mr Mathew Zebby (PNG)

Rural Health in Papua New Guinea

Dr Kathleen Jacobson (USA)

Evaluation of a low volume HIV Care Providers Training Program

Dr Alex George (India)

Need for access - a Sensitive approach to quality assurance for rural India

Paper Session 7 Recruitment and Retention of Rural Health Workforce - Chair: Dr Chris Simpson

Ms Monica Sorensen (Norway)

VEKS - a multidisciplinary study from Norway

Dr Paul Mackey (Canada)
The great adventure of rural practice exchange: Australia and Canada
Ms Helen Still (Australia)
Rural Connect - Rural Allied Health Mentoring Program

Professor Colin Chapman (Australia)
Attracting and retaining pharmacists in rural Victoria and Australia

Paper Session 8 Rural/Urban Interface - Chair: Dr Alfred Loh

Mrs Zola Dantile (South Africa)
Provision of physiotherapy services in the rural areas

Dr Bruce Harris (Australia)
A new Agenda for Rural Health in Australia

Ms Klimentina Nesterova (Russia)
The new method of treatment of exudative rhinosinusitis with low frequency ultrasound in Siberian region of Russia

Dr Edward Bowen Jones (South Africa)
The KwaZulu Natal Flying Doctor Service: Delivery of province wide specialist care to rural hospitals

2.35 - 3.35pm Free Standing Paper Presentations

Paper Session 1 Indigenous Issues - Chair: Dr Ian Couper

Dr M Qasim Rana (Pakistan)
Pathways to care in health belief model

Dr Margaret Clarke (Canada)
Team development and training in fetal alcohol syndrome in First Nations Communities in Canada

Dr F A Sudjadi (Indonesia)
Daytime survey on filariasis caused by nonperiodic form of *Brugia malayi* among Dayak indigenous people in East Kalimantan, Indonesia

Ms Mapule Maelane (South Africa)
Culture congruent care in the African rural perspective: A challenge for nurse practitioners today

Paper Session 2 Rural/Urban Interface - Chair: Mr Geoff Lavender

Dr Carl Robbins (Canada)
Information and communication technology in rural health care: The TEACH Model

Dr John Wootton (Canada)
Implementation of a limited teleradiology network in rural West Quebec: Barriers and facilitators

Dr Lisa Hudson (Australia)
Technology enabled health care for urban and isolated consumers: Organisational changes required for sustainability

Dr Douglas Myhre (Canada)
Rural/urban interface as a teaching tool

Paper Session 3 Gender Issues - Women's Health - Chair: Dr Ilse Helleman

Dr Ursula Russell (Australia)
Teaching gender issues in rural general practice settings

Dr Mary Johnston (Canada)
Canadian Frontiers of Rural Women Physicians

Dr Filomena Incitti (Canada)
Rural Women Physicians: are they unique?

Dr Tanveer Ahmed (Pakistan)
Improving Health Status of Women and Children through Community
Participatory Approach in Rural Sindh

Paper Session 4 Recruitment and Retention of Rural Health Workforce - Chair: Ms Elaine Ward

Mrs Christina West (UK)
Rural-urban morbidity and activity recording project: Issues of implementing urban
systems in rural areas

Mr Andrew McKay (Canada)
Recruitment isn't, and retention's different

Dr Derek Maseka (South Africa)
The perceptions and experiences of community service doctors about
compulsory community service at Shongwe Hospital in Mpumalanga province of
South Africa

Dr Deborah Cockrell (Australia)
Addressing rural NSW dental workforce needs through a Rural Placement
Program for dental students of the Faculty of Dentistry

Paper Session 5 Rural/Urban Interface - Chair: Ms Anne Leversha

Dr Christian Reuter (UK)
Is there a need for travel medicine education for GPs in training (Registrars) in rural
Scotland? Results of a survey by questionnaire in the north of Scotland (Highland
and Islands) in 2001

Dr Dr Muhammad Iftikhar Rana (Pakistan)
Medical education in rural health delivery systems in developing countries

Dr Vikas Bhatia (India)
An interventional study to strengthen first aid healthcare kit in schools in India

Paper Session 6 Rural/Urban Interface - Chair: Professor Desley Hegney

Dr Steve Reid (South Africa)
A training program for supervisors of rural primary care nurse practitioners in South
Africa

Dr Shaiful Bahari Ismail (Malaysia)
Training family doctors - our early experience in Universiti Sains Malaysia,
Kelantan, Malaysia

Ms Shyamala Nagendran (Canada)
Collaboration of urban and rural centres: positive ways to provide academic
accessibility for rural sites

Mr Huw Clark (Australia)
Urban/rural collaboration in Carnarvon

Paper Session 7 Recruitment and Retention of Rural Health Workforce - Chair: Mr Richard Eccles

Dr Elma De Vries (South Africa)
Do South African rural origin medical students return to rural practice?

