CRANA plus
improving remote health

issue 124 | summer/wet season 2021

magazine

the voice of remote health

Aboriginal and Torres Strait Islander readers are advised that this publication may contain images of people who have died.

From the Editor

Increasing health equity through the collection of data, the impacts of climate change on health, new introductions and celebrating successes are just some of the topics to enjoy in this edition of your CRANAplus magazine.

We are pleased to introduce new Board Member, Naomi Zaro, elected by the membership at the Annual General Meeting. Naomi is a proud Torres Strait Islander woman, a descendant of the Meriam people in the eastern Torres Straits, from the Dauar tribe and is excited to support the implementation of the CRANAplus First Peoples' Strategy. To learn more about Naomi see page 6.

In other sections of the magazine, students share memorable moments from their clinical placements in remote Australia and how it has impacted on their career directions; The Mental Health and Wellbeing team provide an update on a new online learning module 'Crucial Conversations' and encourage us to look after our nutrition. We also showcase the winners of the 2021 CRANAplus Awards and celebrate their commitment to remote health.

A sincere thank you to our speakers, sponsors, and delegates for your participation and support of the 2021 Inaugural Virtual Symposium. This enabled us to deliver an inspiring event connecting remote health professionals across the nation. Stay tuned as we are already planning an exciting event for you to attend in 2022.

Members, students, and stakeholders continue to contribute and share their stories in each edition. If you have an inspiring story which you would like to share with your remote health colleagues, please contact me at denise@crana.org.au

I hope you enjoy this edition of our magazine, wherever you may be around the continent.

Happy reading!

Denise Wiltshire
Marketing and Communications Manager
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CRANA plus improving remote health

About the Cover: A Remote Wound Program workshop held by the Australasian Foundation for Plastic Surgery at Batchelor Institute, NT earlier this year. Full article on page 88.

From the CEO

Dear CRANAplus Members and Stakeholders

At time of writing, we are in the lead up to COP26, the UN Climate Change Conference. The COP, or Conference of the Parties, are signatories of the United Nations Framework Convention on Climate Change (UNFCCC) – a treaty agreed in 1994 which has 197 Parties (196 countries and the EU).

Leaders from the across the globe are being asked to come forward with ambitious 2030 emissions reduction targets that align with reaching net zero by the middle of the century.

The climate is already changing, and it will continue to change even as we reduce emissions. We can all recall the devastating floods and bushfires of recent times and the effect on the health and wellbeing of so many people across Australia. The health impacts of climate change are also increasingly affecting many social and environmental determinants of health – clean air, safe drinking water, nutritious food, and secure shelter.

At COP26 there is an emphasis on enabling and encouraging countries affected by climate change to protect and restore ecosystems and make infrastructure and agriculture more resilient to avoid loss of homes, livelihoods and lives. I look forward to hearing the outcomes from the summit and how national leaders plan to work together to solve such a crippling problem that the world now faces.

We can only rise to the challenges of climate change by working together. Whilst we are not all global leaders, there is still much we can do on an individual level.

CRANAplus has a strategic focus on responding to the health impacts of a changing climate and is a proud supporter of the Climate and Health Alliance (CAHA). We endorse their current campaign, which calls on the Federal Government to develop a National Strategy on Climate Health and Wellbeing. You can help by engaging with the campaign which is featured on page 34 of this magazine. One small voice may seem insignificant, but when it is joined by many others, it is a force to be reckoned with.

As we head towards the end of 2021, I hope that you and your loved ones have the opportunity to come together at last. I look forward to connecting with you again in 2022.

Warm regards

Katherine Isbister
Chief Executive Officer
CRANAplus

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CRANAplus acknowledges the Traditional Owners and Custodians of the land, waters and sky, and respects their enduring spiritual connection to Country. We acknowledge the sorrow of the past and our hope and belief that we can move to a place of equity, partnership and justice together. We acknowledge Elders past, present and emerging, and pay our respects to the cultural authority of First Peoples.

Bush Support Line 1800 805 391

- A free, confidential 24/7 telephone support line
- For all health workers working in rural, remote and isolated communities, including Aboriginal and Torres Strait Islander health workers and practitioners, the allied health workforce, and other staff involved in health service delivery
- Staffed by psychologists with remote and cross-cultural experience
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- Available every day of the year
- Also available to family members of the rural, remote and isolated health workforce

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From the Chair of the Board

I can scarcely believe how fast this last year has flown. A big thank you to all of our members who participated in the October Annual General Meeting. I am delighted to be continuing on the CRANAplus Board along with fellow Board director, Dr Nicholas 'Nick' Williams, who was also re-elected.

On behalf of the Board, I would like to thank Vanessa De Landelles for her contribution to the Board over the past three years. I would also like to warmly welcome newly elected Board director, Naomi Zaro.

Board directors volunteer their time to oversee the governance of the organisation and set the strategic direction whilst ensuring it maintains financial wellbeing. I take this opportunity to give a 'shout out' of appreciation to the current Board as we move into this new year – John, Nick, Lyn, Belinda, Caitlin, Emma and our newest member, Naomi. Thank you for bringing your expertise, and passion for the wellbeing and future of CRANAplus and all it works towards.

On the Saturday of the recent October Board 'virtual' weekend workshop, the Board was provided an update from each of the CRANAplus executive streams relating to their current activities, achievements and identified areas for improvement along with their forward planning. We were impressed.

It was clear that each executive had clear interdivisional collaboration with all streams of the organisation. I have listed a few of the highlights.

The First Peoples' Strategy has become foundational to planning and decision-making across all aspects of the organisation.

The growth in CRANAplus membership has been significant and we are keen to see this continue to flourish as the organisation continues to grow its footprint of influence in the remote health space both nationally, and who knows, even internationally.

The launch of the new website has brought us to a new level of marketing capability, visibility and CQI opportunity. The Virtual Symposium was a highlight with overwhelmingly positive feedback.

With the ever-increasing focus on national Mental Health challenges, the strengthening of systems in the CRANAplus Mental Health and Wellbeing arm of the service has been a major piece of work to ensure CRANAplus systems meet the required clinical governance standards and needs of our workforce.

It was noted that although the Education arm was significantly impacted by the pandemic, with the cancellation of face-to-face courses due to travel restrictions and lockdowns, the team has a quality plan to ensure we maintain our unique tailored training.

Photo: Donna Lamb.

Photo: Libby Bowell.

I would like to sincerely acknowledge the incredible commitment of our volunteer facilitators who provide expertise and local knowledge that gives health professionals insight and skills relevant to working in the remote and isolated environment. Thank you!

The Board was pleased to see the internal health of the organisation in the good hands of the People and Culture team as they presented their strategies to build and support the internal wellbeing of the organisation.

The organisation continues to be in a solid financial position and I encourage those of you who are interested to read the financial report in the latest Annual Report which you can find on the website.

Thank you to the CEO, Katherine Isbister, for her commitment, leadership and passion to drive the strategic direction of the organisation. CRANAplus is in safe hands.

Sincerely

Fiona Wake
Chair, CRANAplus Board of Directors

First Peoples

Continuity of care in focus

At the CRANAplus Annual General Meeting in October, Naomi Zaro was voted in as the organisation's newest Board Member. A proud Torres Strait Islander woman, Ms Zaro is eager to support the implementation of the CRANAplus First Peoples' Strategy.

Aboriginal Health Practitioner Naomi Zaro happened to turn on her computer while working in a remote NT community, to discover she'd just been welcomed as the newest member on the CRANAplus Board. Within minutes, Naomi was attending a special Board meeting and getting to know her fellow Board members online.

"I am going to enjoy being able to contribute to the direction that CRANAplus is heading in relation to the First Peoples' Strategy," says Naomi, a proud Torres Strait Islander woman, a descendant of the Meriam people in the eastern Torres Straits, from the Dauar tribe.

Encouraging increased recognition of the roles of Aboriginal Health Practitioners (AHPs), especially in remote communities, is close to Naomi's heart, having worked in this area herself for 10 years.

"I feel that I can contribute to the organisation's First Peoples' Strategy focus," says Naomi, whose Board duties are now added to her existing responsibilities.

Originally from Kalgoorlie in WA, Naomi has worked for the past 18 months as an AHP for Sunrise Health Service, based in Katherine in the NT, and is about to complete her Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice. Naomi also has two children and four grandchildren.

"AHPs and RANs complement each other in providing a client-focussed service in communities," says Naomi.

She identifies the continuity of care offered by Aboriginal Health Practitioners working in their own communities as the most important aspect.

> "It's wonderful to go into these communities and meet clients and see the rapport they have with the AHPs, knowing they are reassured because they are able to see the same person; not having to repeat themselves over and over again."

"The AHPs, along with Indigenous staff in the centres, are also a fountain of knowledge for the other clinicians when it comes to cultural awareness," says Naomi.

> "The truth is – you don't know what you don't know. And they love to share their knowledge."

Naomi, who hails from desert country in WA, adds that she particularly likes visiting the nine different communities in the NT that her organisation services, travelling on outback roads, witnessing the wildlife and the colours of the landscape.

She has already clocked up three years of Board experience as the WA Director to the National Aboriginal and Torres Strait Islander Health Worker Association from 2016 to 2019.

Naomi is looking forward to networking with her fellow Board members and getting involved in learning and sharing knowledge and experience with remote clinicians. ●

Fulfilling a lifelong dream

This year's successful applicant for the Gayle Woodford Memorial Scholarship is Katie Yeomans, a proud Aboriginal Nurse of the Ngarigo Nation. A patient accumulator of the necessary experience, Ms Yeomans' post-graduate studies in remote health represent the final step on her journey to nursing on Country.

Ms Yeomans had just woken up at 4pm from a well-earned rest after her fourth consecutive nightshift in a Melbourne hospital when she saw an email regarding her Gayle Woodford Memorial Scholarship application.

"I thought, okay, maybe they've just replied to my email," she tells CRANAplus. "But I opened it and the first thing it said is congratulations. I thought, I can't believe it..."

"I was proud of myself and excited. It means I can live my dream now. I've always wanted to be a RAN since I started nursing."

Ms Yeomans' family are from Ngarigo/Monero Country in the Snowy Mountains, but she grew up in Braiakaulung Country in Traralgon, Victoria. In 2013, she completed a Certificate as an Aboriginal Health Worker and then, in 2016, her Bachelor of Nursing.

"I worked as an Aboriginal Health Worker in Traralgon for a Community Health Centre and loved it," she tells CRANAplus.

"It inspired me to be a nurse. I loved being out in community, making home visits, checking on my Elders, giving health advice and support where needed. But I thought I would challenge myself a bit more and go to metro and started working in Melbourne."

After multiple years of accumulating experience in Victoria's capital, she's eager to take the next step on her journey to being a remote area nurse.

"It just felt like the right time to fulfil this next part of my career," she says. "Because I love being in community so much, I want to go back to being on Country. I do have Aboriginal people come onto the ward and it's great that I can be there for them. But it's just so much better to go and meet them in community and help them in their comfortable place.

"There's still that fear around my people accessing mainstream health services. Sounds bad that we've still got mistrust around trusting the white man, but I think it's really important to get Aboriginal people in the community because I think it does build that trust, that relationship that is needed."

Earlier this year, Ms Yeomans applied for a remote position and proceeded to the last stages of recruitment, but missed out on this occasion due to not having ICU and ED experience.

She did, however, organise a remote placement through the same organisation for August 2021, but as Melbourne's COVID-19 situation worsened, she had to postpone this – an unfortunate development, but one she has been able to take philosophically.

"I have found that to be a remote area nurse you do need that ongoing, that further training; to do the post-graduate, minimal," she says.

She now intends to work on her post-grad over 2022 and to enter a position as a remote area nurse in the not-too-distant future, perhaps in Central Australia.

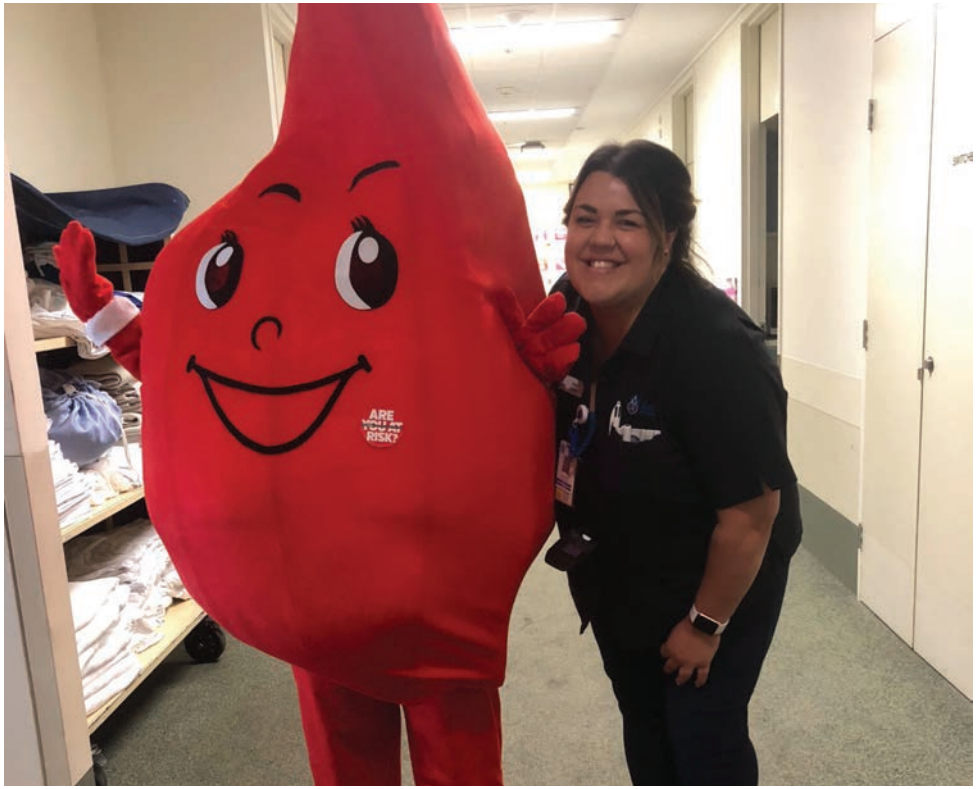
"I hope to fly-in, fly-out because family is very important to me," she says.

