

Resources

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Part C brings together all the learning and teaching resources used in this textbook. It also provides materials and activities that the learner and the teacher may find useful in their particular contexts, including:

- glossary and definitions
- learning activities, listed by chapter
- further reading, teaching and learning resources, including official reports, websites, CDs, DVDs and films, and resources listed alphabetically
- references listed alphabetically.

Glossary and definitions

Assimilation	A process where immigrants, or other minority groups, are ‘absorbed’ into a larger community. This presumes a loss of all characteristics that had previously made the newcomers different, ‘blending’ individuals into the larger society in a kind of multicultural melting pot.
Asylum seeker	‘A person having a well-founded fear of being persecuted for reasons of religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country’. (1951 United Nations Geneva Convention)
Broadband for Health	The Broadband for Health Program is an Australian Government program to provide broadband Internet access to GPs, Aboriginal Community Controlled Health Services, and community pharmacies nationwide.
Case study	Collects and presents detailed information about individuals or groups, often including accounts from study subjects. It may obtain data from a variety of sources, including interviews, focus group surveys and document analysis. A case study draws conclusions only about the participant or group it is examining and only in the context in which the participant or group exists for the purposes of the study. A case study does not seek generalisable ‘truths’ or cause and effect relationships. Results are generally presented in written form, but other media are becoming increasingly popular.
Community health service	Provides primary health care using a disease prevention and maintenance of health and wellbeing approach. Such services are usually staffed by interprofessional teams in the community or through outreach.
Cultural security, awareness, safety and competence	Cultural awareness and cultural safety are important foundations for the attainment of cultural security. A recognition and understanding of the uniqueness and diversity of Indigenous Australians, within geographical, historical, physical, social, cultural and language contexts, will assist in the development and maintenance of culturally secure health services and organisations, within which a clinically and culturally competent workforce provides culturally appropriate health services, which are culturally safe to patients and providers. Cultural security training provides a framework from which to work effectively and respectfully with different Aboriginal and Torres Strait Islander individuals, communities and organisations.
Defined catchment population	People in a defined ‘catchment’ category, usually a geographical area, but sometimes based on other criteria (eg ethnicity, language group). A defined geographical population will still contain people subgrouped according to particular differences (eg cultural affiliation, age, occupation, etc). Some subgroups will exist as distinct communities within the overall geographical population.

Duty of care	Common law, where a person has a duty to do everything reasonably practicable to protect others from harm.
Easy entry/gracious exit	A walk-in-walk-out general practice model enabling GPs to work as clinicians while the infrastructure for the practice is already in place. The model seeks to support both the desire of GPs for more predictable and less onerous work commitments and to reduce the need for any significant up-front financial investment on their part.
eHealth	Activities range from providing services and treatment for individuals, to monitoring and managing the health status of communities and populations, including electronic health records, ‘telehealth’ and online services, personal communication systems, and decision support tools. These are used by health organisations, health professionals, patients and the general community.
eLearning	Describes the use of information and communications technology for education and training. eLearning products, systems and services include course management systems (eg WebCT), and technology (eg computers, MP3 players and multimedia CD-ROMs). eLearning is particularly suited to distance education and flexible learning.
eResearch	The use of information and communications technology (ICT) to advance and enhance traditional research methodologies. Tools include broadband communication networks and data repositories, together with software and infrastructure services that enable secure connectivity and interoperability. ICT is helping entirely new fields of research to emerge through the use of data mining and analysis, advanced computational algorithms and resource-sharing networks.
Focus group	Essentially a group interview, usually involving between 5 to 15 people. Focus groups can be used to obtain a group perspective on a particular issue or experience, to obtain feedback on results from earlier studies, or to develop or test questionnaires.
Golden hour	The first hour after the occurrence of a multi-system trauma.
Health promotion	The process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change with the environment. Health is, therefore, seen as a resource for everyday life, not the object of living. Health is a positive concept emphasising social and personal resources, as well as physical capabilities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing (WHO 1986).
Incidence (of a disease)	The number of new cases of a disease that occur during a specified period of time in a population at risk of the disease. Incidence is usually expressed as the number of cases per 1000 persons. The incidence rate is calculated by taking the number of new cases over a specified time period and expressing this as a proportion of the population.
Information and communication technology	The hardware, software and networking tools of eHealth.

Integrated health service	A model of health service provision that incorporates different elements of health care within a particular setting. Indigenous medical services are an example.
Integration	Incorporation of a minority group into a community, while maintaining group national and cultural identity.
Interoperability	<p>The Institute of Electrical and Electronics Engineers defines interoperability as the ability of two or more systems or components to exchange information and to use the information that has been exchanged. The ISO/IEC 2382-01, Information Technology Vocabulary, Fundamental Terms, defines interoperability as the capability to communicate, execute programs, or transfer data among various functional units in a manner that requires the user to have little or no knowledge of the unique characteristics of those units.</p> <p>Three dimensions of interoperability are described: technical, semantic and business process interoperability. Organisational issues include ownership (do people want to share their data?), staff (are people prepared to undergo training?) and usability.</p>
Interprofessional	Different professional groups teaching, learning and/or working together.
Meta-analysis	The statistical combining and analysis of data from separate, but comparable, studies of a problem. Meta-analysis yields a quantitative summary of the pooled results.
Metalearning	An awareness and understanding of the phenomenon of learning itself, as opposed to subject knowledge.
Native title	The <i>Native Title Act 1993</i> arose out of a High Court of Australia decision, which recognised for the first time the traditional native title rights to land ownership of Australia's Indigenous people.
Participant observation	Less commonly used than other qualitative methods in research, it involves a contextual, systematic collection of data as a result of social interaction between an observer and the participants.
Prevalence (of a disease)	The number of cases of disease that exists in a defined population at a particular point in time. The prevalence rate is determined by taking a cross-sectional count of disease (point prevalence) and expressing that as a proportion of the total population at that time.
Primary data	Information collected directly from a respondent population, as opposed to secondary or published data.
Primary health care	Socially appropriate, universally accessible, scientifically sound first-level care provided by a suitably trained workforce supported by integrated referral systems, and in a way that gives priority to those most at need, maximises community and individual self-reliance and participation, and involves collaboration with other sectors. It includes the following: health promotion, illness prevention, care of the sick, advocacy and community development (WHO 1978, 2003).

Public health	The National Public Health Partnership (1998) defines public health as ‘... the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, in the population as a whole, or population subgroups.’
Refugee	A person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution (1951 United Nations Convention Relating to the Status of Refugees).
Settlement	The early stages of adaptation or acclimatisation of people who settle far from home.
Sociospatial	Relating to, or concerned with, the interaction of society and space.
Sociotechnical	Relating to, or concerned with, the interaction of social and technical factors.
Sustainability	The ability to continue an activity for a long period of time while maintaining diverse, healthy, socially, economically and environmentally productive ecosystems.
Systematic review	A review that has been prepared using a systematic approach to minimising biases and random errors. The components of the approach are documented in a materials and methods section. This approach does not need to include a quantitative synthesis of primary or original data to yield a summary statistic (meta-analysis); there are circumstances where this is not advisable or simply not possible. The core requirement is to explicitly and transparently control biases.
Telehealth	The practice of health care service using interactive audio, visual and data communications for the provision of health care delivery, diagnoses, consultation and treatment, as well as education and transfer of medical data.
Traditional owner groups	Kinship groups that express native title rights and a custodian relationship with the land from which they come. Sometimes these groups have formal structures and may be formally incorporated.
Warm-ware	The people who use or operate the software running on the hardware.