Dr Chris Simpson (USA)
Family Practice Resident Satisfaction Survey

Dr Phil Heffernan (Australia)
Building partnerships in the South East Asian region: A progress report on the development of the Cambodian Medical Association

Dr Edi Albert (Australia)
Tasmanian Interdisciplinary Rural Placement Program for undergraduate health science students

Paper Session 8 Rural Urban Interface - Chair: Ms Margaret Brown

Mr Paul Fitzgerald (Australia)
HEALTHCONNECT: A Health Information Network For All Australians

Mrs Mary Filmer (Australia)
The development and validation of a bereavement support program, as used by a remote, rural Bush Nursing Centre

Dr H John Fardy (Australia)
Using proactive care and IT to improve rural health outcomes

Dr Hematram Yadav (Malaysia)
Has confidential enquiry into maternal deaths strategy reduced maternal deaths in Malaysia significantly?

3.35 - 4.00pm Afternoon Tea

4.00 - 5.00pm Global/Local Village Meetings - Hypothetical problem solving

**6.30 for
7.00pm start Official Conference Dinner - Celebration of 30 Years of Wonca
Black Tie / National Dress**

THURSDAY 2 MAY

9.00am - 5.00pm Free Standing Poster Expo

7.30 - 9.00am Consumers Forum and Breakfast

9.00 - 10.30am

Keynote Addresses - Chair: Ms Di Wyatt

The Honourable John Thwaites MP,
Victorian Minister for Health
What is happening in Rural and Regional Victoria: the way forward

Professor Florence Manguyu,
Former President of the Medical Women's International Association
Addressing Gender Issues in the provision of Health Services in Rural Communities.

Dr Michael Boland,
President of Wonca
The role of the Rural Practitioner in the Health Team

Professor Roger Rosenblatt,
Vice-Chair of Department of Family Medicine, University of Washington
The Environmental Imperative and the Rural Family Doctor: What can you do to save the Earth?

10.30 - 11.00am

Morning Tea

11.00am - 12.30pm

Facilitated Posters Presentations

11.00am - 4.00pm

Clinical Skills Program

11.00am - 12.30pm

Parallel Symposia

Concurrent Symposium 1

Rural/Urban Interface - Chair: Ms Di Wyatt

Dr David Rosenthal (Australia)
Rural/Urban Interface: an Australian Aspect

Ms Katherine Bentley
Partnerships in Rural Health Care

Dr Ian Couper (South Africa)
Management of Rural Health Services- Exploring Success

Dr Prem Kainikkara (India)
High quality healthcare without huge resources: The Kerala experience

Concurrent Symposium 2

Indigenous Issues - Chair: Mr Ben Knight

Associate Professor Elaine Duffy (Australia)
Constructing Indigenous Women's Health and Indigenous Health Policies

Dr David Whittet (New Zealand)
Developing Family Medicine in Regions of Extreme Need

Ms Sabina Knight (Australia)
Dancing in the Dust

Dr Juan Mendive (Spain)
The Rural General Practitioner- Working in a Team- The Spanish Experience

Concurrent Symposium 3

Innovation Education - Chair: Professor Shatendra Gupta

Professor Richard Hays (Australia)
Developing health education to address recruitment and retention issues

Dr Fortunato Cristobal (Philippines)
Medical Education for Health Development: A call for partnership to improve health

Dr Pat Farry (New Zealand)
A rural community based medical school in New Zealand

Dr Jim Rourke (Canada)
Building the Northern Ontario Rural Medical School

11.00am - 12.30pm Free Standing Paper Presentations

Paper Session 1 Rural Students Multidisciplinary Forum - Chair: Glenn Matthieson

Mr James Ward (Australia)
The National Rural Health Network (NRHN): Presenting the network of rural student clubs in Australia

Ms Kelly Bertrum (Australia)
Report from the NRNH pre-Wonca Symposium "Celebrating Rural Life"

A facilitated student workshop:
Can students contribute to the health of communities in the developing world?