"But I might spend my whole life there – that's also a possibility."

"I'm really passionate about Aboriginal people being on the ground level with the community," Ms Yeomans continues. "I think it's about working with community, asking them what they want, rather than going in guns blazing and pushing our way through, saying you need to do this and improve this. It's actually asking: 'What do you want from your life?' and giving that ownership back."

Ms Yeomans says that she hopes the fact she secured this scholarship can be an inspiration for other Aboriginal nurses like herself to pursue these opportunities.

"Don't be afraid," she says. "Keep pushing towards your dream, because I didn't think I'd get this scholarship, but here we are!"



Getting the #JabDone

Far North Queensland's Wuchopperen Health Service discusses its unique engagement-focused approach to the COVID-19 vaccine roll-out, which includes community events, pop-up clinics and creating culturally safe spaces for conversations about the jab.

Wuchopperen Health Service is an Aboriginal and Torres Strait Islander Community Controlled Health Organisation that has been delivering culturally appropriate, comprehensive primary health care to Aboriginal and Torres Strait Islander people in the Cairns region of Far North Queensland since 1981.

CEO Dania Ahwang says it has taken dedication, innovation, and a great team to deliver the COVID-19 vaccine roll-out to their clients, but admits there's still a lot of hard work to be done.

"Thanks to closed state and international borders we have been protected against COVID-19, but the pandemic has and continues to challenge us all," Dania tells CRANAplus in late October, as the countdown to open the Queensland borders to the rest of Australia in mid-December commences.

"We know that vaccines for COVID-19 are the best first line of defence to protect our community today and into the future, and not just everyone who gets the jab but everyone who is connected to that person, that family and their immediate and wider community," she says.

"We acknowledge and thank the thousands of our clients who have already come forward and had the vaccine.

"We also respect that it is every community member's right to have or to not have the vaccine – but as an organisation whose responsibility it is to improve the quality of life for Aboriginal and Torres Strait Islander Peoples, we won't stop until we have had an informed discussion with everyone in our community about the risk of COVID-19 and the benefits of the vaccine, and we are confident that they understand how best to protect themselves and their family from this virus."

From top: Jab done! Wuchopperen Health Service Board Member, Semara Jose; Jab done cupcakes.

Supplies may have restricted early vaccination numbers across Australia, but misinformation is also influencing vaccine uptake in Aboriginal and Torres Strait Islander communities, says Rachael Ham, Deputy CEO and facilitator of Wuchopperen's COVID-19 vaccine roll-out.

"We have had an established vaccine clinic for months now, at our Manoora site, and seen a steady stream of people through the doors," she says. "But in October numbers slowed and we believe hesitancy, driven by the lack of correct information, is to blame.

"Government campaigns have raised awareness about the availability of the vaccine and created discussion, but not always the right or correct conversation; and we need to turn that conversation around.

"So what we've been doing, and we've been learning and innovating as we go, is in addition to our Monday to Friday vaccine clinics, we've created additional safe and culturally appropriate spaces and opportunities for community to come forward and get that right advice, through a conversation they understand by a person they know and trust, and in an environment that is familiar and welcoming."

Since late August, every three weeks, either on a Saturday or weekday evening Wuchopperen has held vaccine events in the style of a community celebration, featuring live music, a barbecue or traditional dinner, kids' activities and entry to a lucky door prize for everyone that gets the #jabdone, a hashtag which has been central to the service's unique engagement-focused approach.

"While our clients now live in the Cairns area, their families originate from all over Cape York, the Torres Strait and north Queensland and we all have one thing in common – we love to get together. We love our music, our food and a good yarn with family," Rachael says.

"We have seen community members who got their jab at our first event come back for the second and third [event], bringing extended family members and encouraging them to get the vaccine."

Top, left to right: Deputy CEO Wuchopperen Rachael Ham, Esmee Tafe (Tropical Public Health Service CHHHS), CRANAplus Executive Director of First Peoples' Strategies Dallas McKeown, Dr Oscar Whitehead (Tropical Public Health Service CHHHS) and Executive Director Aboriginal and Torres Strait Islander Directorate CHHHS Joy Savage. Above: The Lyall family had their jab together. Opposite page, left to right: Lynn Yeatman jabbing Karlena Hobson; Community radio BBM hosted an outside broadcast; Jabbing in the park, Edmonton, Irene and Steph; Dania Ahwang and Rachael Ham.

"This is how we as an organisation and a community work. We talk to each other, we trust each other. And with the majority of Wuchopperen staff identifying as Aboriginal and/or Torres Strait Islander people, we're almost all connected in some way, and we love these events too. We've got deadly staff here."

With more vaccine events planned, Wuchopperen knows that there will always be the 'hard-to-reach people' who won't walk through the clinic gates, but they may drop into a park on the corner of their street. So 'pop-up clinics' in community spaces, sports fields, parks and community hubs have been added to the health service's jabbing tool kit.

"These pop-up clinics are about getting closer to the front door of our community and answering their questions in a safe space and in a trusted way," Rachael says.

"On our second day out in a local park, we had a lady who happened to be driving past and saw our 'COVID VACCINE HERE' sign. She stopped for a chat, she said she was a sceptic, she wanted more information and within about 10 mins she had her first dose. I'll admit that felt so good."

And while Rachael and the team are having wins, Dania admits that they're also realists.

"We know that with every day we are getting closer to the opening of the Queensland borders and that will mean COVID in our community, which will mean our non-vaccinated, particularly our already sick and vulnerable clients, getting very sick, being hospitalised or possibly worse," Dania says.

"Research tells us that if you are fully vaccinated you have less than 10 per cent chance of worst-case scenario if infected with the virus. That's why we have got to find ways to encourage our community to get the jab. We're not giving up. We will continue to innovate and adapt, work hard and walk the streets if we have to, to make sure we do everything we can to protect our mob."

In Focus

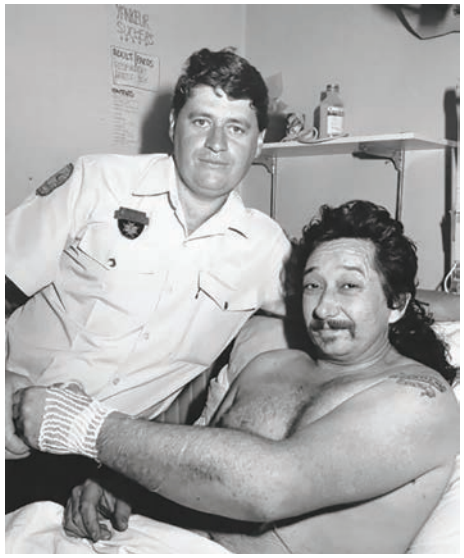
Facilitating at workshops is Ken's passion

Ken has participated in rescues following natural disasters, been a stand-by paramedic for your favourite reality TV show, and facilitated CRANAplus courses for 14 years. But it's the remote workforce's ability to provide care to familiar community faces that impresses him most.

Ken Iles, a rescue and intensive care paramedic with the NSW Ambulance Service for 37 years, happily puts up his hand to say his working life has been like a Boy's Own Adventure – from attending major disasters to being on standby first-aid duty for TV reality programmes.

But his major passion is as a facilitator for CRANAplus.

"A lot of the time it's the helicopter crew that gets the kudos for successfully saving lives after accidents. But if it wasn't for the hard work of the first responders, the local health workers, there would not be any successes," says Ken.



Top: Ken still tending his patient after a marathon rescue effort in the Workers' Club, Newcastle. Above: Ken visits Rick Murray in January 1990, a man he rescued during the Newcastle earthquake.

"I have enormous respect for rural and remote health workers. I can disassociate myself from a lot of things I have done because I arrived and then transferred the patient with care to the hospital. But I didn't know these people.

"These rural and remote nurses, they will know them or of them, maybe even been at their birth. How they can do their job so well with that connection is awe-inspiring."

"One of the things, when we talk about disasters, are the effects on society. When you think of it, even a small incident in a small town will have a significant effect on the town for years to come, for generations."

Ken looks back at many instances where he's been impressed with the dedication of rural and remote health workers and recalls one particular story of being called out on a Friday night to a car accident in a fairly remote area with a small hospital where there were a significant number of injuries.

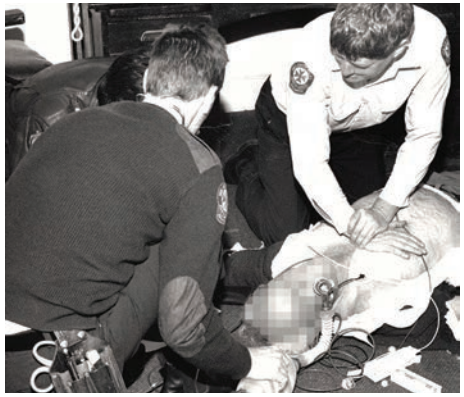
"The nurses and the SES staff and the ambulance staff, they all seemed to be more 'tidy' than you would expect. One was wearing gold earrings, another high heels," Ken mused. It happened to be the night of the local area ball. "They left the ball to come and treat these people who were injured. They put their fun aside and came to work. Selfless. That's what they are.

"So if I can give back by talking, transferring what I have learned, I see that as a good thing. I was not greedy, not holding onto my knowledge."

Ken, who has been facilitating Remote Emergency Care (REC), First Peoples' REC, and Advanced Life Support courses for 14 years, considers the hands-on stations to be invaluable.

"They are a terrific opportunity to teach skills and techniques, and also they allow participants to discuss matters," he says. "Sometimes people might be overawed in a large group, but when they get into the smaller groups, that's when they tend to raise concerns. In addition, the hands-on stations allow the facilitator to assess skills a lot better."

"I've had some adventures," acknowledges Ken, who started his medical career in mental health before moving to the NSW Ambulance Service in Newcastle, first as an ambulance officer, then training in rescues and moving to work on the helicopters as an intensive care paramedic. (Nowadays, the medical person on board has to be a doctor.) ▸▸



Above, left to right: Ken worked as a paramedic in Israel for a short time; Ken removing an injured seaman from the hold of a vessel off Newcastle; Ken treating a spinal injury in his helicopter days; A photo taken by a news crew at a genuine cardiac arrest. The gentleman was resuscitated and lived for another five years.

During his career, Ken was involved in rescues following the Newcastle earthquake in 1989 and the Thredbo landslide disaster in 1997. He was invited to go to Israel to work with the Israeli Ambulance Service and trained first responders following the tsunami in Thailand in 2004.

Ken officially retired nearly four years ago, but can't help himself. Before COVID-19, he worked in first aid at music events and took the opportunity to do standby first-aid work on programmes such as MasterChef, Drunken History and Married at First Sight. He is currently working in the gas production and trucking industries undertaking rapid COVID-19 antigen testing.

But working on the CRANAplus remote workshops will always be top of his list. ●

People power

Meet Nicole Smith, Michelle Price and Leanne Laurie, three new CRANAplus Remote Clinical Educators who started in the last half of 2021. We discuss their backgrounds, what makes them tick, and the important role they'll play in developing CRANAplus course delivery and maintaining the highest standards of education.

CRANAplus has hired three new remote clinical educators to expand its capacity to service growing demand for contextualised education in the remote setting, and to increase its flexibility and people power to deliver across states and territories during the pandemic and into the future.

The new starters will be working on updating existing courses to match the latest clinical guidelines and developing new learning opportunities based on the needs of the workforce. They'll be helping to coordinate existing and potentially new courses and to deliver them, on the ground as educators.

Nicole Smith, Michelle Price and Leanne Laurie were all drawn to the Remote Clinical Educator role for similar reasons: they recognise the challenges facing health workers in rural and remote locations, they respect the skills of facilitators, and they value the fact the courses are contextualised to remote needs.

All three spoke highly of remote health workers, pointing out how crucial it is for them to have to have good all-round skills to be able to manage any situation that walks in the door, with limited medical support.

They also felt the face-to-face workshops were important for remote health workers, providing participants with networking opportunities, and the chance to debrief with other people in the same position.

Nicole Smith

Registered Nurse and Midwife Nicole Smith from Victoria has a critical care background, but has "done a bit of everything", having worked in Queensland, the NT, NSW and Victoria in private and public hospitals in both major towns and regional areas, as a RAN, and with the Royal Flying Doctor Service.

"I've had the opportunity to travel and work in different places, see and experience different things, and, for me, I think that experience has made me a better nurse and a better person."

COVID-19 has provided her a silver lining, which is a big statement, considering she's spent many months in lockdown in Victoria.

"I've always wanted to work for CRANAplus, and I've been a facilitator in CRANAplus courses in the past," she says. "But I didn't have the ability to be based permanently in Cairns, Adelaide or Alice Springs."

"COVID-19 has encouraged organisations to explore how they can be more flexible and this position I am in now is perfect. The best of both worlds – remaining in Victoria, working from home on course materials and conducting the online component of courses and, where possible in the future, attending workshops in other parts of the country."

This job also allows Nicole to get her fix of remote Australia, which she loves.

"I love the red dirt and the blue skies; the red dirt and the blue seas," she says, pointing out that it's also a great opportunity to get away from the bustle, to tune out. ▸▸

In late October, Nicole had spent her time in the job so far looking specifically at the triage course and helping with hybrid courses. She is looking forward to 2022 when she can increasingly be involved in face-to-face workshops.