Abbreviations and acronyms

AARN	Association for Australian Rural Nurses (now ARNM)
ACCHO	Aboriginal Community Controlled Health Organisation
ACRRM	Australian College of Rural and Remote Medicine
ACT	Australian Capital Territory
ADHD	attention deficit hyperactivity disorder
AHW	Aboriginal and Torres Strait Islander Health Workers
AIHW	Australian Institute of Health and Welfare
AMA	Australian Medical Association
AMI	acute myocardial infarction
AMS	Aboriginal Medical Service
AQoL	Assessment of Quality of Life
ARHEN	Australian Rural Health Education Network
ARIA	Accessibility/Remoteness Index of Australia
ARNM	Australian Rural Nurses and Midwives
ARRWAG	Australian Rural and Remote Workforce Agencies Group
ASGC	Australian Standard Geographical Classification
CARPA	Central Australian Rural Practitioners Association
CHIN	Community Health Information Network
COAG	Council of Australian Governments
ComQoL	Comprehensive Quality of Life scale
CRANA	Council of Remote Area Nurses of Australia
DoHA	Department of Health and Ageing
ECG	electrocardiogram
EHR	electronic health record
EPC	Enhanced Primary Care (program)
EQ5D	European Quality of Life instrument
GI	glycaemic index
GIS	geographical information system
GP	general practitioner
GPRI	General Practice Rurality Index (Canada)
HDL	high-density lipoprotein
HIC	Health Insurance Commission
HIV	human immunodeficiency virus
HL7	Health Level 7
HRQoL	health-related quality of life
HU13	Health Utilities Index (Canada)
iCCnet SA	Integrated Cardiovascular Clinical Network South Australia

ICD10	International Classification of Diseases, 10 th version
ICPC2	International Classification of Primary Care, 2 nd edition
ICT	information and communication technology
IMG	international medical graduates
IPE	interprofessional education
IPP	interprofessional practice
ISDN	Integrated Services Digital Network
IT	information technology
KLC	Kimberley Land Council
KM	knowledge management
LOINC	Logical Observation Identifiers Names and Codes
MAHS	More Allied Health Services (program)
MAU	multi-attribute utility
MBS	Medicare Benefits Schedule
MPS	multipurpose service
NACCHO	National Aboriginal Community Controlled Health Organisation
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NETS	NSW Newborn & Paediatric Emergency Transport Service
NGO	nongovernment organisation
NHDD	National Health Data Dictionary
NHIM	National Health Information Model
NHMRC	National Health and Medical Research Council
NRHA	National Rural Health Alliance
NSW	New South Wales
NT	Northern Territory
PAAHS	Port Abraham Aboriginal Health Service
PACS	Picture Archive and Communications System
PAR	participatory action research
PATS	Patient Assistance Transport Scheme
PEDro	Physiotherapy Evidence Database
PHC	primary health care
PHCRED	Primary Health Care Research, Evaluation and Development (program)
PIRSA	Department of Primary Industries and Resources, South Australia
PTSD	posttraumatic stress disorder
Qld	Queensland
QUM	Quality Use of Medicines
RACGP	Royal Australian College of General Practitioners
RARA	Rural and Remote Area classification

RCS	Rural Clinical Schools
RDAA	Rural Doctors Association of Australia
RHSET	Rural Health Support, Education and Training (program)
RPIS	Regional Patient Information System
RRMA	Rural, Remote and Metropolitan Areas classification
RUSC	Rural Undergraduate Support and Coordination (program)
SA	South Australia
SARRAH	Services for Australian Rural and Remote Allied Health
SCORM	Sharable Content Object Reference Model
SF12	Medical Outcomes Study Short Form health survey (12 questions)
SF20	Medical Outcomes Study Short Form health survey (20 questions)
SF36	Medical Outcomes Study Short Form health survey (36 questions)
SF6D-2	American quality of wellbeing scale
SLA	statistical local area
SNOMEDCT	Systematised Nomenclature of Medicine — Clinical Terms
Tas	Tasmania
TPV	Temporary Protection Visa
TrUCs	Transforming Rural Urgent Care Systems
UDRH	University Departments of Rural Health
UK	United Kingdom
Vic	Victoria
WA	Western Australia
WHO	World Health Organization
WHO-QoL	World Health Organization Quality of Life instrument

Learning activities listed by chapter

Chapter 1 Rural and remote health — definitions, policy and priorities

1. Examine a state government health initiative (eg a Victorian stroke management plan) for any evidence of how the rural health issues are addressed. In particular, describe how the main Australian geographical classification systems have been applied.
2. Examine the rural health policy relevant to your profession and how it may affect you. Compare and contrast any differences between your state/jurisdiction and the Commonwealth.
3. List the main challenges to reducing the rural–urban health differentials in Australia.

Chapter 2 Understanding rural health — key concepts

1. Identify three positive aspects of rural health practice and three challenges or difficulties of rural health practice. Which of these would you particularly like, and which would you find most difficult?
2. Talk to a rural or an Aboriginal or Torres Strait Islander health practitioner about their experiences of the differences between rural and urban practice.
3. Identify some of the aspects of rural health practice that you have experienced or think you would experience as challenging and explain how you might overcome them.
4. For one hour, use the Internet to gather as much information as you can about a rural community. What does this information tell you about health needs and health care in the community? How might a practitioner use this information?
5. Get together in a group and play the roles of the different people described in the case study. Explain what you feel to the group and how you might address some of the problems facing you.
6. Stage a debate on the topic: ‘Every Australian has the right to health care’.

Chapter 3 Diversity, culture and place

1. Identify some elements of cultural capital that may privilege or exclude newcomers to rural communities.
2. Why might appreciation of diversity vary from community to community? Apart from migrant ethnic groups, which other groups may experience adverse effects on wellbeing in communities that are less tolerant of sociocultural diversity?
3. Identify some health risks that farmers and their families are exposed to working and living on a farm. How might you go about influencing their behaviour to reduce these risks?

4. Australia regularly experiences drought. Many commentators say that water will become scarcer as a result of global warming. What health and wellbeing implications might this have for farmers and other rural residents?
5. Should external agencies like the state health departments and ambulance services be concerned about social capital and community capacity? Why or why not?

Chapter 4 What makes communities tick?