Paper Session 2 Gender Issues - Chair: Dr Berta Nunes

Ms Kirsty McEwin (Australia)
Evidence based rural health recruitment and retention policies for female medical practitioners

Dr Angela Taft (Australia)
Rural GPs, gender and psychosocial caseloads: lessons from a study of rural family practice and intimate partner abuse

Dr Muhammad Iftikhar Rana (Pakistan)
Role of Family Physician in Family Planning in Pakistan

Mrs Sarah Hardy
Developing menopause education resources to reflect the needs of the rural and remote women

Dr Lindiwe Selepe (South Africa)
A descriptive study of the determinants of sexual behaviour knowledge in black South African teenagers

Paper Session 3 Recruitment and Retention of Rural Health Workforce - Chair: Dr John Macleod

Dr Paul Worley (Australia)
Dedicated rural streaming in undergraduate medical education

Ms Carol McKinstry (Australia)
The learning needs of beginning occupational therapists

Ms Lynda Wylie (Australia)
The attrition of a rural workforce: Why they go

Dr David Kay (Canada)
Integrated Rural Physician Recruitment and Retention- Alberta's Rural Physician Action Plan

Dr Martin London (New Zealand)
Landmarks to Partnerships

Paper Session 4 Rural/Urban Interface - Chair: Dr Steve Reid

Dr Pratap Narayan Prasad (Nepal)
Surgery in rural Nepal

Dr Derek Allen (Vanuatu)
The power of two on a remote Pacific Island

Ms Busisiwe Bhengu (South Africa)
A health system's analysis of the referral system between the peripheral and tertiary ICUs

Dr Finnuala Lonsdale (Canada)
What is the future of acute care facilities in rural Manitoba?

Paper Session 5 Recruitment and Retention of Rural Health Workforce - Chair: Dr Barb Doty

Dr Colville Laird (Scotland)
Training rural doctors for emergency care - The Tartan solution

Dr Paul Theodorakis (Greece)
Health manpower in rural Albania

Dr Jane Greacen (Australia)
Assessing the clinical competence and suitability of doctors trained overseas for recruitment to rural general practice

Ms Anna Nichols (Australia)
Rurally based training for junior doctors

Dr Gordon Peterkin (Scotland)
Proposed Remote Telemedicine Project: GRAMPIAN PRIMARY CARE NHS TRUST

12.30 - 1.30pm Wonca Rural Women's Working Party Meeting

"Needs assessment & future directions"
Convenors: Dr Lexia Bryant & Ms Jo Wainer

12.30 - 1.30pm Lunch

1.30 - 3.30pm Workshops

The Web, the Way and the Wisdom
Facilitator: Kakkib li'Dthia Warrawee'a (Australia)

Using PDAs to Enhance Rural and Urban Medical Education
Facilitator: David Topps (Canada)

1.30 - 2.30pm Free Standing Paper Presentations

Paper Session 1 Indigenous Issues - Chair: Mr Peter Craighead

Dr Elizabeth Chalmers (Australia)
The role of a University Department of Rural Health in assisting with remote community regional planning

Dr Muzaffar Ali Sh (Pakistan)
Incidence of Hepatitis in Rural Punjab - Pakistan

Ms Belinda Wozencroft (Australia)
From the edge of Lake Dora

Dr D A Cameron (South Africa)
Empowerment of rural traditional healers

Paper Session 2 Gender Issues - Chair: Karen Francis

Dr Desiree Yap (Australia)
Women's Health care for the growing Iraqi and Moslem population in the Goulburn Valley Region of Victoria, Australia: Unique needs in a Rural Context

Ms Jo Wainer (India)
Gender perspective in medicine.