"I feel privileged that I can not only share and pass on my knowledge, but gain and improve my knowledge from the remarkable workforce that I get to interact with."

Far left: After a REC course in Alice Springs. Above: Nicole at a REC course in Alice Springs. Left: Nicole having a BBQ at Fannie Bay, Darwin.

Michelle Price

Michelle Price, an Endorsed Midwife, said it became evident earlier this year, when she undertook a secondment in country WA, how hard it was for her co-workers to access quality education.

"It was two hours from Perth, not rural or remote but certainly country, and it made me realise how lucky those in metropolitan areas are to have education at their fingertips."

"It was the role I had been looking for," says Michelle, of the role as a Remote Clinical Educator for CRANAplus' Midwifery stream. "Having been an academic previously in my career, and knowing how fulfilling teaching was, I was keen to be involved.

"The CRANAplus courses give face-to-face education to those in rural and remote areas, our front-line health staff... I think it is something special that CRANAplus offers – face-to-face contact with educators and hands-on skill stations to practise lifesaving maternity skills."

On top of her teaching background, Michelle has worked in all areas of midwifery: in midwifery group practice, metro, country and tertiary hospitals, private and public, as well as private practice as an Endorsed Midwife.

Michelle's role at CRANAplus is Remote Education Coordinator for Maternity Emergency Care and Midwifery Upskilling courses.

Her role involves working behind the scenes to organise courses, but also presenting, facilitating, running skills stations, developing power points and pre-learning modules, and conducting assessments on the day.

Above, left to right: Rita Ball (course coordinator), Bridie Foster (midwife/facilitator), Glenda Gleeson (midwife/facilitator), Michelle, Amanda Wee (doctor/facilitator).

"I learn as much as teach," says Michelle whose calendar leading to the end of 2021 has been filled with courses in Darwin, Broome and Adelaide.

"I love teaching and have mentored junior staff since I graduated 15 years ago, and I love passing on the skills I have learned, and imparting knowledge to deal with sticky situations."

Such situations are not new for Michelle who entered the world of midwifery when she herself lost a baby.

"That experience with a wonderful midwife made me feel this is what I'd like to do," she says. "It's such an amazing job and I knew I wanted to do that sort of thing."

Leanne Laurie

Leanne Laurie from WA, a child health nurse, midwife and nurse practitioner, has been working rural and remote all her nursing life. Her first job in 1982 was at Wyndham, the most northern hospital in WA – and that experience set her on her nursing pathway.

"Working rural and remote you realise the difficulty of attaining education, being able to attend courses," she says.

"That's the beauty of CRANAplus, what sets it apart. The courses are taken into the rural and remote workplace, and they're specifically designed for people working out there dealing with limited resources, limited workforce and limited education opportunities."

Leanne facilitated a few courses this year before taking on the role of remote clinical educator.

"It's great for educators to get out to these remote areas to be able to talk to the remote health workers in their surroundings" says Leanne, who has been busy so far in 2021 in WA, NT and SA and Tasmania.

Early in the year she facilitated courses both in Maningrida and Nhulunbuy in Arnhem Land in the Northern Territory, highlighting for her the importance of health and education in remote Indigenous communities.

"It's a privilege to go into these communities and work with the Aboriginal Health Workers," she says. "They have a real understanding of what is needed in the communities. They are able to advocate for their communities, and the people in the communities have that trust that things are being done for their benefit."

With shortages of health workers throughout Australia and the huge pressures on existing staff to work extra hours and take on additional duties, the role of CRANAplus courses is more important than ever, Leanne believes.

"The shortages are caused by numerous factors," she says. "We don't have the overseas nurses coming in, and a lot of the agency nurses have, in the past, come from New Zealand and other countries.

"Also, vaccination centres and COVID-19 testing centres have taken many health workers out of the workforce. In addition, older nurses are being advised not to work in certain situations.

"Nursing today in Australia is challenging.

"One benefit of the face-to-face workshops run by CRANAplus around the country, is the ability for more people to participate. When people have to travel long distances, half the time away from work is spent getting to the course, and managers may be able only to free up one person to attend.

"With workshops run in centres close to communities, more people can take advantage of the opportunity," Leanne says.

Working for a fair and equitable society

Dr Scott Davis, a Fellow of CRANAplus, has worked in remote health for 30 years across the north of Australia and internationally, always with an eye on creating opportunities to support the training, education and supervision to grow the next generation of health professionals.

A few years ago Scott took the career decision to move upstream, as he puts it, from service delivery, programme design and policy development in the public health and primary health care arena, to working directly with rural and remote communities and traditional landowners to address the social determinants of health.

He's proud of the projects he's been involved in and loves his work. At the same time, his ultimate objective is to make himself redundant so that communities and services are sustainable and resilient. Here's his story.

11 years ago, Scott returned to Cairns in Far North Queensland to be closer to his ageing parents.

"I have to say I have fallen in love with the place all over again," he says. "I do think going away and coming back allows you to get perspective. Rural and country towns work on relationships and reciprocity.

"Building long-term relationships allows a community to understand who you are and how you contribute to that community, and the values that underpin what you do."

"One of the things I think is really important for anyone who works in regional, rural and remote communities is understanding and respecting the communities and the people you serve.

"Investing in building this relationship and understanding of the community is a really important part of my professional journey.

"It's important to spend time in the communities you serve, good to be reminded of the reason why you do the work that you do.

"Sometimes it might seem that the task is enormous, but over time with sustained commitment you can see the differences in the lives of people."

Scott has been a director for four years with My Pathway, a socio-economic development company that works in partnership with regional, rural and remote communities.

"One project I am particularly proud of has been setting up an Indigenous-led remote NDIS programme in a remote community in Queensland where all the staff, apart from two, are local people from the community who are providing care and support for people with disabilities in the community.

"This programme has so many benefits. It gives local people employment and the opportunity to gain new skills and career prospects. It is being developed and co-designed in a way that is culturally appropriate, safe and sustainable and is done in partnership with local organisations – reducing the reliance on people flying in and out to deliver care.

"The exciting thing is you see people in the community getting care for the first time, provided by members of their own community. This is helping to rebuild and strengthen bonds and it's all achieved within national guidelines."

Scott is also working with traditional owner groups to look at where there are opportunities to build local workforce and enable economic self determination in their communities.

"There's a range of social issues that we know are important for good health outcomes – a strong community, supportive families, healthy environment, and access to education and employment opportunities: all are determinants of good health in a community.

"The journey to self determination is one I am committed to," Scott says. "Everybody has a right and ability to make decisions in their own interests and those of their community.

"I would argue many of our Indigenous leaders today have come through that process. They have triumphed over adversity to excel. There are many more who maybe don't yet have the same opportunities. ▸▸

"What I am talking about is having a structured, systematic approach which allows individuals and communities to move forward more quickly than in the past.

"My role in all of this is as the person behind the scenes, helping people to build skills and capacity and allowing them to go along their own journey, so people have the best opportunity for employment and to be leaders in their communities.

"People grow into their roles, and it is naïve to expect anybody to be an expert at the end of a training programme."

"It's always a learning journey. Mistakes are not the end point in my mind. They are an opportunity to learn."

Scott believes valuing knowledge in all its forms is a conversation that is starting to emerge, and that supporting communities to build on that knowledge creates a strengths-based approach to social and economic development.

"In health there's a move towards recognising the important role of generalists with a well-rounded skill base with perhaps advanced skills in a particular context," Scott says.

"You certainly don't want people making clinical decisions outside their range of scope. Safety and quality is crucial, but we have to be careful of not ignoring the benefits of multidisciplinary roles.

"It's important to look at the assets in regional, rural and Indigenous communities, not the deficits. There is a danger of seeing these communities as lacking. I would argue that there are many assets within these communities.

"It's also important to provide a supportive environment for people to return to do work in a traditional context and value that work. It plays a strong role in building a sense of identity and strengthening culture.

"In addition, we need to recognise that culture and communities are constantly changing. There seems to be a view here in Australia that they are static. They're not. Within the community there is always an element of flux."

"The resilience of people in rural and remote communities is impressive. They cope with all manner of obstacles, lack of resources and the disadvantages of distance."

"At the same time, we must ensure we are not forgetting those who need support, the most disadvantaged within any community," he says.

"I'm talking about all groups, not just Indigenous people. People with disabilities, the LGBTIQ community and so on. It is important we don't leave people behind, that we facilitate and support self-determination and create an environment which supports it to happen.

"I believe that all of us, no matter what role we play, should be thinking about how we build and support the capacity of others.

"We have an obligation to engage and support the most disadvantaged. That's the only way to have an equitable and fair society." ●

Lightening the burden

Clockwise from above: Molly Gladman (left) and Jessie Modra (right); Friends at the lake; At Tennant Creek Hospital.

Ballarat-based nursing student Molly Gladman's four-week placement in Tennant Creek saw her gain experience in the general ward, midwifery clinic, renal dialysis unit, and GP clinic. Confronted by the inequitable burden of disease faced by Indigenous Australians, she finished placement with a new resolution.

The opportunity to work in Aboriginal and Torres Strait Islander health has long been an ambition of mine. I am 26 years old and am currently in my final year of nursing at Australian Catholic University in Ballarat, Victoria.

I grew up in a small town just outside of Ballarat, and although I have spent the majority of my adult life travelling and working throughout Australia and various countries overseas, I still had very limited personal exposure to Aboriginal and Torres Strait Islander culture, community and their experiences of health.

As my second year at university came to its conclusion, I began to seek the opportunity to undertake a third-year clinical nursing placement in an Indigenous community in the Northern Territory. I discovered the Centre for Remote Health (CRH), which is a government-funded organisation providing health-related tertiary education opportunities throughout Central Australia. I contacted their team who were incredibly helpful and willing to facilitate a clinical nursing placement opportunity on my behalf.

A four-week placement in April 2021 was organised at Tennant Creek Hospital with an additional spot fittingly awarded to Jessie Modra, a fellow Ballarat ACU nursing student. The two of us set off together as complete strangers to each other, and to Tennant Creek.

Our stay was accommodated by Flinders University and coordinated by their Tennant Creek Placement Support Coordinator, who graciously guided and supported us throughout our stay. Jessie was placed in the Emergency Department for four weeks, while I spent three weeks in the 20-bed general ward, two days in the Renal Dialysis Unit consisting of 16 chairs, one day in the Midwifery Unit, and two days in the hospital-run GP Clinic.

From day one, the inequitable realities facing Tennant Creek's Indigenous community were blindingly evident. From a health perspective, I was confronted by a staggering burden of disease – many conditions of which I had never heard of – at grossly-disproportionate prevalence rates, which are often on par with some of the poorest developing countries in the world.

This inequitable burden of disease and its subsequent diminished quality of life standards were particularly evident in the Renal Dialysis Unit, where community members as young as 40 years old were receiving Haemodialysis.

Despite this, the most confronting revelation I took away from this experience was still the disempowerment I saw within the Aboriginal community in Tennant Creek. It was this sense I got that their voices remained unheard, and that some people did not seem to realise that they deserved so much more from life than what has been available to them.

This experience was truly life-changing and marks the starting point in my career that endeavours to help improve Indigenous health standards. I think it is incredibly important for continued awareness to be spread about the realities our Aboriginal and Torres Strait Islander communities face, primarily from the voices and perspectives of our Indigenous populations. Continued work placement and training opportunities available for students and professionals across Australia are great enablers for continued progression towards closing the gap.

I thank all those involved in making this experience a reality, particularly CRANAplus for their financial support. ●

This CRANAplus undergraduate remote placement scholarship was sponsored by AussieWide Transport.

Paramedicine, 750km from home

On the wide open plains of southwestern Queensland, hospitals and outside help may be far away. Nicolas Stanford reflects on his time as student paramedic on Charleville Station, the importance of thinking outside the box, and the inspirational professionals he encountered.

My placement with Queensland Ambulance Service to Charleville for two weeks can only be described as one of the best experiences I have had as a student paramedic.

Initially, I was hesitant to apply for a rural placement because the distance and the location can be daunting. But after expressing an interest in remote, rural, and austere medicine, I thought: what better way to try it for real than to travel over 750 kilometres to the Southwest Outback of Queensland?

My university, Australian Catholic University, sent out EOIs for rural placements at the start of the semester and I thought "this would be an excellent experience".

Immediately I was in awe of the wide-open plains and limitless farms that stretched out around me on the drive from Brisbane; a huge difference to the packed and busy streets of South Brisbane where I currently live.

My first shift at Charleville Station was filled with meeting the other Paramedics who worked there, and hearing about and learning from their experiences, which included highway car rollovers, multi-casualty farm accidents, and numerous transfers to the Royal Flying Doctor Service.

Throughout my placement I met more of the health workers operating throughout the Southwest Health area, such as nurses, doctors and community engagement teams. I was amazed at the calm and relaxed demeanour they showed when talking about caring for patients in settings where definitive care may be hundreds of kilometres away. I enjoyed working on road and treating patients in Charleville and hearing their stories of lives lived on cattle farms as stockmen, or of people who moved out West for 'one year' and ended up staying for 20.

One of the biggest learning points for me when practising paramedicine in a rural setting was learning how to think outside the box in relation to how best to treat a patient. In metro services you are never too far away from a tertiary level hospital or a critical care paramedic, whereas out in Charleville and rural Queensland, paramedics often respond by themselves and are expected to get the patient in a stable condition and to the local hospital with little resources.

This has impacted my current practice and made me more excited to explore the different areas of paramedicine in a rural setting.