1. Using a town or community you are familiar with, describe the process you would follow to complete the planning phase of a community development program.
2. Describe how you would ensure that a representative group from the community/communities are engaged in this process. What challenges might you face and how might you deal with them?
3. Describe how you would work with the community to influence cultural norms around drinking behaviour.
4. Describe some of the challenges and requirements of conducting a community-based evaluation as described in Case study 4.2.

Chapter 5 Health of rural populations

1. What are the main differences between the health of those living in rural and remote areas and those living in metropolitan areas?
2. List some of the determinants of health that may have impacted on your own health.
3. Case study 5.1 outlines some of the factors that may be associated with high rates of suicide of farmers. Can you think of any others?
4. Case study 5.2 describes an environmental health issue in Broken Hill. Find a local environmental health issue in your area and set out a plan of action for population health research and evaluation.
5. Port Pirie in South Australia has a lead problem similar to Broken Hill's. Compare and contrast the approaches taken to address the lead issue.

Chapter 6 Population health programs, performance measures and evaluation

1. Case study 6.2 outlines some of the issues arising from the experiences of Indigenous people travelling from rural to metropolitan centres to seek medical treatment. Think about the travel and accommodation arrangements where you are working/studying. Are there any beneficial changes you could make?
2. Case study 6.3 is set in an Indigenous community. Research the specific issues that need to be considered when carrying out research in Indigenous communities.
3. Consider a health promotion program in your area. How would you evaluate it?

4. What do you consider is important about collecting information on health-related quality of life?
5. Why is the AQoL (and/or HU13) considered more methodologically robust than other instruments available in the field?

Chapter 7 Health service models

The following tasks may be done individually or in groups. For many of these activities there is no current correct answer, so the next generation of health professionals should try to think through their own solutions.

1. Identify and describe what infrastructure and staff you would need to run a model primary health care practice.
2. What tasks do you think each of the health professionals working in the practice should be doing?
3. How could you use information and communication technology in modern health care delivery?
4. List three differences and three similarities in health care between clients in a capital city and clients in a small rural town with a population of 15 000.
5. How do you think doctors, nurses and allied health professionals should work together in primary health care?
6. As a group, research:
 - the role of hub-and-spoke regional health services in providing care in dispersed communities
 - the difference in practicing as a nurse, allied health professional or doctor working in a general hospital in a large country town compared with a metropolitan hospital
 - the differences and challenges that face Aboriginal and Torres Strait Islander Health Workers involved in a community-controlled health service
 - why specialists in obstetrics, orthopaedics, radiology and psychiatry are difficult to recruit, even to large country towns
 - a design of an ideal health service that incorporates GPs, nurses, allied health professionals and medical specialists working in a rural setting and compare this ideal with what occurs in the real world.

Chapter 8 Rural health workforce: planning and development for recruitment and retention

1. Describe the potential benefits of workforce retention to rural and remote health services and to rural and remote communities.

2. What factors (positive and negative) influence rural and remote health workforce recruitment and retention? Which of these factors is potentially amenable to intervention by:
 - rural health professionals themselves
 - health professional training programs (undergraduate and postgraduate)
 - rural communities
 - rural health services?
3. Using the case studies and your own rural health experiences, what strategies would you suggest for improving workforce recruitment and retention in a rural community known to you?
4. Using a rural community or region known to you, consider how workforce retention and local health services might be enhanced. Do not just consider the existing service arrangements but think about how to better integrate existing services and new services that complement or enhance existing services in ways that meet community needs and expectations.

Chapter 9 Supporting rural health professionals and their families

1. You are in a small rural town with only one pub. You are out for a social drink after knocking off when you see a patient (whom you know to have alcoholic liver disease and with whom you discussed just that morning the need to stop drinking) knocking back his fifth beer for the evening. As a medical student visiting the town on a rural attachment, what do you do? As the patient's GP, what do you do?
2. You are a health professional in a small town and are doing the shopping on Saturday morning. A patient corners you by the sliced bread counter and starts to tell you about their breathing problems. How do you respond?
3. You are the community nurse about to leave town for your first weekend off in three months. Just as you are about to walk out the door, your colleague rings and tells you she's sprained her ankle and can't drive to be on call this weekend. How do you respond?
4. If you were moving into rural practice, what would you be looking for in a rural community in terms of personal and family factors?

Chapter 10 Ways forward in Indigenous health

1. What impact does history have on the health and wellbeing of Aboriginal and Torres Strait Islander people?
2. How would an understanding of Aboriginal and Torres Strait Islander culture and protocols help you to deliver culturally secure health care?
3. How would an understanding of Aboriginal and Torres Strait Islander culture and protocols help you to undertake culturally secure research?

4. Reflect on the availability of resources in a remote Indigenous health service and how you, as a health professional, would work in this environment.
5. Describe how working as a health professional in an Indigenous community may challenge your beliefs and values.

Chapter 11 Rural clinical practice: a population health approach

1. Find a health issue in your community and research it on the Cochrane library.
2. We have completed the first two cells of a population response to falls prevention, targeted to older community dwelling adults; your task is to complete the other three cells using the questions provided.

Community development continuum	Ottawa Charter for Health Promotion	Falls prevention
Developmental casework	Develop personal skills	Bronwyn, the physiotherapist, reviews the bruising to Mrs Wilson's hip, sustained after a fall in her home. In the conduct of the health assessment, the physiotherapist begins to educate Mrs Wilson about the risks as they are identified. This visit to the physiotherapist is supported under the Australian Government Enhanced Primary Care Program.
Mutual support	Create supportive environments	The physiotherapist explores options for Mrs Wilson to attend a local exercise program. With the Indigenous and Torres Strait Islander Health Worker from the Aboriginal Medical Service and a Tai Chi instructor from the community, a Tai Chi class is started at the Aboriginal Medical Service, to which other local health practitioners can refer Indigenous clients. In addition to providing evidence-based exercise for falls prevention, the class is a venue for Mrs Wilson to meet others like her at risk of a falls injury.
Issues identification	Strengthen community action	What strategies could you suggest for strengthening community action? Which people and organisations would you approach to implement these strategies?
Participation and control of health services	Re-orient health services	Identify some strategies for participation and control of health services. What strategies could be put into place to reorient health services?
Social movements	Build health public policy	Can you identify strategies that would develop social movements and build health public policy?

Chapter 12 Strengthening interprofessional practice

- 1 Taking either case study above as a starting point, work in an interprofessional group to create a flowchart or storyboard of an appropriate clinical pathway that may be followed. Identify stages where interprofessional collaboration would be most important, and identify opportunities for improving current practice.
- 2 Interprofessional practice requires political, educational and professional support. Discuss strategies that will support the development of interprofessional practice in rural and remote areas from each of these perspectives.
- 3 Make an appointment with a health professional from a discipline other than your own and spend some time discussing the relevance of teamwork to clinical practice. The eight elements of successful teamwork described in Table 12.1 can guide your discussion.
- 4 Spend at least half a day in a clinical department other than that of your own discipline and observe how other health professionals perform their duties.
- 5 Describe and discuss with your peers two clinical cases you have observed, one that demonstrates effective collaborative care, and another that demonstrates opportunities for teamwork to be improved.
- 6 If you or one of your family members lived in a remote area of Australia and had a terminal illness, what would the health care challenges be? How would you overcome these problems and what resources would you need?