Mrs Nitu Sharan (Shekhar) (India)
Domestic Violence and Indian Women's Health

Dr Themba Dlomo (South Africa)
Working together with women for health

Paper Session 3 Rural/Urban Interface - Chair: Dr George Somers

Ms Anne Leversha (Australia)
Rural community pharmacy videoconferencing project

Ms Helen Howarth (Australia)
For professional satisfaction: Work with other professionals

Dr Michelle Lawler (Canada)
Providing Sexual Health Services to an Isolated Community: Implementation Evaluation of an Adolescent Wellness Clinic in Rural Manitoulin Island, Canada

Professor M W Krause (South Africa)
An outcomes-based education and training program for physiotherapy

Paper Session 4 Recruitment and Retention of Rural Health Workforce - Chair: Dr Charles Boelen

Dr David Cameron (South Africa)
Are nurses the answer to the health needs of rural South Africa?

Dr Ruth McNair (Australia)
Educating for a sustainable rural workforce by building team working capacity

Miss Mary-Ann Grieve (Australia)
Recruitment through provision and promotion of positive undergraduate rural health experiences

Paper Session 5

Rural/Urban Interface - Chair: Dr Victor Inem

Dr M Tariq Aziz (Pakistan)
Resurgence of resistant tuberculosis in rural areas

Dr John Macleod (Scotland)
Potato skins

Dr Andrew Marsden (UK)
Increasing the uptake of pre-hospital thrombolysis in the remote communities:
joint delivery between the GP and the ambulance service

Dr James Douglas (Scotland)
Occupational health in salmon farming and processing in a new rural industry for
Scotland

Paper Session 6

**Recruitment and Retention of Rural Health Workforce - Chair: Dr David
Topps**

Professor Desley Hegney (Australia)
Factors influencing recruitment and retention of rural and remote area nurses in
Queensland

Dr John B Coombs (USA)
R.U.O.P.: An elective rural clerkship in a decentralised medical education
program

Dr Jennifer Reath (Australia)
Practical strategies in supporting general practitioners working and training in
Aboriginal and Torres Strait Islander Communities

Mr Chris Ward (Australia)
A cooperative approach to sustainable rural general practice in neighbouring
towns

Paper Session 7

**Recruitment and Retention of Rural Health Workforce - Chair: Dr David
Whittet**

Dr Christopher Hogan (Australia)
An education program for the clinical nurse in GP practice

Dr Roger Sexton (Australia)
Healthy doctors make a healthy community

Mrs Terri Taylor (Canada)
Rural Physician Spouse Network: A key piece of the retention puzzle

Mr Huei-Ming Chai (Taiwan)
Physical therapy services for the survivors from the Taiwan 921 earthquake

Paper Session 8

Rural/Urban Interface - Chair: Mr Gordon Gregory

Dr Barbara Solarsh (South Africa)
Rehabilitation for rural people with disability - Services for the people by the
people

Dr Teresa Iacona (Australia)
Targeted health initiatives for country people with developmental disability

Mr Goodwin Nwadiobia Aja (Nigeria)
Social network: The tie that binds

Dr Rob Wedel (Canada)
The Taber Integrated Primary Care Project - early results and implications for health providers

2.35 - 3.35pm

Free Standing Paper Presentations

Paper Session 1

Recruitment and Retention of Rural Health Workforce - Chair: Dr Dan Smith

Dr Bruce Hayes (Nepal)
The Community and Doctors for Rural Nepal

Mrs Mary Hoodless (Australia)
Community processes associated with a changing rural health service

Dr Maria Cristina de Mira Galvao (Portugal)
Rural health undergraduate medical teaching on a primary care basis

Professor Dennis Pashen (Australia)
Using multidisciplinary health student attachments in remote North & West Queensland as a strategy for recruitment

Paper Session 2

Rural/Urban Interface - Chair: Dr Ashok Patil

Dr Derek Browne (UK)
Community empowerment for urban/rural interface promotion

Dr Carl Whiteside (Canada)
Educational innovations: Addressing the social responsibility of rural family medicine education

Ms Margaret Brown (Australia)
Strategies and methodologies for effective consumer participation

Buddhadeb Chaudhuri (India)
Health for All: Relevance of traditional wisdom in rural health

Paper Session 3

Indigenous Issues - Chair: Professor Ian Wronski

Dr Sophie Couzos (Australia)
The NACCHO ear trial - Aboriginal Community Controlled clinical research

Ms Judith Hewitson (Australia)
Online Documentary: an innovative culturally appropriate training model for indigenous communities