I did get plenty of time for travel and for seeing what outback Queensland has to offer, and even managed to make a trip out to Muttaburra to see the famous dinosaur – a childhood dream of mine.

Although my placement was short, I learned so much from the paramedics at Charleville Station that will impact me throughout my career. I want to thank the station and all those who took the time to mentor me and teach me. I also want to thank CRANAplus for providing the undergraduate placement scholarship that made placement much easier to manage financially, and for their support throughout. ●

This CRANAplus undergraduate remote placement scholarship was sponsored by Bellette Media.

From Katherine to Port Augusta

Kelly Ramsdale recollects the memorable moments from her professional experience placements – such as learning traditional weaving and the removal of a fist-sized carbuncle – and highlights the importance of listening to and engaging with communities rather than relying on 'statistics or boardroom publications'.

When I embarked on my new study journey as a mature aged student, I expected to expand my knowledge, learn new skills, and develop my career potential. But never did I think that my Bachelor of Nursing degree would introduce me to the world of rural and remote nursing, including Aboriginal and Torres Strait Islander health, nor that it would allow me the opportunity to gain hands-on, real-life experience.

My mum has always said to me: "If you find a job you love, you will never work a day in your life." I think I have found a career which combines work with passion, so I never have to work again (in theory)! With two rural Professional Experience Placements now completed, I have caught the bug and am now planning my transition in rural nursing once I complete my studies in 2021.

Through Flinders University Northern Territory program, I was able to undertake four weeks placement in Katherine and Districts Hospital. In the 'Crossroads of the North', the FNT team are amazingly supportive and genuinely knowledgeable about rural and remote health, the interface between First Peoples communities and the health care services.

I started my placement with an Orientation to the Katherine Region Cultures and Context training, where I learned about the Jawoyn and Dagomen people who first inhabited the area, to the many languages of the region (there's 27!) and also about the many intricate dynamics in Aboriginal families, giving me a much deeper understanding of the patients I would be treating in the hospital setting.

This really helped me as I was soon to learn that we nurse differently in a First Peoples community, sometimes performing vitals under a tree outside, or speaking with a patient's mother or father, aunt or uncle rather than directly to the patient. This approach embraces 'cultural safety'. What you read about in a textbook is only ever one facet of the experience. I soon learned that in order to be a RAN working in Aboriginal communities, I will need to learn a lot more than just clinical skills.

While working in the adult medical-surgical ward, I was amazed at how many common conditions had exacerbated and left people requiring hospitalisation, such as skin and wound infections, T2DM, and cardiac conditions including Rheumatic Heart Disease.

Above: Kelly completing a 5km park run, Pt Augusta. Opposite page, from top: Kelly poses with statue of late Mayor Joy Baluch AM, Pt Augusta; Whyalla's unique jetty scenic view; Artist, Noreena Ashle from Wugularr.

Among the incredible experiences during my time here, was the opportunity to attend a surgical debridement of a fist-sized carbuncle from a young man's back – which was not the biggest the surgeon had seen!

Away from the clinical floor, the university organised a special trip to an Aboriginal community, Djilpin (South of Katherine, near Barunga) to meet with locals and engage in the art of weaving, a special experience reserved only for women.

Despite the language barrier, I really enjoyed sitting down on the ground with the women, who explained how they gathered the Pandanus leaves and stripped and dyed them many months before they would start the weaving sessions.

These weaving sessions were a way of sharing knowledge, passing it down through the generations as the women sat together to create baskets, rugs, tools, earrings and more. They were able to produce small baskets in the time it took me to create an odd-shaped, mini-coaster sized weave!

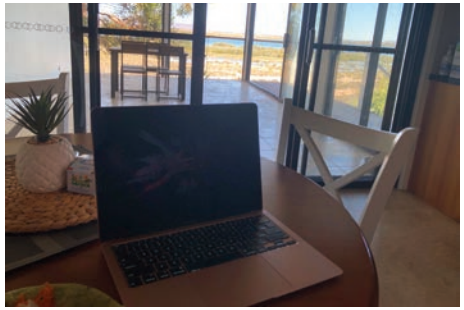
This showed me just how much time and effort goes into some of the hand-made crafts that you see for sale at the many local markets.

Katherine was not just about clinical skills development, but was also a chance for me to experience life within a community where Aboriginal and Torres Strait Islander and Western cultures intertwine.

Two very different experiences can occur when this happens; this was either going to 'make or break' my passion. Safe to say it made it!

My second PEP was a world away in the Emergency Department of Pt Augusta Hospital where no two days were ever the same.

We went from cleaning and restocking IV and resus trolleys one minute, to all hands-on deck 'Priority One' life-or-death situations the next. ▸▸



Above: Student accommodation looking across the Gulf; A tranquil study window view; The top of Spencer Gulf.

A highlight of my placement was working closely with the Royal Flying Doctor Service and MedStar as patients were retrieved from remote areas with little to no trauma capacity or transferred to big city hospitals for specialised treatments. Here, I was again practising cultural safety but with more volatile working capacity within a busy ED and I saw lots of mental health, drug and alcohol presentations and more than one 'Code Black' security breach.

Although at times confronting, this did little to dampen my spirits, and among the chaos I was able to share some memorable moments. One that I will cherish was treating an elderly woman, who began teaching me Pitjantjatjara and Barngarla language, and who shared with me the history of her family and even invited me to come learn more language skills at her home. I was welcome anytime!

Knowing that I wanted to work in Indigenous and rural health care is one thing, but I now appreciate the importance of getting out into the community and living what clients live, hearing their stories and histories, and finding out how I can be helpful based on what they're telling me, not the statistics or boardroom publications.

Being supported by CRANAplus and FNT to follow my dreams has been amazing, and I would urge anyone thinking about a rural placement to explore CRANAplus' opportunities and just give it a go! ●

This CRANAplus undergraduate remote placement scholarship was sponsored by Zeitz Enterprises.

Helping people become 'health seekers'

Lesley Salem became Australia's first Indigenous Nurse Practitioner 19 years ago. Now, she works in Doomadgee in Far North Western Queensland where the 2017-founded primary health care service is encouraging people to become active 'health seekers'. But self-determination doesn't happen overnight and Salem views her life's work as just the beginning.

"I always wanted to help a community that was in need," says Lesley. "The health statistics here [in Doomadgee], where life expectancy is 49, are some of the worst in the world. Rheumatic heart disease is rife, a condition that's rare in most high-income countries, yet in Australia it persists in Aboriginal and Torres Strait Islander peoples. It is preventable. Hundreds in this community have diabetes and malnutrition."

Lesley has been working for four years with Gidgee Healing after being sought out by the Aboriginal healthcare provider when it opened Doomadgee's first ever primary health care service in 2017.

Until then, the community of around 1400 had one tiny hospital with a couple of rooms for emergencies "where you only went if you were sick," says Lesley. Today, Lesley sees her role as helping locals embrace prevention and become 'health seekers.' And she says it's working.

"Engagement with people in the community is wonderful," says Lesley. "We are succeeding in encouraging people to enrol with us.

"We can then identify their chronic diseases – we find adults have at least three – and put management plans in place. We encourage regular health checks – not wait for something to go wrong." ▸▸

Rheumatic heart disease, caused by repeated infections such as impetigo, skin sores and scratchy throats, should not be here, says Lesley. She has seen patients as young as seven with the disease.

"It used to be that people were so infected, the common situation was the need for antibiotic injections," says Lesley. "That's changing with more knowledge in the community. Now, even young children at school rock up when they have one sore that needs a band-aid."

People becoming 'health seekers' represents a massive change from the origins of the community, says Lesley. Doomadgee began as a mission in the 1930s, when girls and boys, members of the Stolen Generation, lived in separate dormitories and were used as labour on neighbouring pastoral stations. The mission finally left in the 1980s.

Lesley's grandmother, a Gringai woman, left the area she was raised in when her dad was a young boy.

She wanted him to have an education and Lesley remembers stories of her nan, siblings and parents living in a two-room shack on the Karuah River.

"Self-determination is a wonderful concept, but logically, this can't be done overnight. We need to be trained and be capable of being independent and to succeed," says Lesley.

Lesley pointed out that, apart from the short history of medical support in the community, there are added hurdles of poverty in the area where only 30 per cent of people have a fridge, many have poor literacy skills, and the lack of phones and computers make it difficult to access services.

Lesley believes education is the key, a concept drummed into her since she was a child by her dad (Les Elvin), an eminent Indigenous artist, who considered education was the way to protect culture and people.

Lesley grew up in Cessnock in the Hunter Valley on Wonnarua Country. She grew up with high-achieving relatives who were determined to make a difference.

"In my mind the solution is education, getting the kids into school," says Lesley. "When you have good education, you make better health choices.

"There's only 45 per cent attendance in Doomadgee at the moment but there are some good people in the community and good programs being promoted, such as an after hours school, and holding school sessions down by the river."

Lesley also strongly believes that health promotion programs need to focus on today. "Looking to the future is fine if you have a future to look forward to," she says.

"For many of these people, they don't see much future; they're interested in today. So our health programmes have to focus on the benefits today – letting them know 'you'll be able to walk down to the river without getting breathless' for example, and 'you'll be able to bait your own fishing hooks'."

Lesley says she 'fell into nursing' when she left high school at the end of the 1970s. Before the introduction of Nurse Practitioners (NP) – Registered Nurses who have completed additional university study at Master's degree level and the most senior and independent clinical nurses in our health care system – Lesley was working at advanced levels, particularly when she was in rural hospitals. She took advantage of all opportunities for advanced training on offer to become the country's first Indigenous NP and the 13th overall.

"I've loved every job I've had, and I love my work here – but it's not all a bed of roses," says Lesley. "I get despondent about the lack of resources and feel frustrated when I can't do all the things we need to do.

"I'm heading for 61. I look to the future with hope for this community. But I have to accept that I will be retired before full benefits are evident." ●

Climate change and health

With a recent survey finding that more than half of the Australian health workforce are alarmed by how climate change is impacting health, CRANAplus is increasingly advocating for meaningful action.

The impact of climate change on health and the significant threat to those living in rural and remote communities has seen CRANAplus take several steps to highlight and influence the need for action.

With CRANAplus closely involved with rural and remote communities throughout Australia, our organisation is acutely aware of the substantial impacts already being felt.

The issues raised in a recent article in The Conversation[1] concerning the Torres Strait Islands are just one example of this.

Drought conditions have already affected the security of water supply in the islands, requiring the installation of mobile desalination plants, and changes to temperature and rainfall have affected the range and extent of mosquito species that are vectors for dengue virus.

The article relates how traditional owners in the Torres Strait are worried that, if their connection to their lands disappears, their Indigenous culture will disappear. And medical personnel are concerned about climate-sensitive infectious diseases in the region.

Mental health impacts on the workforce

CRANAplus is uniquely positioned to provide insights into how such changes are impacting health professionals. As an organisation, we take the responsibility of escalating these insights seriously, and are busy ensuring the rural and remote workforce is given a voice in the climate health conversation.

Photo: Nancy Weatherford.

Photo: On-Air – stock.adobe.com

Photo: Hypervision – stock.adobe.com

"In July, we worked with Monash University and CAHA to provide case studies for a research paper on this very topic," CRANAplus Education & Resource Lead Kristy Hill says.

"My key message has been that rural and remote health workers are impacted by climate change already. We have witnessed this firsthand with our work supporting health workers in drought and bushfire-affected areas, primarily from a mental health perspective," Ms Hill says.

"During the bushfires, health workers experienced the loss of homes and infrastructure, and the trauma of living through bushfires. They also had to go back into workplaces and care for communities traumatised by bushfire."

Where does the health workforce stand?

"Health professionals are concerned about the health impacts of climate change," Ms Hill continues. "All the research shows that the vulnerable communities, including rural and remote communities, are at higher risk because of limited infrastructure, a reliance on environment to make our living, and many other factors."

This concern has been quantified in recent research published by the Climate and Health Alliance (CAHA) within the 'Real, Urgent & Now: Insights from health professionals on climate and health in Australia' report[2].

CRANAplus is a member of CAHA, which consists of organisations which have come together to create a powerful health-sector movement for climate action and sustainable healthcare.

Their report outlined the results of a survey of 875 Australian health professionals, 45% of whom were nurses and midwives.

76.5% of respondents were 'very interested' in climate change. 53% of respondents said they were 'alarmed' by climate change and an additional 25% were concerned.

72% of respondents felt climate change was already having a 'moderate to great' impact on public health in Australia.

The most reported climate-related health issues respondents were already encountering were heat stress (58%), mental illness due to climate change (54%), respiratory illness from pollution (52%), bodily harm from bushfires (51%) and pollen-related allergies (51%).

88% of respondents said it was the responsibility of national, state and territory governments, along with business and industry, to protect people from health problems related to climate change. ▸▸

The role of the health professional

Meanwhile, the same study found that 80% of respondents felt health services and health organisations should be leading the way on climate change action.

However, only 30% of respondents currently talk to clients and communities about climate health impacts. Of those who do not, 46% said they're uncomfortable doing so, in part because they do not feel well enough informed or supported by their organisation.

"Rural and remote health professionals are concerned about it but don't necessarily feel capable and confident to talk to their clients around climate change," Ms Hill says.

She encourages readers towards CAHA's Communicating the Health Impacts of Climate Change Resource[3], which is a helpful guide to support health workers to:

- Speak confidently about climate change and its health impacts.
- Recognise their unique authority to talk to the public, media, and decision-makers about the health benefits of climate action.
- Encourage health services, clinics, hospitals, offices, and other health care facilities to be environmentally sustainable.
- Promote actions that reduce emissions and support health, such as walking, cycling, or using public transport instead of driving cars; adopting a healthier, plant-based diet; or switching to renewable energy.