Chapter 13 Cycles of settlement: generating responsive health services for refugees in rural Australia

1. In small groups, contemplate the cultural shifts in Paulo's identity when he turns 25 years of age.
2. Generate some alternative paths Paulo may traverse and the contexts that may facilitate constructive development.
3. How might service providers participate in Paulo's future sense of purpose in the Australian context?
4. List practical life challenges you face in your own daily life (eg meaningful employment, paying monthly bills, finding or sustaining a constructive friendships and love relationships, maintaining a sense of belonging to place and 'home').
5. Discuss ways in which deficits in the areas listed above impact on your own physical, psychoemotional and social health.
6. How might someone with refugee experiences meet such challenges?
7. What support and duty of care might he or she require from health professionals along the way?

Chapter 14 eHealth, eLearning and eResearch for rural health practice

1. Identify an eHealth initiative intended to meet one of the current challenges faced by rural and remote health care services. Identify the extent to which the barriers to eHealth discussed in this chapter may be impacting on this initiative.
2. eHealth can never replace traditional face-to-face services. Discuss.
3. Review the videoconferencing program outlined in Case Study 14.1. Using the principles for local organisations, develop a strategy to facilitate more effective use of the videoconferencing facility.
4. Find three consumer health education sites and evaluate them using the principles listed above.
5. Prepare an annotated list of online databases and resources that support eResearch.
6. Discuss the differences between connectivity and interoperability from the eHealth perspective.

Chapter 15 A connected Australia — now and in the future

1. Identify three databases on the web that would help you in your clinical field. How would they help you stay connected if you were in the rural workforce?
2. Research how patient access to web information about medical treatments helps or harms clients.
3. If you participate in a clinical placement opportunity, investigate what clinical information is available electronically at the site.
4. Write a paragraph sketch of a new initiative based on a problem you have seen in rural health. Who would be the major stakeholders (eg government, citizens, health services, etc)?

Other reading, teaching and learning resources

Useful books, articles and reports

- Altman JC, Gray MC and Levitus R (2005). *Policy Issues for the Community Development Employment Projects Scheme in Rural and Remote Australia*, Centre for Aboriginal Economic Policy Research, Canberra.
- Australian Bureau of Statistics (2004–05). *Regional Population Growth*, ABS, Canberra.
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- Australian Institute of Health and Welfare (2006). *Urban and Rural Variations in Child Oral Health*, DSRU research report 28, AIHW Dental Statistics and Research Unit, Canberra.
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- Central Australian Rural Practitioners Association (2003). *CARPA Standard Treatment Manual: A Clinic Manual for Primary Health Care Practitioners in Remote and Rural Communities in Central and Northern Australia*, 4th edition, CARPA, Alice Springs.

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- Kretzmann JP and McKnight JL (2005). *A Community-Building Workbook*, Asset-Based Community Development Institute, Northwestern University, Illinois.
- Macquarie Area Health Service (2004). *Challenging Your Community to Better Health. A Health Lifestyle Resource Based on Experiences from the WellingTonne Challenge*, Macquarie Area Health Service.

- MedlinePlus (2006). *Farm Health and Safety*, the US National Library of Medicine and the National Institutes of Health.
<http://www.nlm.nih.gov/medlineplus/farmhealthandsafety.html> (Accessed 20 November 2006)
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Useful Internet sites

ABC (Australian Broadcasting Corporation) Rural Online

<http://www.abc.net.au/rural>

ABCD (Asset-Based Community Development) Institute

<http://www.northwestern.edu/ipr/abcd.html>

Aboriginal community controlled health services

<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-oatsih-servicespage.htm>

Agency for Healthcare Research and Quality (AHRQ)

<http://www.ahrq.gov>

Australian and New Zealand Journal of Public Health

<http://www.blackwellpublishing.com/journal.asp?ref=1336-2000>

Australian Bureau of Statistics

<http://www.abs.gov.au>

Australian College of Rural and Remote Medicine (ACRRM)

<http://www.acrrm.org.au>

Australian Government Department of Health and Ageing

<http://www.health.gov.au>

Australian Indigenous Doctors Association

<http://www.aida.org.au>

Australian Indigenous Health *in*fonet

<http://www.healthinfont.ecu.edu.au>

Australian Institute for Aboriginal and Torres Strait Islander Studies

<http://www.aiatsis.gov.au>

Australian Institute of Health and Welfare

<http://meteor.aihw.gov.au/content/index.phtml/itemId/181162>

Australian Journal of Rural Health

<http://nrha.ruralhealth.org.au/ajrh>

Australian Rural and Remote Workforce Agencies Group

<http://www.arrwag.com.au>

Australian Rural Health Education Network

<http://www.arhen.org.au>

Australian Rural Nurses and Midwives (ARNM)

<http://www.arnm.asn.au>

British Medical Journal

<http://bmj.bmjournals.com>

British Medical Journal Clinical Evidence Online

<http://www.clinicalevidence.com/ceweb/index.jsp>

Central Australian Remote Practitioners Association (CARPA)

<http://www.carpa.org.au/fmanual.htm>

Centre for Advancement of Interprofessional Education (UK)

<http://www.caipe.org.uk/index.php>

Centre for Community Enterprise (Canada)

<http://www.cedworks.com/index.html>

Centre for General Practice Integration Studies

<http://www.commed.unsw.edu.au/cgpis>

Centre for Rural Studies and Enrichment (Canada)

<http://www.stpeterscollege.ca/crse/index.html>

Cochrane Effective Practice and Organisation of Care

<http://epoc.nicsl.com.au>

Cochrane Library

<http://www.thecochranelibrary.org>

Community Campus Partnerships for Health (CCPH)

<http://www.ccpb.info>

Council of Remote Area Nurses of Australia Inc (CRANA)

<http://www.crana.org.au>

Education for Health

<http://www.educationforhealth.org.uk>

e-Health, Australian Government Department of Health and Ageing

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/e-health-3>

eMJA Medical Journal of Australia

<http://www.mja.com.au>

Health Care and Informatics Review Online

<http://hcro.enigma.co.nz/website/index.cfm>

Health Consumers of Rural and Remote Australia

<http://www.ruralhealth.org.au/hcrra/index.html>

HealthInsite

<http://www.healthinsite.gov.au>

HealthWiz

http://www.healthwiz.com.au/html_control/index_frame.htm

Human Rights and Equal Opportunities Commission, Healthy Community Projects,
Rural and Remote Health in Australia

http://www.hreoc.gov.au/HUMAN_RIGHTS/rural_health/index.html

Joanna Briggs Institute

<http://www.joannabriggs.edu.au/about/home.php>

Journal of Health Informatics

<http://ejhi.net/ojs/index.php/ejhi>

Journal of Rural and Community Development

<http://www.jrcd.ca>

Journal of Rural and Remote Health

<http://www.rrh.org.au>

Journal of Rural and Tropical Public Health

<http://www.jcu.edu.au/jrtph>

Medline (Pubmed)