Mr Pallassana Vaidyanatha Sarma (India)
The Sunderban Saga

Dr Carolyn Annerud (USA)
Emergency Medicine in Papua New Guinea 2002 - An AUSAid pilot project

Paper Session 4

Gender Issues - Chair: Ms Pat Anderson

Dr Priscilla Whittle (Australia)
Improving access and equity in rural and remote Australia provision of Women's Health Medical Services by Female GPs in remote and rural areas

Dr B Tiphaine (Nepal)

The experience of healthcare specialists in conducting a gynaecological clinic in far western Nepal

Dr Ntodei Ndwamato (South Africa)

The beliefs and practice of multiparous women with regard to contraception

Paper Session 5

Rural/Urban Interface - Chair: Mr Brian Joyce

Mr Samer Khan (Pakistan)

Vaccination in rural areas of Punjab

Dr Johnathan Newbury (Australia)

Linking rural general practice teaching in Nepal and Australia

Mr John Humphrey Amuasi (Ghana)

Promoting rural health care in Ghana: Efforts of the Federation of Ghana Medical Students Associations

Paper Session 6

Rural/Urban Interface - Chair: Dr John Wynn-Jones

Professor Raymond Pong (Canada)

Bringing services to where they are needed: The chemotherapy outreach program in northeastern Ontario

Dr Shiba Kumar Rai (Nepal)

Rural health conditions in Nepal: Present situation and its remedies

Dr Keith Wimble (South Africa)

Health posts - effective sites for the interface of rural and urban health services

Mr Vahid Saberi (Australia)

Equity in distribution of health resources: A rural case study

Paper Session 7

Rural/Urban Interface - Chair: Dr David Mildenhall

Dr Christine Read (Australia)

Setting up a new service in reproductive and sexual health: FPA Health, Dubbo

Dr J Jithoo (South Africa)

Telemedicine: Experience of a regional unit based in KwaZulu-Natal

Professor Geoff Solarsh (South Africa)

Opportunities for Population-based Research, Community-based Education and Innovative Health Services Models in Rural Populations

Paper Session 8

Recruitment and Retention of Rural Health Workforce - Chair: Mr Bruce McKay

Dr Gordon Chaytors (Canada)

A multi-faceted program of Rural Faculty Development in Family Medicine

Dr Ron Gorsche (Canada)

Advocate, broker and concierge: Additional skills training for rural physicians and Alberta's skills brokers

Dr Colin Oberg (Canada)
Cyber-rounds: The use of electronic media in postgraduate medical education and CME

Ms Leonie McLaughlin (Australia)
Enhancing retention and recruitment of the nursing workforce through education

3.35 - 4.00pm

Afternoon Tea

4.00 - 5.00pm

Global/Local Village Meetings - Hypothetical problem solving

**6.30pm for
7.00pm start**

**BBQ and Bush Dance
Casual Dress**

FRIDAY 3 MAY

7.30 - 9.00am

Wonca Rural Women's Working Party Breakfast Session

9.00 - 10.30am

Keynote Addresses - Chair: Dr Dan Ostegaard

Dr Helen Caldicott
Founding President of Physicians for Social Responsibility

Mr James Fitzpatrick
Medical Student and Young Australian of the Year 2001
A Rural Resurgence: walking together

Senator Kay Patterson MP
Australian Minister for Health
Rural and Remote Health in Australia

10.30 - 11.00am

Morning Tea

11.00am - 12.30pm

Plenary Working Session

Presentation of Melbourne Manifesto
Facilitator: Dr Andrew Perrignon

Development of recommendations for Wonca rural policy
Facilitator: Dr Bruce Chater

12.30 - 1.30pm

Lunch

1.30 - 3.00pm

Closing Plenary Session - Chair: Dr Paul Hemming

Dr Andrew Perrignon
Presentation of Melbourne Manifesto for Conference endorsement.

Dr Bruce Chater
Presentation of Conference Recommendations for Wonca Rural Policy for endorsement.