"I think most importantly, we need to reframe the conversation about climate change with family, colleagues and patients," Ms Hill says.

"We need to be communicating that climate change is not a political issue. It's a public health issue. That we as health professionals have seen firsthand the impacts of climate change on people's health and that we need to act now to protect our families and our communities, especially in rural and remote areas."

Photo: Cavan Social – stock.adobe.com

Attending a CAHA workshop.

CRANAplus' Position

CRANAplus has outlined its own Position Statement[4] on the impacts of a changing climate on remote health, calling for an investment in health services to better prepare communities, including strengthening surge capacity for responses to acute natural disasters.

Apart from the geographic factors which create isolation and limit access to health services, many rural or remote communities have a higher ageing population, meaning there is a greater prevalence of chronic health conditions. At the same time, jobs in agriculture, fishing, forestry and mining disproportionately expose workers to heat and other risks.

The CRANAplus Position Statement also outlines how the mental health of rural and remote communities is also directly affected, with reference to research, including a study formalising the fact farmers are subject to depression as a result of drought.

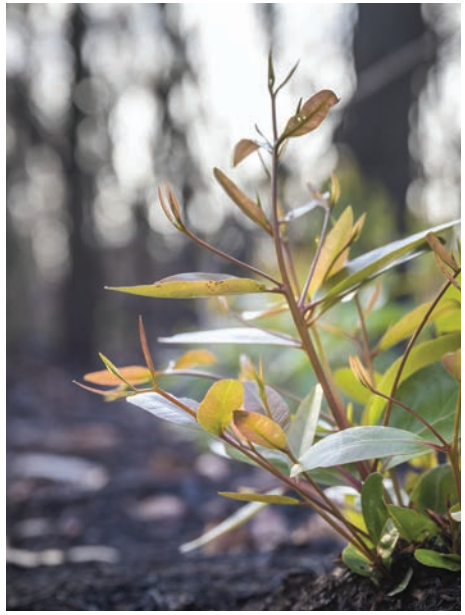


Photo: jamenpercy – stock.adobe.com

CRANAplus was a signatory of the #Healthy Climate Prescription letter[5] in the lead up to the United Nations Climate Change Conference (COP26) in November 2021. The letter pointed out that the signatories felt an ethical obligation to speak out about the rapidly growing crisis that could be far more catastrophic and enduring than the COVID-19 pandemic.

The health harms listed in the letter include air pollution most significantly from burning fossil fuels, increasingly frequent extreme weather events including heatwaves, storms and floods, and the serious toll on peoples' mental health.

In May 2021, CRANAplus was also a supporting organisation of an open letter to Prime Minister Scott Morrison[6], calling on the government to:

- Prioritise health in the context of Australia's nationally determined Contribution to the Paris Agreement
- Commit to the decarbonisation of the healthcare sector by 2040, and to the establishment of an Australian Sustainable Healthcare Unit
- Implement a National Strategy on Climate, Health and Wellbeing for Australia.

Furthermore, CRANAplus endorses CAHA's present campaign, Our Climate, Our Health.

Building from the finding that 98% of health care stakeholders want a National Strategy on climate, health and wellbeing in Australia, this campaign calls on organisations and individuals to attend events and undertake several helpful actions towards the development of such a strategy[7].

CRANAplus is also keeping a keen eye on the development of a Climate Risk Module[8] by the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The voluntary education will outline key actions health organisations can take towards environmentally sustainable health care. At time of writing, it was being drafted and was expected to open for consultation in late 2021.

"At CRANAplus, we have a role to advocate on behalf of rural and remote health professionals and to lobby the government to take action," Ms Hill says in conclusion.

"We are actively pursuing opportunities to drive meaningful change. This is just the beginning for us."

More information

1. *Torres Strait Islanders face more than their fair share of health impacts from climate change*, The Conversation, published August 10, 2021. bit.ly/30FzUvb
2. www.caha.org.au/run_survey_results
3. www.caha.org.au/talk_climatehealth
4. crana.org.au/position-statements
5. healthyclimateletter.net
6. crana.org.au/submissions
7. www.ourclimate-ourhealth.org.au/take_action
8. www.safetyandquality.gov.au/climate-risk-module

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Affinity is a nurse owned and managed agency with in-house Clinical Educators providing your professional development. As a non-commission-based agency, we focus on finding the right match for you. Join today to experience the Affinity difference. www.affinitynursing.com.au

AMRRIC (Animal Management in Rural and Remote Indigenous Communities) is a national not-for-profit charity that uses a One Health approach to coordinate veterinary and education programs in Indigenous communities.
Ph: (08) 8948 1768 www.amrric.org

The **Australasian Foundation for Plastic Surgery (The Foundation)** is a not-for-profit organisation that supports quality health outcomes for those involved with Plastic Surgery, with a particular focus on rural and remote communities.
Ph: (02) 9437 9200 Email: info@plasticsurgeryfoundation.org.au
www.plasticsurgeryfoundation.org.au

The Australasian College of Health Service Management ('The College') is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas.
Ph: (02) 8753 5100 www.achsm.org.au

The **Australian Council of Social Service** is a national advocate for action to reduce poverty and inequality and the peak body for the community services sector in Australia. Our vision is for a fair, inclusive and sustainable Australia where all individuals and communities can participate in and benefit from social and economic life.

The **Australasian College of Paramedic Practitioners (ACPP)** is the peak professional body that represents Paramedic Practitioners, and other Paramedics with primary health care skill sets. ACPP will develop, lead and advocate for these specialist Paramedics and provide strategic direction for this specialist Paramedic role. Email: info@acpp.net.au www.acpp.net.au

The **Australian Indigenous Health*InfoNet*** is an innovative Internet resource that aims to inform practice and policy in Aboriginal and Torres Strait Islander health by making research and other knowledge readily accessible. In this way, we contribute to 'closing the gap' in health between Aboriginal and Torres Strait Islander people and other Australians. www.healthinfonet.ecu.edu.au

The **Australian Primary Health Care Nurses Association (APNA)** is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care. APNA is bold, vibrant and future-focused.

Benalla Health offers community health, aged care, education, and acute services to the Benalla Community including medical, surgical and midwifery.
Ph: (03) 5761 4222 Email: info@benallahealth.org.au
www.benallahealth.org.au

Central Australian Aboriginal Congress was established in 1973 and has grown over 45+ years to be one of the largest and oldest Aboriginal community controlled health services in the Northern Territory.

The **Central Australian Rural Practitioners Association (CARPA)** supports primary health care in remote Indigenous Australia. We develop resources, support education and professional development. We also contribute to the governance of the remote primary health care manuals suite. www.carpa.com.au

Citadel Medical provides innovative, technology and value driven custom health services, from pre-employment medicals to ongoing health care and support, to the mining and construction industries and provides expert service and holistic solutions to our clients. Citadel Medical delivers responsive and compassionate care that improves employee health and wellbeing while reducing risk, injuries and incidents for employers. Supported by an experienced, highly trained and well-respected team, we believe all remote clinical staff should be knowledgeable, experienced and approachable. Importantly, they should maintain a visual presence on-site, building rapport with employees and actively participating in site safety programs.

The **Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)** is the peak representative body for Aboriginal and Torres Strait Islander nurses and midwives in Australia. CATSINaM's primary function is to implement strategies to embed Cultural Safety in health care and education as well as the recruitment and retention of Aboriginal and Torres Strait Islander People into nursing and midwifery.

Cornerstone are the medical matchmakers™. We are remote and rural nursing and midwifery recruitment specialists, with agency, contract and permanent roles in public and private sectors across Australia.

The **Country Women's Association of Australia (CWAA)** advances the rights and equity of women, families and communities through advocacy and empowerment, especially for those living in regional, rural and remote Australia. Email: info@cwaa.org.au www.cwaa.org.au

CQ Nurse is Australia's premier nursing agency, specialising in servicing remote, rural and regional areas. Proudly Australian owned and operated, we service facilities nationwide. Ph: (07) 4998 5550 Email: nurses@cqnurse.com.au www.cqnurse.com.au

CQ Health provides public health services across Central Queensland, in hospitals and in the community. CQ Health is a statutory body governed by our Board. We serve a growing population of approximately 250,000 people and employ more than 3,700 staff, treating more than 700,000 patients each year. The health service has a diverse geographic footprint, ranging from regional cities to remote townships in the west and beachside communities along the coast. Destination 2030: Great Care for Central Queenslanders is our long-term strategy, will shape the future of hospital and health care across our region and support our aim for Central Queenslanders to be amongst the healthiest in the world. For more information about CQ Health visit www.health.qld.gov.au/cq or follow us on Facebook @cqhealth

Downs Nursing Agency (DNA) was established in 2000 and is 100% Australian-owned and operated. Our agency understands both the lifestyle needs of nurses and the health care provider requirements. We are a preferred supplier for governmental and private health care facilities in Queensland. Contact us on (07) 4617 8888 or register at www.downsnursing.com.au

E4 Recruitment has launched a new division that is dedicated to securing Registered Nurses and Midwives contract opportunities in regional and remote Australia. Helping to ensure that every Australian has access to the healthcare and services that they deserve. https://e4recruitment.com.au/

First Choice Care was established in 2005 using the knowledge gained from 40 years' experience in the health care sector. Our aim to provide health care facilities with a reliable and trusted service that provides nurses who are expertly matched to each nursing position. www.firstchoicecare.com.au

Flight Nurses Australia is the professional body representing the speciality for nursing in the aviation and transport environment, with the aim to promote flight nursing, and provide a professional identify and national recognition for flight nurses. Email: admin@flightnursesaustralia.com.au https://flightnursesaustralia.com.au/

Flinders NT is comprised of The Northern Territory Medical Program (NTMP), The Centre for Remote Health, The Poche Centre for Indigenous Health, Remote and Rural Interprofessional Placement Learning NT, and Flinders NT Regional Training Hub. Sites and programs span across the NT from the Top End to Central Australia. Ph: 1300 354 633 http://flinders.edu.au/

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

Health Workforce Queensland is a not-for-profit Rural Workforce Agency focused on making sure remote, rural and Aboriginal and Torres Strait Islander communities have access to highly skilled health professionals when and where they need them, now and into the future.

With more than 10 years' experience of placing nurses into health facilities across the country, **HealthX** is the employer of choice and staffing specialist for rural, regional and remote Australia. Ph: 1800 380 823 www.healthx.com.au

Heart Support Australia is the national not-for-profit heart patient support organisation. Through peer support, information and encouragement we help Australians affected by heart conditions achieve excellent health outcomes.

HESTA is the industry super fund dedicated to health and community services. Since 1987, HESTA has grown to become the largest super fund dedicated to this industry. Learn more at hesta.com.au

IMPACT Community Health Service provides health services for residents in Queensland's beautiful Discovery Coast region. IMPACT delivers primary and allied health care services, including clinical services, lifestyle and wellbeing support and access to key health programs.

Inception Strategies is a leading Indigenous Health communication, social marketing and media provider with more than 10 years of experience working in remote communities around Australia. They provide services in Aboriginal resource development, film and television, health promotion, social media content, strategic advisory, graphic design, printed books, illustration and Aboriginal Participation policy.

The **Indian Ocean Territories Health Service** manages the provision of health services on both the Cocos (Keeling) Islands and Christmas Island.
https://shire.cc/en/your-community/medical-information.html

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

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

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

The Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research. We are an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high-impact quality research, knowledge translation, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

Majarlin Kimberley Centre for Remote Health contributes to the development of a culturally-responsive, remote health workforce through inspiration, education, innovation and research. Email: marjalin@nd.edu.au

Marthakal Homelands Health Service (MHHS), based on Elcho Island in Galiwinku, was established in 2001 after traditional owners lobbied the government. MHHS is a mobile service that covers 15,000km² in r emote East Arnhem Land. Ph: (08) 8970 5571 www.marthakal.org.au/homelands-health-service

Medacs Healthcare is a leading global health care staffing and services company providing locum, temporary and permanent health care recruitment, workforce management solutions, managed health care and home care to the public and private sectors. Ph: 1800 059 790 Email: info@medacs.com.au Website: apac.medacs.com

Medical Staff Pty Ltd specialises in the recruitment and placement of nursing staff, locum doctors and allied health professionals in private and public hospitals, aged care facilities, retirement villages, private clinics, universities, schools, medical surgeries and home care services including personal care and domestic help. Email: join@medicalstaff.com.au www.medicalstaff.com.au/ind

Mediserve Pty Ltd is a leading nursing agency in Australia that has been in operation since 1999. The Directors of the company have medical and nursing backgrounds and are supported by very professional and experienced managers and consultants. Ph: (08) 9325 1332 Email: admin@mediserve.com.au www.mediserve.com.au

Murrumbidgee Local Health District (MLHD) spans 125,243km² across southern New South Wales, stretching from the Snowy Mountains in the east to the plains of Hillston in the northwest and all the way along the Victorian border. www.mlhd.health.nsw.gov.au

Farmer Health is the website for the **National Centre for Farmer Health** (NCFH). The Centre provides national leadership to improve the health, wellbeing and safety of farm men and women, farm workers, their families and communities across Australia. www.farmerhealth.org.au/page/about-us

The **National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners Ltd (NAATSIHWP)** is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia. It was established in 2009, following the Australian Government's announcement of funding to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its 'Closing the Gap' initiative. www.naatsihwp.org.au

The **National Rural Health Student Network (NRHSN)** represents the future of rural health in Australia. It has more than 9,000 members who belong to 28 university rural health clubs from all states and territories. It is Australia's only multidisciplinary student health network. www.nrhsn.org.au

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

Nganampa Health Council (NHC) is an Aboriginal community-controlled health organisation operating on the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in the far north-west of South Australia. Ph: (08) 8952 5300 www.nganampahealth.com.au

NT Dept Health – Top End Health Service Primary Health Care Remote Health Branch offers a career pathway in a variety of positions as part of a multidisciplinary primary health care team.