<http://www.ncbi.nlm.nih.gov>

National Aboriginal Community Controlled Health Organisation (NACCHO)

<http://www.naccho.org.au>

National Health and Medical Research Council

<http://www.nhmrc.gov.au>

National Rural Health Alliance

<http://nrha.ruralhealth.org.au>

New Rural Economy Project (Canada)

<http://nre.concordia.ca>

Primary Health Care Research and Information Service

<http://www.phcris.org.au/publications/ebulletin>

Rural and Remote Medical Education Online (RRMEO)

<http://www.acrrm.org.au/main.asp?NodeID=192>

Rural Clinical Schools:

- Flinders University Rural Clinical School
<http://furcs.flinders.edu.au/>

- James Cook University Rural Clinical School
<http://www.jcu.edu.au/medicine/sites/index.htm>
- Monash University School of Rural Health
<http://www.med.monash.edu.au/srh/>
- Northern Territory Rural Clinical School
<http://www.ntmed.flinders.edu.au/index.html>
- The Australian National University Rural Clinical School
http://medicalschoo.anu.edu.au/sgprih/1rural_clinical_school/index.asp
- The Rural Clinical School of the University of Western Australia and the University of Notre Dame Australia
<http://rcs.uwa.edu.au/index.cfm>
- The University of Adelaide Spencer Gulf Rural Health School
<http://sgrhs.unisa.edu.au/>
- The University of Melbourne Rural Clinical School
<http://www.ruralhealth.unimelb.edu.au/undergraduate%20study/rural%20clinical%20school/>
- The University of New South Wales School of Rural Health
<http://rcs.med.unsw.edu.au/>
- The University of Newcastle Rural Clinical School
<http://www.newcastle.edu.au/school/medprac-pop/precincts.html>
- The University of Queensland Rural Clinical Division
<http://www.som.uq.edu.au/som/about/divisions/rural/index.htm>
- The University of Sydney School of Rural Health
<http://www.dubbo.med.usyd.edu.au/>
- The University of Tasmania Rural Clinical School
<http://www.rcs.utas.edu.au/>

Rural Doctors Association of Australia
<http://www.rdaa.com.au>

Rural Health Education Foundation
<http://www.rhef.com.au>

Services for Australian Rural and Remote Allied Health (SARRAH)
<http://www.sarrah.org.au>

Social Policy and Social Work, the Higher Education Academy
<http://www.swap.ac.uk/learning/ipe.asp>

State Workforce Agencies:

- NSW: <http://www.nswrdn.com.au>
- NT: <http://www.gpphcnt.org.au>

- Qld: <http://www.healthworkforce.com.au>
- SA: <http://www.ruraldoc.com.au>
- Tas: <http://www.gpatlas.org.au>
- Vic: <http://www.rwav.com.au>
- WA: <http://www.wacrrm.uwa.edu.au>

The Electronic Journal of Health Informatics

<http://ejhi.net/ojs/index.php/ejhi>

University Departments of Rural Health:

- Broken Hill Department of Rural Health (University of Sydney)
<http://www.drh.med.usyd.edu.au>
- Centre for Remote Health, Alice Springs (Flinders University and Charles Darwin University)
<http://crh.flinders.edu.au>
- Combined Universities Centre for Rural Health (University of Western Australia, Curtin University of Technology and Edith Cowan University)
<http://www.cucrh.uwa.edu.au>
- Greater Green Triangle University Department of Rural Health, Warrnambool (Flinders University and Deakin University)
<http://www.greaterhealth.org>
- Monash University Department of Rural & Indigenous Health
<http://www.med.monash.edu.au/srh>
- Mount Isa Centre for Rural and Remote Health (James Cook University)
<http://www.micrrh.jcu.edu.au>
- Northern New South Wales University Department of Rural Health, Tamworth (University of Newcastle and University of New England)
[http://www.newcastle.edu.au/faculty-old/health/initiatives/rhi/Northern Rivers](http://www.newcastle.edu.au/faculty-old/health/initiatives/rhi/Northern%20Rivers)
- Northern Rivers University Department of Rural Health (University of Sydney and Southern Cross University)
<http://www.nrudrh.edu.au>
- Spencer Gulf Rural Health School
<http://sgrhs.unisa.edu.au>
- University Department of Rural Health, Tasmania (University of Tasmania)
<http://www.ruralhealth.utas.edu.au>
- University Departments of Rural Health
<http://www.arhen.org.au>
- University of Melbourne Department of Rural Health (Shepparton)
<http://www.ruralhealth.unimelb.edu.au>

University of British Columbia Interprofessional Website
<http://www.interprofessional.ubc.ca>

University of Melbourne School of Rural Health (learning links)
<http://www.ruralhealth.unimelb.edu.au/undergraduate%20study/learning%20links>

World Health Organisation of Family Doctors (WONCA)
<http://www.globalfamilydoctor.com>

World Health Organization (WHO)
<http://www.who.int/en>

DVDs and videos

Ballangarry D (2002). *Big Girls Don't Cry*, NIDF series 5, Australian Film Commission.

Bradbury D (1989). *State of Shock*, Ronin Films, Canberra.

Harrison K and Freedman R (2005). *Crossing the Line*, Change Focus Media, available from Ronin Films.

Marcom Projects and SBS Australia (2005). *Bush Doctor*, DVD, Marcom Projects Pty Ltd, Australia–New Zealand.

O'Brien G and Plooij D (1973). *Culture Training Manual for Medical Workers in Aboriginal Communities*, School of Social Sciences, Flinders University, Adelaide. Converted to hypertext in 1995 by Dr Hugh Nelson.
<http://www.medicineau.net.au/AbHealth/contents.htm>

Roy P (1997). *A Dying Shame*, VHS, Iguana Films in cooperation with Norddeutscher Rundfunk, Canberra.

SBS Australia (1989). *Cross Currents*, VHS, Marcom Projects Pty Ltd.

The Rural Health Education Foundation has many videos, DVDs and podcasts available on the Internet.
<http://www.rhef.com.au/order/order.html>

Kristine Battye

Kristine Battye is the Director of Kristine Battye Consulting Pty Ltd, a consultancy established in 2001. She has worked extensively in regionally focused health service planning and re-engineering, rural health workforce development, and project management and evaluation; in rural and remote environments and with Indigenous communities in Queensland, the Northern Territory and New South Wales. She currently holds an adjunct appointment as an Associate Professor at James Cook University. Kristine commenced her professional life as an agricultural scientist, completing her PhD in reproductive physiology in 1992, and hence has an eclectic publication list.

John Beard

John Beard is Head of the Northern Rivers University Department of Rural Health, New South Wales, and has held senior positions in public health in Australia since 1991. He had previously worked as a rural general practitioner, and in a community-controlled Aboriginal medical service. He is a member of the international editorial board of the journal *Public Health*, and is a Fellow of the New York Academy of Medicine and the Royal Institute of Public Health. He has been a chief investigator on over A\$9 million in nationally competitive grants, and publishes extensively in national and international journals.