Mr Gordon Gregory
Introduction to National Rural Health Alliance Conference 2003

Dr Juan Mendive
Introduction to Spain Wonca Rural Conference 2003

Dr Dan Ostergaard
Introduction to Wonca World Congress 2004

Professor Roger Strasser
Closing of the 5th Wonca World Conference on Rural Health

APPENDIX TWO

CONFERENCE PROGRAM - WONCA SATELLITE CONFERENCE ON REMOTE AND INDIGENOUS HEALTH, ALICE SPRINGS

SATURDAY 4 MAY

11:00 - 17:30	Conference Registration
13:00 - 14:00	Official Opening Ceremony of the Conference
14:00 - 14:30	Keynote Address: Professor Stephen Kunitz International Comparisons Relating to Indigenous Health and Primary Health Care
14:30 - 15:00	Keynote Address: Professor David Sanders Multidisciplinary Remote Health Education
15:00 - 15:30	Keynote Address: Ms Stephanie Bell Northern Territory and National Developments in Indigenous Primary Health Care
15:30 - 15:45	Question and Answer
15:45 - 16:15	Afternoon Tea
16:15 - 17:30	Paper Session One
Concurrent Session A	Indigenous Comprehensive Primary Health Care: Collaboration for health gain Stephanie Bell New Words for an Old Struggle: Social Determinants of Health Research and Aboriginal Community-Controlled Primary Health Care Susan Tratigos and Chris Harrison Policy into Practice: the Role of Medical Professional Organisations Donna Ah Chee and John Boffa "Alcohol in the Alice" and the Central Australian Division of Primary Health Care Sophie Couzos and Margaret Culbong The NACCHO Ear Trial: Aboriginal Community-Controlled Clinical Research
Concurrent Session B	Working cross-culturally: Defining the issue Michael Morrisey Culture and Drug Research: Theoretical and Methodological Issues Danielle Smith and Helen Nyomba Who's Going to Make the Action Happen? Addressing Child Growth in a Remote Indigenous Community

Jillian Bourke and Elsie Mitchell
Our Dream to Make Carnarvon a Place Where Dreams Come True

Joy Burch
When Two Worlds Meet – an Organisation Working in a Cross-Cultural Environment

Concurrent Session C

Remote health education: Developing curriculum and training needs – for whom, by whom?

John Wakerman
Defining Remote Health

Deborah Durnan and Ken Kunoth
Best Practice Means Aboriginal Control

Susan Wearne
The Development of a Model for the Implementation of the Australian College of Rural and Remote Medicine Curriculum in the Northern Territory

Lindsay Crowshoe
Journey of Understanding: Physician Education the Aboriginal Way

17:30 - 19:30

Welcome Reception, Centre for Remote Health

SUNDAY 5 MAY

9:00 – 9:30

Plenary: Ms Marion Scrymgour, MLA

9:30 – 10:00

Plenary: Mr Shane Houston

10:00 – 11:00

Morning tea at the Royal Flying Doctors Service Café and Museum

11:00 – 12:15

Paper Session Two

Concurrent Session A

Indigenous Comprehensive Primary Health Care

Clive Rosewarne
What's Been Done to Aboriginal Health: a Brief History of non-Aboriginal Health Service Delivery to Aboriginal People and the Impacts of Colonial Settlement in Central Australia 1860-1975

Alla T. Kgakole Moyo
It's Our Destiny, Or So It Seems! Adolescent Sexuality and Reproductive Health (ASRH): Opportunities and Barriers for the Basarwa (San) in Northern Botswana

Derek Allen and Margaret Thorpe
The Power of Two on a Remote Pacific Island

Concurrent Session B

Working Cross-culturally: In a Service Delivery Context

Paul Rivalland and Jeff Hulcombe
Your Place or Mine? Dot Paintings and Remote Dialysis in Central Australia

Marcus Tabart and Paul Hills
Leave No Footprints

Albert Mileran, Kathy Roberts, Leonard Amagula, Peter Hooker, Warren Timothy, Muriel Jargaba, Steven Raymond, Meredith Arnold and Donna Mulholland
Aboriginal Mental Health Program

**Concurrent
Session C**

Remote Health Education: Delivery

Sue Lenthall
Remote Health Practice Program

Carly Dolinski
Out of Alice: an Integrated Program?