The Norfolk Island Health and Residential Aged Care Service (NIHRACS) is the first line health service provider for the residents and visitors of Norfolk Island. Norfolk Island has a community of approximately 1,400 people on Island at any one time and is located about 1,600km north-east of Sydney. Ph: +67 232 2091 Email: kathleen.boman@hospital.gov.nf www.norfolkislandhealth.gov.nf

NT PHN incorporating **Rural Workforce Agency NT** is a not-for-profit organisation funded by the Department of Health. We deliver workforce programs and support to non-government health professionals and services. Working in the NT is a rewarding and unique experience! www.ntphn.org.au

Palliative Care Nurses Australia is a member organisation giving Australian nurses a voice in the national palliative care conversation. We are committed to championing the delivery of high quality, evidence-based palliative care by building capacity within the nursing workforce and, we believe strongly that all nurses have a critical role in improving palliative care outcomes and end of life experiences for all Australians.

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

The **Red Lily Health Board Aboriginal Corporation (RLHB)** was formed in 2011 to empower Aboriginal people of the West Arnhem region to address the health issues they face through providing leadership and governance in the development of quality, effective primary health care services, with a long-term vision of establishing a regional Aboriginal Community Controlled Health Service.

At **RNS Nursing**, we focus on employing and supplying quality nursing staff, compliant to industry and our clients' requirements, throughout QLD, NSW and NT. Ph: 1300 761 351 Email: ruralnursing@rnsnursing.com.au www.rnsnursing.com.au

The **Royal Flying Doctor Service** is one of the largest and most comprehensive aeromedical organisations in the world, providing extensive primary health care and 24-hour emergency service to people over an area of 7.69 million square kilometres. www.flyingdoctor.org.au

Do you work in a rural or remote healthcare facility? Is it difficult to go on leave due to a team member shortage? You may be eligible for Australian Government-funded support to help alleviate the pressure of finding a temporary replacement. Our program officers will recruit, screen and place highly experienced locums. We arrange and pay for the locum's travel and accommodation. Your healthcare facility only pays for their hourly wage, superannuation and any applicable taxes for the duration of your leave period. Are you interested in becoming a locum? For every rural and remote placement, you receive complimentary travel and accommodation, and an incentive allowance of $150 per working day and a $100 per day meals allowance. Ph: (02) 6203 9580 Email: enquiries@rurallap.com.au www.rurallap.com.au

Rural Health West is a not-for-profit organisation that focuses on ensuring the rural communities of Western Australia have access to high quality primary health care services working collaboratively with many agencies across Western Australia and nationally to support rural health professionals. Ph: (08) 6389 4500 Email: info@ruralhealthwest.com.au www.ruralhealthwest.com.au

SHINE SA is a leading not-for-profit provider of primary-care services and education for sexual and relationship wellbeing. Our purpose is to provide a comprehensive approach to sexual, reproductive and relationship health and wellbeing by providing quality education, clinical, counselling and information services to the community.

Silver Chain is a provider of primary health and emergency services to many remote communities across Western Australia. With well over 100 years' experience delivering care in the community, Silver Chain's purpose is to *build community capacity to optimise health and wellbeing.*

Southern Queensland Rural Health (SQRH) is committed to developing a high quality and highly skilled rural health workforce across the greater Darling Downs and south-west Queensland regions. As a University Department of Rural Health, SQRH works with its partners and local communities to engage, educate and support nursing, midwifery and allied health students toward enriching careers in rural health.

Sugarman Australia specialises in the recruitment of nurses and midwives, doctors, allied health professionals and social care workers. We support clients across public and private hospitals, not-for-profit organisations, aged care facilities and within the community. Ph: (02) 9549 5700 www.sugarmanaustralia.com.au

SustainHealth Recruitment is an award-winning, Australian-owned and operated, specialist recruitment consultancy that connects the best health and wellbeing talent, with communities across Australia. It supports rural, regional and remote locations alongside metropolitan and CBD sites. Ph: (02) 8274 4677 Email: info@sustainhr.com.au www.sustainhr.com.au

The Nurses' Memorial Foundation of South Australia Limited. Originally the Royal British Nurses Association (SA Branch from 1901) promotes nurse practice, education and wellbeing of nurses in adversity. It provides awards in recognition of scholastic achievements, grants for nursing research, scholarships for advancing nursing practice and education, and financial assistance in times of illness and adversity. nursesmemorialfoundationofsouthaustralia.com

Tasmanian Health Service (DHHS) manages and delivers integrated services that maintain and improve the health and wellbeing of Tasmanians and the Tasmanian community as a whole.

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

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

Faced with the prospect of their family members being forced to move away from country to seek treatment for End Stage Renal Failure, Pintupi people formed the Western Desert Dialysis Appeal. In 2003 we were incorporated as **Purple House (WDNWPT)**. Our title means 'making all our families well'.

Your Fertility is a national public education program funded by the Australian Government Department of Health and the Victorian Government Department of Health and Human Services. We provide evidence-based information on fertility and preconception health for the general public and health professionals. Ph: (03 8601 5250) www.yourfertility.org.au

Your Nursing Agency (YNA) is a leading Australian owned and managed nursing agency providing high-quality health and aged care workers and support since 2009. Operating across regional, remote, and capital cities, YNA provides highly skilled registered nurses, enrolled nurses, specialist nurses, midwives, care workers and support to private clients, community and in-home programs, government agencies and hospitals. Including supplying all essential home care services to residents living with a disability. Email: recruitment.regional@yna.com.au Head to www.yna.comm.au for more information.

Support

Eating well on the job

CRANAplus Senior Psychologist Nicole Jeffery-Dawes explains the connection between nutrition, gut health and wellbeing, and identifies nine ways to improve what you're eating and drinking when working in remote communities with limited fresh food.

While researching this topic, I came across many articles that promoted the benefits of healthy eating, including the 5 + 2 mantra for fresh fruit and vegetables. This is fine in theory. However, it reminded me of a carrot I picked up in a remote desert community store that had more flexibility than a yoga teacher and about as much nutrition as an old shoe.

Looking after our nutrition is one of the three pillars of health, wellbeing and self care (along with sleep and exercise). Attending to this when living and working in rural and remote communities can be extremely challenging when access to fresh foods can be like finding a needle in a haystack.

Photo: Pixel-Shot – stock.adobe.com

Research has shown that good gut health can affect our moods, and in fact the gut is often called the 'second brain' as the GI tract influences the production of neurotransmitters that carry messages from our gut to our brain (e.g. Serotonin and Dopamine). Therefore, apart from the physical benefits of healthy eating, providing our body with healthy food sets us up for fewer mood fluctuations, improved focus and an overall better outlook on life.

Foods high in processed sugar, while easy to access and eat, can trick our brains into releasing chemicals that we may temporarily need. However, over time consumption can lead to anxiety, excessive tiredness, and worsening of mood disorder symptoms, all of which contribute to burnout.

Think about your body like a car. Put 'premium petrol' in and you will get good mileage and performance out of it. If you consistently put lower premium fuel in, it will be damaged over time by impurities.

For those of you living in remote and isolated Indigenous communities, food security issues have been on the Government's radar since 2009.

CRANAplus is aware of the challenges facing these areas and has made a submission to the Inquiry into Food Prices and Food Security in Remote Indigenous Communities, with recommendations, as just one way to advocate for Government and Community to address these.

The price of healthy and/or fresh food is often higher and supply can pose challenges, but there are still things we can do.

Eating the best we can in rural and remote areas requires us to think outside the box, put in preparation time and make compromises.

On the following pages are nine hints on eating as best as we can in the circumstances we find ourselves in. ▸▸

1 Have a big cook up

Some fresh fruit and vegetables may be harder to find, particularly at certain times of the year. When available, buy whatever you can afford. Cook up fruit and veg and freeze to use later. Stew apples or stone fruits; make veggie soups and tomato-based sauces for pasta, meat or veggie dishes. This is a fantastic option when you're tired and can't be bothered cooking, and you have wholesome foods prepared in the freezer. Alternatively, you can do a big cook up before you leave, freeze down into smaller containers, and take them with you (where possible and within weight limits).

2 Make healthier choices

If fresh fruit and veg aren't available, buy frozen and canned ones as substitutes. Avoid those that contain added sugar and/or salt. Read food labels to check.

3 Yummy home-made snacks

Store bought or servo snacks can be high in processed sugar, so choose nuts or make some home-made bliss balls or energy bars. Most ingredients should be available and these will balance out your sugar levels over the day, so you shouldn't experience 'hanger attacks'.

4 Brush up on your bush tucker

Australian bush foods can be seasonal, plentiful, readily accessible and full of nutrients. Speak to Elders in your area to get permission, find out where they may be located and gather ideas about what is available, when and how to use them. Many top chefs use bush foods in their recipes now and publish them online. Local health services may even have recipe books or handouts using local bush foods. Incorporating local bush foods is an amazing opportunity to connect with the local Indigenous community. Going out to collect them as a group can help build relationships that can also assist you with your work, get you out into nature and help you feel less isolated.

5 Use reduced fat milks

While 'fresh' milk can be hard to come by, some of the UHT milks come in low-fat or skim and taste relatively okay (it's an acquired taste that's easy to get used to when there is no alternative). Plus, you can stock up on them and they'll keep in the cupboard. Also, if you can make a trip to a bigger town, buy fresh milk and freeze if you have freezer space.

6 Choose grain breads

Multigrain bread can be harder to come by in community stores, but you will generally find wholemeal available. If possible, buy up grain breads in bigger towns, then freeze them. Often, those bigger towns will have them available in the freezer sections.

7 Speak to the local store manager

Sometimes they may be happy to order certain foods if you ask and they think they can sell any excess of them. Be aware that they can't control the quality of fresh foods that arrive.

8 Put in a 'station' order

Often big retailers in larger towns of remote areas will do a significant order that is delivered by the mail plane. Get together with your colleagues and put in an order of fresh food and ingredients. Depending on where you live, this could arrive once a week or a couple of times a week. Give the supermarket a call and ask how they can help you.

9 Reliable source of drinking water

Even though you may get access to good food, often the water source lets you down and gives you the runs. Or, it can taste 'less fresh' than in bigger centres. If you're unsure about the water supply, boil water to ensure it's safe to cook with and drink, then keep it in the fridge.

Photo: Rafael Ben-Ari - stock.adobe.com

A Yirrganydji Aboriginal woman demonstrating local bush tucker.

While eating well is one of the three pillars of health and wellbeing, we don't always treat it as a priority when we are working in a remote or isolated community. Yet we need to prioritise it, and in so doing, prioritise ourselves.

Put some time and effort into thinking about what food you can take remote (based on transport options to get to your destination), what you can make and store, and how long you are there. Make the time to take all of this into consideration, plan and, if possible, make and freeze meals.

Remember, it pays to be flexible with what we can use and access whilst trying not to use too many processed goods. This will assist with keeping our sugars stable and looking after our wellbeing by providing good nourishment.

Although it will take a bit of extra time and planning, you are worth every minute of it.

Dr Nicole Jeffery-Dawes
Senior Psychologist

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Crucial conversations

Photo: loreanto – stock.adobe.com

Are you prepared to talk with someone whose mental health you are concerned about? A soon-to-be-released 90-minute online course from CRANAplus will help health professionals gain the confidence to navigate these crucial, potentially life-saving conversations.

The CRANAplus Mental Health & Wellbeing Service is delighted to be releasing a new online course for rural and remote health professionals. The 90-minute course will aim to provide health workers with the skills and confidence to have a conversation with someone whose mental health they are concerned about or who they feel is in distress. It can be your patient, colleague, family member, friend or a community member. The evidence shows that having these conversations can be very important for people in distress and can even save a life[1].

The course will aim to provide participants with the skills and confidence to:

- Recognise when and why a conversation about someone's mental health is required
- Increase confidence in knowing what to say to people experiencing difficulties and distress
- Know when extra help is needed, and have the confidence to encourage it
- Know where people can access help and resources
- Familiarise with key points regarding suicide
- Be aware of the need for your own self care.

Why would rural and remote health professionals want to do this course?

We are all affected by personal distress at some point in our lives. Each year, one in five remote and rural Australians will experience a mental health disorder[2].

Suicide is the leading cause of death for Australians between the ages of 15 and 44 years, with people in remote areas being twice as likely to die by suicide, and Indigenous Australians experiencing suicide at three times the National average[3].

These facts can be confronting; however, in most instances suicide can be prevented. Early intervention from a colleague, friend, or compassionate health provider could make a real difference in improving someone's wellbeing and saving someone's life.

Health professionals represent one of the most trusted professions. Therefore, it is common that patients will disclose concerns regarding their or their loved one's distress and mental health.

For this reason, health workers can play a vital role in supporting someone in distress or even saving a life.

They also interact significantly with the community and can model those healthy conversations with other people.

It can be daunting to many health professionals as they may not feel they have the skills and training in mental health.

This free, interactive online course has been specifically designed by remote mental health professionals for the rural and remote health workforce. It will help participants to build confidence and develop basic skills to recognise if someone may be struggling, initiate a conversation, listen and provide support, and encourage action.

It will be available soon on the CRANAplus website at crana.org.au/online-courses. For more information contact wellbeing@crana.org.au

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2. Bishop, L., Ransom, A., Laverty, M., & Gale, L. (2017). Mental health in remote and rural communities. Canberra: Royal Flying Doctor Service of Australia
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Working through the bushfires

Bush Support Line Manager Stephanie Cooper reflects on her experiences living and working on New South Wales' south coast during the 2019/2020 bushfire season. As her story shows, even those with mental health experience aren't immune from the challenges posed by remote work and natural disasters.