Lisa Bourke

Lisa Bourke, PhD, is an Associate Professor at the School of Rural Health, University of Melbourne. She is a rural sociologist who has conducted social research in rural communities for over 17 years. Lisa's main research interests are rural young people, Indigenous health, community development and marginalised health consumers, with a focus on the various methods appropriate for rural research. She trained in the United States of America in both qualitative and quantitative methods and, since returning to Australia, has worked in rural Queensland, New South Wales and now Shepparton, Victoria. She has taught undergraduate and postgraduate students and has published extensively in both national and international journals, including co-editing the rural sociology text *Rurality Bites: The Social and Environmental Transformation of Rural Australia* (Lockie and Bourke 2001). In addition, she has received funding for more than 20 research projects, ranging from national studies to local community projects.

Rosalind Bull

Rosalind Bull is an Associate Professor at the School of Nursing and Midwifery at the University of Tasmania. Rosalind has a background in paediatric and acute-care nursing and has most recently worked in rural health at the University Department of Rural Health, Tasmania. She has a strong teaching and learning background and has a particular

interest in interprofessional approaches to education and practice that contribute to changing practice roles. She is currently involved in the development and trial of a national online interprofessional preparation program for rurally located clinical educators.

Janice Chesters

Janice Chesters is the Deputy Director of Monash University's Department of Rural and Indigenous Health in Moe, Victoria. Janice has broadened her career beyond mental health research to investigate rural workforce issues, theoretical and applied medical education, migrant health, rural health in general, and Indigenous issues. Janice's teaching and publications have been able to highlight the complexity and diversity of rural places.

Juli Coffin

Juli Coffin is currently the Senior Lecturer in Aboriginal Health at the Combined Universities Centre for Rural Health in Western Australia. Juli has spent most of her life in the Pilbara, where many of her family members still reside, but more recently has lived in the Geraldton area. She was the convenor of the Australian Rural Health Education Network (ARHEN) Indigenous Staff Network for 7 years and is currently completing a PhD in Yamaji country around demystifying bullying from an Aboriginal perspective. Juli has a strong community engagement and cultural security focus, has worked in education, health and Aboriginal languages for many years, and is still a strong, active member of several national and state committees.

Amy Creighton

Amy Creighton is a Gomeri Murri woman from north-west New South Wales who has lived and worked in her traditional area most of her life. She is the Indigenous Health Project Coordinator at the Northern New South Wales Department of Rural Health in Tamworth and the current chairperson of the Australian Rural Health Education Network (ARHEN) Indigenous Staff Network. Her career spans 30 years working holistically within the areas of health, education, housing, employment and welfare. Amy acknowledges her family which has helped to shape her identity and instilled in her a strong sense of cultural pride. Amy is passionate about social justice and ensuring that Aboriginal people have fair and equitable access to services that respect, acknowledge and accept the true history of Australia.

Jennifer Critchley

Jennifer Critchley lives on a farm in north-east Victoria. She has an emergency nursing background and has been involved in nursing education for some years. Jennifer is an active member of Australian Rural Nurses and Midwives (ARNM) and her main interests are rural health education and rural women's health. She is currently the Acting Director of the University Department of Rural Health at the University of Melbourne, and is involved in both undergraduate and postgraduate health professional education.

Andrew Crowden

Andrew Crowden is an academic at the University of Melbourne's School of Rural Health in Ballarat. He has a nursing background, postgraduate qualifications in mental health and bioethics, and over 20 years of experience in health care research and education. Andrew is Chairperson of Austin Health's Human Research Ethics Committee.

Dawn DeWitt

Dawn DeWitt grew up in rural Wisconsin, United States of America, completed a Master of Science at Cambridge, a Doctor of Medicine at Harvard, general medicine specialty training at the University of Washington (UW), and moved to Australia in 2003. She is currently the Head of School and Clinical Dean at the University of Melbourne's School of Rural Health, and a practicing rural physician. Voted one of the 'Best Doctors in America' in 2002, and having received several teaching awards, she received the inaugural UW Early Career Achievement Award in 2006. Her research interests in diabetes, rural/community-based medical education, electronic medical education, career choice, and personal-professional balance have led to multiple publications, including two books on community-based teaching.

Marlene Drysdale

Marlene Drysdale is currently Associate Professor and Head of the Indigenous Health Unit at Monash University's Department of Rural and Indigenous Health. Marlene has lived in various places around Australia and for the past 19 years worked in rural Victoria in Aboriginal education and health, with a strong community focus. Marlene's family ties are in Wiradjeri country in New South Wales. Marlene is currently completing a PhD entitled *Reconciliation in Australia: A Study of Communication Strategies and Symbolism*. Marlene has been an active member of state and national committees on education and health matters.

Angela Durey

Angela Durey has lived in England, Ghana and Australia. Before becoming a medical anthropologist, she worked as a nurse in England, Australia and India, and as a family therapist in Australia. She is interested in issues related to rural health, recruitment and retention and the role gender plays in the expectations and experiences of rural health professionals and their spouses/partners. She currently works as a Lecturer in Teaching and Learning at the Combined Universities Centre for Rural Health in Geraldton, Western Australia.

Lyn Fragar

Lyn Fragar is a public health physician who has a long-standing interest in the health and safety of rural people, particularly those whose work and life is in agriculture. She has worked in rural medicine in Papua New Guinea and New South Wales. She is the

founding director of the Australian Agricultural Health Centre, Australia's leading centre of research and development in the field of agricultural health and safety.

Jeffrey Fuller

Jeffrey Fuller trained as a mental health and community health nurse, with postgraduate qualifications in public health. He has worked for over 20 years in Australian interprofessional public health settings, including as a manager in community health services and for the last 10 years in university posts. His current post is the Director of Education, Department of Rural Health (Lismore), University of Sydney and before that he was the foundation Director of Public Health at the Spencer Gulf Rural Health School in South Australia. His research interests are in rural mental health, Indigenous and cross-cultural health servicing and public health program planning. His teaching interests are in community health and interdisciplinary teamwork. He was the chief investigator on a recent national survey of rural financial counsellors on their mental health service links and he is joint chief investigator on a grant from the Australian Rotary Health Research Fund 'Building mental health awareness and support networks in rural Australian communities — a service delivery evaluation'. He is also the lead investigator on a research grant from the Australian Primary Health Care Research Institute, 'Process tools for evidence-policy transfer in Indigenous-mainstream primary health care partnerships'. Both current projects are piloting the use of social network analysis tools to both describe, and then improve, service partnerships.