Craig San Roque
Things Between Us

Simon Morgan
Population Health Training for General Practice Registrars in the Northern Territory

12:15 - 13:15

Lunch

13:15 - 14:30

Paper Session Three

**Concurrent
Session A**

Indigenous Comprehensive Primary Health Care

Ilan Warchivker, Rosie Nampitjinpa and Marlene Spencer
Achievements of a Community Response to Child Nutrition Problems at Walunguru (Kintore) Community

Belinda Mawby
Setting and Measuring Standards in an Aboriginal Clinic: Central Australian Aboriginal Congress' QA System

Marg Tyrell
Laramba Diabetes Project: an Evaluation

Odette Best
A Collaborative Model of Indigenous Health Research

**Concurrent
Session B**

Working Cross-culturally: in a Service Delivery Context

Kathleen Martin and Kristen Wright
A Culturally Appropriate Sustainable Model of Ambulatory Care

Liz White and Ian Martin
Service Delivery to Aboriginal and Torres Strait Islander Customers – Challenge and Change for HIC

Craig San Roque and Elva Cook
Get the Picture

**Concurrent
Session C**

Remote Health Education: Delivery

Margaret Clarke and Lindsay Crowshoe
Team Development and Training in Fetal Alcohol Syndrome in First Nations
Communities in Canada

Emma Kennedy and Kevin Parriman
Description and Evaluation of the Medical Students Education Program in the
Top End of the Northern Territory: Cross-Cultural Collaboration

Jim Thurley
Opportunities for Vertical Integrated Training in Remote Aboriginal Communities

Fiona Nichols
A West Kimberley Aboriginal Model for Alcohol Intervention

14:30 – 15:00

Afternoon Tea

15:00 – 16:15

Paper Session Four

**Concurrent
Session A**

Indigenous Comprehensive Primary Health Care

Clive Rosewarne
Hub Centres: Improving PHC Support to Aboriginal Community-Controlled
Health Services Through Aboriginal Governance of Regional PHC Support
Services

Lisa Bourke
Improving the Social and Cultural Environment for Young Kooris in Northern
Victoria

Robyn Glynn and Christine Cumaiyi
Community Based Rehabilitation in Australia?

Anna Bleby and Cindy Koolmatrerie
The Challenge of Partnerships for Increasing Access for Indigenous Aged and
Disability (Urban) Populations

Stephen Kunitz
What is the Relationship Between Treaties and Health, and What Can Be Learnt
from the International Experience?

**Concurrent
Session B**

Indigenous Comprehensive Primary Health Care: Ear Health

Moka Brown and Lorraine Fox
The Key Ingredients of a Culturally Appropriate Ear Health Care Service for
Maori and Pacific Island Children

Servious Dube
How Do You Identify Children With Disabilities in Remote Areas for Either
Service Delivery or Research Programs?

Kathy Bethune
Indigenous Hearing and Ear Health Management

Lorraine Fox
Service Delivery Model of the Community Ear Health Workers Team

David Sanders
How Do You Train a Remote, Multidisciplinary Primary Health Care Workforce?

**Concurrent
Session C**

Remote Health Education: Treatment Guidelines

Dan Ewald
Making Appropriate Guidelines for Remote Practice in Northern Australia

Elaine Stubbs
Developing and Presenting a Dementia Training Package for Rural and Remote Workers

Meredith Arnold
Development of the Tropical Health Orientation Manual

Ilan Warchivker and Naz Remtulla
Guiding the Guidelines: Results from a Survey and Interviews with Health Practitioners for the Mental Health Standard Treatment Manual

MONDAY 6 MAY

9:00 – 10:15

Workshops

Workshop 1

Stephen Kunitz
Alcohol Use and Abuse

Workshop 2

Meredith Green, Ann Larson and Chris Lockhart
Health Inequalities and Sustainable Rural and Indigenous Communities

Workshop 3

Ofra Fried, Beverly Derschow and Simon Murphy
Towards a Good Death: Palliative Care Outreach to Remote Indigenous Communities

Workshop 4

Sandra Levers, Juanita Sherwood and Robyn Williams
What Are You Doing? Issues of Cultural Safety and Working Together

10:15 – 10:45

Morning Tea

10:45 – 12:15

Round-table Discussion: What is the way forward for Aboriginal health?"

12:15-12:30

Closing Remarks

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Department of Health (1998). *Independent Inquiry into Inequalities in Health*, The Stationery Office, London.

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Department of Human Services (1999). *Victorian Burden of Disease Study: Mortality*, Department of Human Services, Melbourne.

Department of Human Services (1999). *Victorian Burden of Disease Study: Morbidity*, Department of Human Services, Melbourne.