After completing my Psychology Masters and spending several years working in Her Majesty's Prison Service in the Northwest of England, I felt that life was missing that 'special something'. One morning, I decided to emigrate to Australia.

Just like that, I left the north-west of England for the beauty of the Australian outback, accepting a position with the local health district's mental health service in Broken Hill. The change was profound, yet I immediately loved my new outback surroundings. When I drive west nowadays and experience the flattening landscape and the deepening red of the dirt, I know my heart is home.

After a few years, a chance to lead the mental health and drug and alcohol team with the Royal Flying Doctor Service (RFDS) based out of Broken Hill came about, and I leapt at it. The RFDS had until then been just a show I watched on TV as a kid. Now I got to turn up there for work every day and be a part of the invaluable services and support they offered across the outback.

Meeting my husband and having our first child in Broken Hill was the icing on the cake to an unforgettable adventure. It was with a heavy heart when we drove away from 'The Hill' several years after first arriving, choosing a sea change closer to family supports on the south coast of NSW.

A part of me still yearns for the outback; I think it always will. Yet, I have never strayed too far from remote work. Within a year of leaving the outback, I stepped into rural and remote telehealth, as this is where my passion continued to lie.

The 2019/2020 bushfire season

Working and living in a rural coastal community can have its challenges, as I learned firsthand during the 2019/2020 bushfires. During this most intense period of my career, and my whole life, we lived and breathed the fires.

Our surrounding communities experienced the worst of it, while our town watched on, helplessly. At one point, the highways north, west and south were all closed. There was only one way we could go if the fires reached us, and that was east, onto the beaches and into the ocean.

As a family, we rehearsed our bushfire survival plan until we knew it by heart. I swept ash from the garden, prepared sprinklers around our home, and put lights on in the middle of the day – the smoke blocked natural light. We got used to choppers flying overhead on their way to fill their buckets from the surrounding lakes.

I would lie awake at night as my husband worked night shifts for NSW Ambulance. What if an evacuation alert on the NSW RFS app came through and I didn't wake up in time? I had it planned out how I would, on my own, get two sleeping children, a dog and the final bags into the car. Could we take our dog to the evacuation centre? Would we have to live in the car outside? The following day, with these questions still harassing me, I would then get up and go to work.

I lived the bushfires in my personal life, and then I was surrounded by them at work. ▸▸

Right, from top: Smoke from the bushfires blocks out the natural light; RFDS; Emus; Over Menindee, NSW; Menindee Lakes; QLD state border, Hungerford.

There wasn't a break. In my role with the local NGO I was working for at the time, I put my hand up to see immediate bushfire brief intervention referrals. This work rolled into longer-term support for those whose mental health was more significantly affected, an opportunity I valued given my interest and experience working with people who have experienced trauma.

My greatest strength at work was my team. There was a shared understanding and language of what we were all juggling. Some staff members had property and possessions destroyed. Yet they turned up for work to see their clients and support their community. As a team of mental health professionals, we knew we were not invincible and that our profession mixed with our personal lives was hard. Really hard.

It was easy to assume that, as a psychologist, I ought to be immune to the impacts of challenging circumstances. Yet I have never experienced stress at the level I did during the fires. I too had to lean on my team and rely on my support network, and I recognise how fortunate I was to have a psychologically safe and engaging workplace during these unprecedented times.

That is not something every health worker is afforded, and it's especially challenging the further remote you go, as teams are often dispersed and concentrated.

Lessons learned from the bushfires

Bushfires were relatively new to me, being from the UK. I know that now, because of these challenging experiences, I will be both emotionally and practically better prepared next time.

In a way, my experience during the bushfires is similar to the more recent experiences of our health workforce in Australia. They are working within the stressors, restrictions and challenges of COVID-19, continuously exposed to stressful situations, a risk of infection, and a high-stakes vaccine roll-out. At the same time, COVID-19 is inseparable from their personal lives. This can be suffocating as well as exhausting.

In my situation, I needed awareness of my limits. I had to put boundaries in place with news and social media consumption, as the fires started to consume every waking (and probably dreaming) minute. I am grateful to my profession for teaching me that it's okay to not be okay at times. Reengaging with social activities, when the fires and smoke allowed, returned some buoyancy, and doing the 'normal' things in an abnormal version of our world was beneficial. The knowledge that this period would end, or at least improve, was a source of strength, even though we didn't know when.

Currently, the bushfires are still very much a part of some people's daily lives. The wounds are still healing, the scars still tender. Many still face post-disaster challenges, including displacement from homes and rebuilding. For some, these impacts will be long lasting. Entering a new bushfire season exacerbates the trauma, and the planned local fire service burn-offs remind us of what we are trying to avoid. Yet there is also the strengthening of communities and resilience that has grown from this disaster.

On reflection, my most significant learning was that I didn't listen quite enough to my needs. I still gave that little bit too much of myself to work, failing to balance my personal and professional lives. Not taking annual leave when I needed it is one example. The idea of not turning up for clients filled me with guilt; to take holidays when they were going through their most arduous life journey was simply too selfish, or so it seemed. On reflection, I know I would have had that little more to give had I taken more of an opportunity to fill my own cup with time off and professional/personal breathing space.

The CRANAplus Bush Support Line

I believed I had reached the pinnacle of my career when working with the RFDS, until one day, with the fires still fresh in my mind, I came across an ad for a psychologist position with CRANAplus, entirely by chance.

Left, from top: The Big Chair, Broken Hill; Cameron Corner – three states meet (QLD, NSW and SA); Double rainbow, Broken Hill, NSW.

CRANAplus had already had a presence in my career as a psychologist. Their magazine had provided entertainment during my lunch breaks at remote clinics. I had frequently recommended the Bush Support Line to my health worker colleagues and friends. To inadvertently come across an opportunity to be involved in supporting callers to the Bush Support Line felt too good to be true. Surely you don't get two pinnacles of your career?

I haven't looked back. It's a privilege to support our rural and remote health workforce for an organisation such as CRANAplus. I'm fortunate to be a part of such a dynamic and progressive organisation supporting those who are supporting our communities, alongside such a committed, experienced, and highly motivated Mental Health and Wellbeing team.

The work of our health workforce is demanding enough at the best of times. Difficulties are exacerbated during significant events like drought, floods, bushfires and global pandemics. In the past few years, we have experienced these situations to a significant extent.

They have increased our responsibilities to challenging heights and put greater demands on our endurance.

If anyone is reading this and thinks their self-care plan needs improvement, their professional and personal boundaries need realignment, or their mental health generally requires some attention, try connecting with colleagues and loved ones. If these sources are not available or preferable, reach for the phone and connect with our experienced and passionate team of psychologists on the Bush Support Line by calling 1800 805 391.

We are here 24/7 to support the psychological needs of our hardworking, invaluable and dedicated rural and remote health workforce so that they can turn up and support the health needs of our rural and remote communities.

Educate

New online education offerings

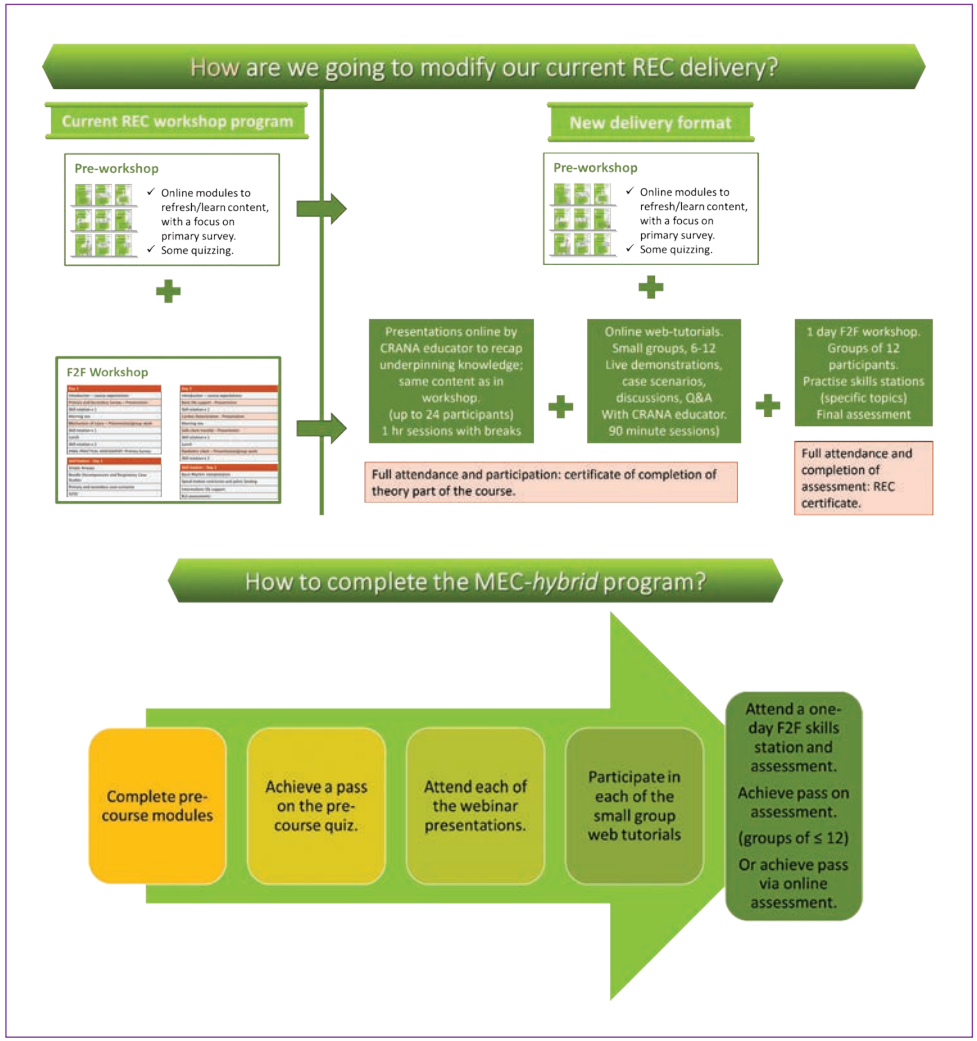
CRANAplus Learning Design Manager Julie Moran explains everything you need to know about our new hybrid and online versions of courses. Education is more accessible than ever before, wherever you may be.

COVID-19 and the concomitant shutdowns and border closures continue to wreak havoc with the logistics of delivering the face-to-face part of our courses.

Our clients, participants, educators, and volunteer facilitators continue to experience frustrations and in response to this, we have put in place several initiatives, including:

1. Offering our participants a different delivery if their course has been cancelled. The online delivery is followed up with a half or one-day skills station and assessment.
2. Converting some existing programs to fully online courses. We are currently working on Mental Health Emergencies (usually a one-day F2F course) and Triage Emergency Care (also usually a one-day F2F course).

   The new format will be run across several weeks, including three Zoom sessions. ▸▸



Types of delivery	Our new naming conventions
Blended delivery (our usual way of delivery with online modules and a F2F workshop)	For example, REC and MEC
Hybrid delivery (online modules, live online web tutorials, web demonstrations and presentations and web case scenarios).	For example, REC *hybrid* and MEC *hybrid*
Online delivery (online modules and live online web tutorials and online assessment).	For example, MHE *online* and TEC *online*
Stand alone, self-paced modules	Assessment suite of modules; compliance modules; emergency presentation modules.

3. Partnering with other agencies to deliver assessment services. Currently, we are liaising with an agency in Central Australia with respect to the delivery and assessment of ALS. CRANAplus will send the necessary equipment to a local RAN who will then assist participants in several communities by setting up the equipment and being the person on the ground as our educators assess via Zoom.

Thus, going forward, we will have a broader range of education programs with respect to delivery. This will enable us to be more flexible and responsive to client needs as well as to the issues caused by the pandemic.

It's important to note here that our goal, as always, is to take education courses out to our clients.

Wherever possible we will always opt for a F2F component in our education programs because we know how important it is for our remote and isolated health practitioners to have the learning, networking, and social opportunities that workshops provide.

From the education team's perspective, our trialing of new delivery methodologies has been exciting and challenging.

It has presented us with a terrific opportunity for team development and we are really pleased with the results so far: excellent feedback from participants, volunteer facilitators and CRANAplus educators.

Julie Moran
Learning Design Manager
CRANAplus ●

Mealtime from the resident's perspective

Aged care staff can now experience mealtimes through the eyes of those living with dementia, thanks to the innovative use of Virtual Reality technology in 'The Day in the Life mealtime experience' workshop. This learning opportunity encourages staff to rethink everything from dining arrangements to food presentation to ensure optimum nutrition and hydration.

In collaboration with Dementia Australia, the CRANAplus After Hours Aged Care Project, funded by the Northern QLD Primary Health Network, successfully supported the delivery by Dementia Australia of 'A Day in the Life mealtime experience' – a virtual reality immersive workshop to Carinya Home for the Aged in Atherton, Far North Queensland. This unique workshop recognises that sometimes people living with dementia are at risk of not eating sufficient nutritious food or drinking enough fluid, and that maintaining essential nutrients and fluid intake is very important for health and wellbeing.

This three-hour immersive workshop enabled staff to experience mealtime through the eyes of a person living with dementia and their carer. Utilising virtual reality and avatar technology, A Day in the Life mealtime experience explores the multifactorial influence of food and mealtimes on quality of life for people living with dementia.

Staff explored ways to improve and optimise nutrition and hydration and discussed creative strategies for planning, preparing and delivering quality mealtime experiences for people living with dementia.

Poor nutritional status in residents with dementia has been well described and the evidence on the association between dementia, weight loss and malnutrition is compelling.