Marisa Gilles

Marisa Gilles is a general practitioner who graduated in the United Kingdom in 1983. She became an Australian citizen in 1992. She is a public health physician with over 13 years of experience in rural and remote health care delivery. She holds a Masters in Public Health from the University of Queensland and a Masters in Applied Epidemiology from the Australian National University and is a Fellow of the Australian Faculty of Public Health Medicine of the Royal Australian College of Physicians. She has lived and worked in Alice Springs, Carnarvon and Geraldton. While Director of the Gascoyne Public and Community Health Unit from 1998 until 2003, Marisa's driving force was to expose and address inequity. As well as her passion for rural and Aboriginal health, her interests include prison health, bloodborne viral diseases, sexually transmitted infections and the role of the arts in health.

Andrew Harris

Andrew Harris currently holds a position as Associate Lecturer with the University Department of Rural Health, Tasmania and is conducting research into culturally appropriate counselling approaches for African men. He was formerly the Coordinator of the Phoenix Centre, the Tasmanian support service for survivors of torture and trauma.

John Humphreys

John Humphreys is Professor of Rural Health Research in the School of Rural Health at Monash University Bendigo. John is well known for his academic expertise and research on health service provision in rural and remote areas of Australia, rural workforce recruitment and retention, rural health policy and the evaluation of rural health programs. He has undertaken extensive fieldwork on rural health issues throughout rural and remote regions of Queensland, New South Wales and Victoria, and has published widely in books and journals. In addition to his academic career, John has worked in both the Victorian and the Commonwealth departments of health. John has taken a lead role in developing national rural health policies and is currently a member of several advisory committees for the Australian Government Department of Health and Ageing.

Peter Jones

Peter Jones is a consultant academic general paediatrician and lives in Tamworth with his family. He graduated from Sydney University's Medical School in 1988 and completed his clinical paediatric training in Canberra, Sydney, London and Newcastle. Peter completed his PhD in childhood asthma at Newcastle University in 2000. In 2002, he was appointed as a Director of the University Department of Rural Health in Tamworth. In 2006, he was also made Director of the University of Newcastle's Rural Clinical School, which is also based in Tamworth. He is an expert in both undergraduate and postgraduate medical education and has developed innovative workforce models for both rural specialist doctors and general practitioners. His current research interests include improving the quality of health care in rural areas, with a focus on improving health outcomes for rural mothers and their children.

Sue Kilpatrick

Sue Kilpatrick is an Associate Professor and Director of the University Department of Rural Health, University of Tasmania. She is also a Director of the Australian Rural Health Education Network and a member of the Tasmanian Early Years Foundation Board. Previously, she was Director of the Centre for Research and Learning in Regional Australia. Sue has been a member of reference groups on Australian national projects and initiatives, including the Australian Bureau of Statistics' development of social capital indicators. Her research focuses on rural issues, including social capital, vocational education and training, learning in rural industries, community capacity, and health and workforce issues. She has published extensively in these areas while working as a consultant and researcher with rural communities.

Ann Larson

Ann Larson is the Director of the Combined Universities Centre for Rural Health, Western Australia's only university department of rural health. As a demographer, Ann has a background in primary health care evaluation in Asia, Melanesia, and rural and Indigenous Australia. She has published some 50 peer-reviewed papers and chapters and, through her research and teaching, strives to improve the health of disadvantaged people

through better quality and more responsive health care and more equitable distribution of opportunities.

Quynh Lê

Quynh Lê is a Lecturer in Rural Health and the Graduate Research Coordinator at the University Department of Rural Health, Tasmania. Her current research interests include social determinants of health through multilevel analysis and spatial analysis, population health, health informatics and intercultural health. Her research-enhancing activities include co-editor of the online international research journal *Language, Society and Culture* (since 1997), manager of the International Conference on Science, Mathematics and Technology Education (1997) and she has a wide range of publications on health, cultures, education, and information technology.

Peg LeVine

Peg LeVine, PhD, is a clinical psychologist and Asian specialist with seasoned fieldwork in remote traumatic zones, such as Cambodia, Laos and Nepal. She is engaged in international mental health policy development in South-east Asia. She has trained in psychiatry in Japan and takes a contextual and emic approach to treatment of trauma in the refugee health field. She is an Associate Professor of Rural Mental Health at the University Department of Rural Health, Tasmania, and a senior research fellow at the Monash Asia Institute at Monash University in Melbourne.

Siaw-Teng Liaw

Siaw-Teng Liaw is Chair of Rural Health at the University of Melbourne and has a clinical background in rural medicine and academic general practice. He has significant expertise and experience with multi-methods research as applied to health services, systems and informatics research, and education. His interests centre on the safety, quality and integration of care across primary and secondary care settings in the clinical domains of therapeutics and prescribing, asthma, falls prevention, diabetes, and cancer risks screening and counselling. His current interest is record linkage and decision support applications to support better clinical care, population health and research. He was a member of the National Electronic Decision Support Taskforce, involved in the implementation and evaluation of such large-scale programs as the Victorian Clinicians' Health Channel, MediConnect and HealthConnect, and has conducted a number of studies on eHealth and electronic decision support. He consults and advises on a number of health informatics, primary care and health terminology issues. He is a member of the National Health and Medical Research Council (NHMRC) Human Genetics Advisory Committee and the National Prescribing Service Pharmaceutical Decision Support Working Group.

Helen Malcolm

Helen Malcolm was born and educated in Shepparton, Victoria. Before becoming a doctor, she worked as an entomologist at the National Museum of Victoria, then as a

teacher, before working at an orphanage in Bangladesh. After medical training, she practised in rural Victoria, United Kingdom and Tanzania in East Africa before becoming a general practitioner in rural Tasmania and Victoria. Helen is currently Associate Professor in Rural Medicine and Associate Head of the University of Tasmania's Rural Clinical School in Burnie, and continues to work in general practice, youth health and refugee health. She is also an Anglican priest. Helen has done some mental health research, as this is her special interest within medicine.

Jenny May

Jenny May is a rural general practitioner academic based in the Northern New South Wales University Department of Rural Health in Tamworth, northern New South Wales. She is a practising clinician with interests in women's health, mental health and the development of rural general practice models. She is currently the Deputy Chair of the National Rural Health Alliance.

Gary Misan

Gary Misan is an Associate Professor at the Spencer Gulf Rural Health School (SGRHS) based in Whyalla, South Australia. He is Head of Research for the School as well as a key researcher with the University of South Australia (UniSA) Centre for Rural Health and Community Development and a Research Associate of the UniSA Nutritional Physiology Research Centre. Gary's research interests include metabolic syndrome, chronic disease self-management, quality use of medicines, and early detection and management of chronic disease in Aboriginal communities. Gary is currently Project Manager for the Whyalla Shape Up for Life community-based diet and exercise study and was Project Director for the Sharing Health Care SA Chronic Disease Self-management Project which finished in 2005. He is also an accredited Chronic Disease Self Management (CDSM) Leader and licensed dual energy X-ray absorptiometry (DEXA) operator as well as a pharmacist. He has substantial research project management experience and has obtained over A\$3 million in research and project funding since joining SGRHS. He has over 40 peer-reviewed publications to his credit.

Jonathan Newbury

Jonathan Newbury is Head of the Spencer Gulf Rural Health School (SGRHS) and Professor of Rural Health at the University of Adelaide and the University of South Australia. He began his professional career as a procedural general practitioner in rural Victoria and moved to Adelaide to lead the rural medical education programs for the University of Adelaide medical school 10 years ago. He has worked in rural areas north and west of Adelaide that include rural pastoral and cropping country, beachside holiday and retirement areas with fishing as the main industry, and the mining towns of Whyalla (iron ore and steel production) and Roxby Downs (copper and uranium). He now lives in Port Lincoln and works clinically as a general practitioner two half days each week. SGRHS is based in Whyalla and manages clinical teaching for health professional students through the area bordering on the Spencer Gulf, South Australia.

Sue Page

Sue Page is at the Northern Rivers University Department of Rural Health (a collaborative venture of the University of Sydney and Southern Cross University) and Chair of the North Coast Area Health Service Advisory Council. A rural general practitioner and visiting medical officer at Ballina District Hospital and St Vincent's Hospital in Lismore, she is on the Board of the New South Wales (NSW) Clinical Excellence Commission and of the Northern Rivers Division of General Practice. Sue is a NSW ministerial appointee to several committees, including the Health Care Advisory Council, Expert Advisory Group on Drugs and Alcohol, and the Rural Health Priority Taskforce; and has been a Commonwealth appointee to the Pharmacy Professional Programs and Services Advisory Committee, Australian Medical Workforce Advisory Committee and both the Medical Indemnity Policy Review Panels. She was President of the NSW Rural Doctors' Association from 2002 to 2003 and President of the Rural Doctors' Association of Australia (RDAA) from 2004 to 2005, and is currently the RDAA representative on the National Rural Women's Coalition.

Collette Sheridan

Collette Sheridan is a general practitioner (GP) based in Shepparton, Victoria, where she combines clinical practice with a part-time appointment at the School of Rural Health, University of Melbourne as a Senior Lecturer. Collette graduated from the University of Queensland and, after postgraduate training, settled in Gladstone, Queensland, where she worked as a busy GP-obstetrician for 14 years. After a year's sabbatical in the United Kingdom, Collette relocated to Shepparton and completed her Masters in Public Health, including research investigating fetal growth assessment using customised growth charts. Her current research interests include women's health, especially antenatal care, and medical education, focusing on general practice and communication skills. In 2005, she presented the findings of her research work at the annual conference of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. She has authored and co-authored papers on fetal growth, antenatal care and rural health. Collette is also the current Vice-president of the Bogong Regional Training Network, responsible for GP education in north-east Victoria, and is an associate of the Australian National Piano Award, held biennially in Shepparton.

Juanita Sherwood

Juanita Sherwood is an Indigenous woman with a professional background in Aboriginal and Torres Strait Islander health and education which spans 26 years. Juanita has worked in rural, remote and urban communities in the Northern Territory, New South Wales and Queensland, and is now working for Queensland Health as Principal Policy Program Manager in the Aboriginal and Torres Strait Islander Health Directorate, Northern Area Health Service.

Sundram Sivamalai

Sundram Sivamalai is a Senior Lecturer at the School of Rural Health, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. He is the Coordinator of the Rural Health Module, which is one of the specialty units of the Medical Undergraduate Program. Sundram has a background in health, education, administration and research. He has been an academic for 19 years in the tertiary sector. Apart from academic life, he has worked with the new migrants in regional Australia for 25 years. Sundram was awarded the Centenary Medal by the Australian Government in recognition of his outstanding contribution to migrants in rural Australia. Currently, he is the Regional Chairperson for the Federation of Ethnic Communities' Councils of Australia.

Tony Smith

Tony Smith is Senior Lecturer in Medical Radiation Science at the School of Health Sciences, Faculty of Health at the University of Newcastle. He is located in Tamworth in the Northern New South Wales University Department of Rural Health. Tony has been a radiographer for more than 30 years and has worked in a variety of medical imaging facilities — rural and metropolitan, public and private. He has almost 20 years of teaching and research experience in medical imaging and has maintained part-time or casual clinical practice throughout that time. He has a particular interest in the provision of rural and remote radiographic services by rural general practitioners and nurses where no radiographer is available. In his current position, he also coordinates the interprofessional education program across a range of disciplines.

Nick Stone

Nick Stone has a background in education and training, performs various consultancy roles and is completing a PhD entitled 'Assessing Intercultural Effectiveness in Management' at the University of Melbourne. Previously, he was a Senior Lecturer, School of Primary Health Care at Monash University. He coordinated the establishment of interprofessional education (IPE) initiatives involving students from a range of health disciplines. Before that, he managed the Rural Interprofessional Education (RIPE) project at the University of Melbourne for more than 5 years. He is an active member of the Australian Rural Health Education Network (ARHEN) IPE Group. He has conducted and published work related to a range of IPE and education-related research and activities.

Judy Taylor

Judy Taylor has a background in senior management in the public sector in regional Queensland, with responsibility for planning, monitoring and evaluating community health and social care initiatives. After joining the Spencer Gulf Rural Health School (SGRHS) in 1999, she built on this experience by completing a PhD in rural community involvement in health service development. As research manager, she was involved in disparate applied research and evaluations in Indigenous health, mental health, family violence, and rural health model development. She now directs the Primary Health Care

Research Evaluation and Development Program and is enthusiastically involved in building research capacity. Her research interests are focused on the community determinants of health, capturing and measuring community factors that are related to implementing community health programs, engaging in health planning, and health service development. Soon she will publish a book for Oxford University Press with colleagues David Wilkinson and Brian Cheers, *Working with Communities in Health and Human Services*. She is a key researcher in the newly established joint University of South Australia — SGRHS Centre for Rural Health and Community Development.

Craig Veitch

Craig Veitch is the inaugural Professor of Rural Health at James Cook University's (JCU's) School of Medicine. He heads the Rural Health Research Unit, is the Director of the JCU Primary Health Care Research Evaluation and Development Program, and has a Research Cluster Chair in the Australian Institute of Tropical Medicine. He initially trained as a radiation therapist, working in Australia and the United Kingdom for 15 years. He subsequently studied epidemiology and health services research and has worked in the fields of primary health care, rural health, and health workforce research for the past 17 years. His research interests include rural health, health care seeking and decision making, primary health care, health workforce, rural road safety, rural cancer patients' experiences and health care decisions, and after hours primary health care. He has published widely in international journals and been a keynote speaker at many international rural events. Professor Veitch is on the editorial board of the e-journal *Rural and Remote Health* and the editorial advisory panel of *Annals of Family Medicine*.

John Wakerman

John Wakerman is a public health medicine specialist and general practitioner with a background in remote primary health care services, as a clinician, senior manager, researcher and educator. His current appointment is as the inaugural Director of the Centre for Remote Health. His interests include health services research, postgraduate management education, and he continues to work as a general practitioner in Alice Springs. At the time of writing, he is the Chair of the National Rural Health Alliance.

Sue Whetton

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