Participants learnt about dementia as a condition and its impact on nutrition and dining, barriers to positive mealtime outcomes, and ways to improve the mealtime experience for people living with dementia.

Twenty-six staff attended these interactive sessions and participated in meaningful discussions with positive feedback:

"A wonderful experience that makes us think of what we do, how we do it. Things we can change to make the resident's experience stay a good one."

– Attendee

"Staff who are working in the dementia area need to have education and understanding of dementia."

– Attendee

The Royal Commission into Aged Care Quality and Safety Report found that two areas that required immediate attention are food and nutrition, as well as dementia care. The Report states that diet, nutrition, and hydration are critical to the health of older people and food is also important to wellbeing, providing enjoyment through taste and smell. A lack of assistance to eat and drink, leading to malnutrition and dehydration, was a common issue raised by witnesses and in submissions.

Studies from the University of Melbourne have revealed that as many as 68 per cent of people receiving residential aged care are malnourished or at risk of malnutrition. The consequences of poor nutrition are significant and often irreversible for older people. Malnutrition is associated with many other health risks, including an increased incidence of falls and fractures, increased time for pressure injuries to heal, increased risk of infection and unnecessary hospitalisation.

Some positive dining environment strategies for residents living with dementia could include:

- Creating a pleasant dining space. In residential facilities small tables of no more than four settings per table are preferable.
- Trying to ensure the right mix of people are at each table. The mix may have to alter as the person living with dementia's needs change.
- Minimising distractions such as loud noise, the television on, too many items on the table, or people moving about the room.
- Monitoring music for its impact and making changes if necessary. Music may or may not be helpful at mealtimes.
- Ensuring pleasant odours of food cooking, which are an appetite stimulus.
- Giving those living with dementia enough time to eat and enjoy their meals.
- Ensuring user-friendly presentation of food for people with dementia. For example, encourage finger food, plates with raised edges, spoons with easy grip handles and non-slip place mats.

CRANAplus would like to thank Sue Bird, the Education Facilitator from Dementia Australia, for her dedicated and passionate effort in delivering these workshops to Residential Aged Care Facilities in Far North Queensland.

For further information contact Lisa Crouch, the Project Manager Aged Care CRANAplus, at lisa.crouch@crana.org.au.

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VR used to improve mealtimes for people with dementia in residential care (2019), https://www.dementia.org.au/about-us/news-and-stories/news/vr-used-improve-mealtimes-people-dementia-residential-care

Just like the real thing

The more life-like a training scenario, the more meaningful the learning experience. CRANAplus constantly keeps abreast of the latest developments in simulation technology and a few recent acquisitions are invigorating the way we deliver courses.

As CRANAplus has embraced the potential of increased online learning and enhanced its people power, we have at the same time investigated and invested in new training equipment to make the learning experience at our courses even more immersive and the acquired skills even more applicable in a real-world context.

iSimulate

The iSimulate REALITi360 forms the centrepiece of our updated education equipment inventory.

Each iSimulate kit features two iPads. The facilitator's iPad controls a simulated scenario; they can determine how the vitals like blood pressure and heart rhythm, and even audible symptoms like nausea, present through the participant's iPad, which mimics a branded monitor/defibrillator interface of choice. A dynamic turn of events can unfold at the facilitator's choosing. The simulated patient may present as healthy, alert and talking one minute, before rapidly deteriorating the next.

The participant's iPad is housed inside a realistic patient monitor casing and is operated by the participant in response to the scenario and changes introduced by the facilitator. The iSimulate requires participants to make quick decisions and to follow the primary survey process they have learned/revised to manage life threats in patients. Using this equipment, the fate of the patient is in the participant's hands, and the participant's decisions and responses can be closely monitored by the facilitator.

CRANAplus is exploring further learning potential in the roll-out of iSimulate's other features, including CTG within maternity education and ventilators within emergency training.

VATA Venepuncture Training Aids

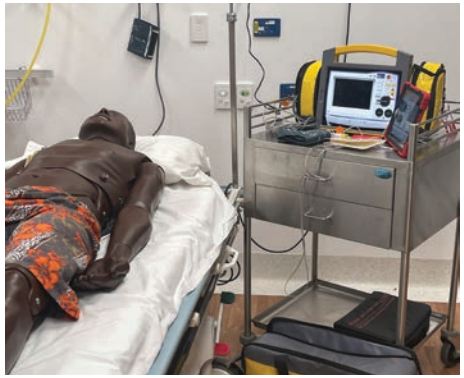
CRANAplus has also recently acquired VATA Venepuncture Training Aids to complement the traditional bulkier system of dummy arms. Popular in America, this system of intravenous cannula training has remained hard to access in Australia — until now. The new equipment has introduced several benefits, says CRANAplus Clinical Equipment Specialist, Tom Quinn.

"The simulated feel of the vein is impressive, and the simplicity of operation is great," Tom says. "We particularly appreciate the portability of the equipment too, as the education and training we deliver to the health workforce is local. So far, the VATA Training Aid has proven quite rugged, surviving the equipment transport journey to some very remote destinations like Maningrida in Northern Territory."

More to come

iSimulate and VATA training aids are just two examples from a long list of equipment enhancements occurring across the organisation. The list also includes PROMPT birth simulators for postpartum haemorrhage assessment within MEC courses and military-grade water- and dustproof Pelican cases for transporting gear securely across rough terrain, right down to small-scale essentials, like boxes of gloves.

The changes reflect the hard work of the Education team, who are constantly investigating new technologies and monitoring innovations within the simulation space. As it happens, CRANAplus is keeping a keen eye on augmented reality technology, and while Tom says it isn't quite there yet, he expects to see it emerging as a key element of courses in the future. ●



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Engage

Working in true partnership

Acknowledging Australia's First Peoples is an obligation that CRANAplus embraces with deep commitment. Under the leadership of CRANAplus' inaugural Executive Director of First Peoples' Strategies, Dallas McKeown, the leadership team worked together to re-write our organisational Acknowledgement of Country.

The intent was to enhance the sincerity of our message. In the spirit of 'truth telling' we wanted to acknowledge the injustice and sadness that has gone before. We also wanted to recognise the resilience of Aboriginal and Torres Strait Islander people and their enduring and timeless connection to Country. And we wanted to finish in a place of hope for the future, with a strong commitment to working in true partnership.

Dallas' gentle wisdom and guidance was invaluable throughout the process, providing yet further demonstration of the meaningful contribution she is making right across the organisation. Challenging us and encouraging us in equal measure is Dallas' unique gift.

Presenting here our new Acknowledgement of Country:

"CRANAplus acknowledges the Traditional Owners and Custodians of the land, waters and sky where we meet today, and respects their enduring spiritual connection to Country. We acknowledge the sorrow of the past and our hope and belief that we can move to a place of equity, partnership, and justice together. We acknowledge Elders past, present and emerging, and pay our respects to the cultural authority of First Peoples in attendance today."

This statement has been embraced right across the organisation and features in new artwork for presentations and meetings and has been amended for email footers and key publications such as this magazine.

We hope that it encourages all who read and hear it to reflect with gratitude and authenticity on the lands they are on, and the generosity of the traditional owners and custodians in sharing it.

The process gave us pause to reflect on what we really wanted to say and what we believe is important for others to hear. We are proud of the final statement we settled on, but equally important was the journey to get there.

When was the last time your organisation reviewed its Acknowledgment of Country?

Amelia Druhan
Chief Operating Officer, CRANAplus

Photo: Libby Bowell.

Don't head outback without a map

Photo: AustralianCamera – stock.adobe.com

CRANAplus has released an online resource mapping scholarships, grants and programs available to support a rural & remote health career pathway in nursing or midwifery.

The CRANAplus Pathway Incentives resource is a definitive guide to the scholarships, grants, programs, and other career pathway support available to remote area nurses and midwives.

Launched in July 2021, this free online resource collates all available opportunities from around the country into one convenient, centralised database.

Opportunities are separated into their respective states and territories, and nationwide incentives have their own section. Within subpages, data is further broken down into career stages.

Why is this resource important?

This resource aims to increase awareness of opportunities for nurses and midwives, so that these initiatives can successfully reach and benefit the career growth of those working in or studying remote health.

As a remote area nurse or midwife, your work is of vital importance to vulnerable communities, yet workforce shortages pose a challenge to redressing health inequality. By providing a centralised database of opportunities, we aim to help the workforce to grow and further establish remote area nursing as a specialty.

By highlighting gaps, this resource also forms part of our advocacy to raise awareness of opportunities for additional workforce support.

Who is this resource for?

For nurses and midwives who are considering or pursuing a career path into remote area practice, regardless of career stage.

This resource will be helpful whether you are studying or have decades of experience, though most scholarships, grants and programs presently available are targetted at those in the early stages of their career.

How was the data compiled?

Through extensive research and stakeholder consultation. CRANAplus reached out to organisations around the country, within and beyond its professional networks, in order to present this information exhaustively.

We extend our appreciation to all organisations that have participated so far.

What to do if you know of a scholarship, grant, or program that isn't listed online.

We encourage you to email the CRANAplus Professional Services team at professionalservices@crana.org.au if you know of a career pathway incentive that isn't listed on our website.

If it's eligible, we will add it so that it can reach a wider audience.

Head to crana.org.au/pathway-incentives to find out more.

Get to know the 2021 CRANAplus Award Winners

At the CRANAplus Virtual Symposium in 2021, we announced the CRANAplus Award Winners across four categories. Here, we take a deeper look at their work, their insights, and their jaw-dropping commitment to remote health.

The Aurora Award – Terrie 'Tess' Ivanhoe

For Terrie 'Tess' Ivanhoe, this year's Aurora Award winner and the Remote and Isolated Health Professional of the Year, community access to high-quality care is everything.

In her role as Nurse Practitioner on the Chronic Disease Program at Nganampa Health Council in north-west South Australia's APY Lands, she facilitates visiting specialists and doctors to deliver chronic disease services in a coordinated manner.

Over the last 11 years, she's been busy ensuring clients can access high-quality care "where they feel comfortable" and "in a much timelier manner". A teller of stories, Ms Ivanhoe underlines the value of local care through several anecdotes.

"I remember, a patient had undergone an Echo in Alice Springs," she tells CRANAplus. "They wouldn't sit still, wouldn't wait, got up and left. When the patient came to us, he sat down, and we did the test easily and got a great picture. [This often happens when] old men are in their own country, in their own clinic, with somebody they know standing there holding their hand."

Recalling another example, Tess says: "We had a lady who had cancer of lung, a simple cough. The respiratory physician said: 'I'm worried about her Tess. I think we need to get her to have high-res CT down in Adelaide'. We got her down to Adelaide in January, and at the end of the month she had a lobectomy that saved her life.

"When she came in for her next visit in February, she was well and fit. That would not have happened if she'd had to travel backwards and forwards. If we didn't discover that cancer while it was still in one lobe, we could have had catastrophe."

A late transition to remote

On top of her work on the Chronic Disease Program, Ms Ivanhoe has co-led Nganampa's COVID-19 Pandemic Response across their six large clinics and is presently involved in research into hepatic cancer, as well as projects on childhood obesity and diabetes mellitus.

Throughout the years, she has also mentored many upcoming professionals, imparting the lessons she's learned since entering remote practice 20 years ago.

"I had been a pretty high-tech acute care nurse in emergency. I'd run an emergency department for about 10 years," she says. "But I decided that when I was 50, I was going to go casual and cruise around. I found myself in Ernabella in Central Australia. When the agency asked me to go there, I thought it was just down the road. I didn't realise it was in Central Australia; that I'd have to get on a little plane to get there.

"When I arrived, I realised a whole new world. I've never looked back really. I loved it from the minute I got there. But I did realise that even though I thought I was a sharpshooter, I didn't know anything about this environment.

"I remember feeling, why has no one ever told me about this? That Anangu people live in Central Australia, talk their own languages, have their own beautiful culture – I wasn't taught that in school. I was taught that Captain Cook conquered Australia," she says, disappointed with her childhood education. "I come from that era."

"It was a very overwhelming moment when I first came out here to see that," she says. "I realised I didn't know anything about caring for Indigenous Australians. That's why I had to go back. I enrolled in the Masters of Remote Health and later converted to Nurse Practitioner at the Centre for Remote Health to learn more about what I didn't know, and later, I was invited to go back and teach [at CRH]."

Contrast with the mainstream

"When I first started this job people said 'You'll never get a job in mainstream again. What are you going to do out there, running around?'" Tess confides. "Well, I'm going to wing it, I said. If it doesn't work, it'll just be bad luck. I'll sort it out."

"I think now I am a better nurse, personally and professionally, than I was in mainstream. Because what I think I've learned, and what the Anangu people have taught me, is to see things from the client's side. We don't do that enough in the mainstream.

> "Remote area practice teaches you to seek to understand first."

When asked how important it is to know the community you work within, Tess said: "It's overwhelmingly vital. You couldn't do this job properly if you didn't.

"Saying that," she continues, "I don't need to be everybody's best friend. People don't need that. They've got their own families, their own best friend. What they need is someone who's authentic, that believes in them, who's an advocate for them, and who's here to do a professional job for them and respect them."

Humble about her achievements

Ms Ivanhoe is inclined to play down her achievements, telling CRANAplus "I'm a basic kind of nurse."

Her colleagues would suggest she was much more than that, praising her "prodigious capacity for work" and "boundless energy and enthusiasm". They say she's a "great ambassador for remote area nursing", "a constant inspiration for nursing and midwifery staff", "a person of deep integrity" and a "driver of change and continuous improvement" who has been "instrumental in developing and maintaining our chronic disease programme."

"I've been very lucky that people accept me as their malpa (helper friend)," Tess says. "To me my proudest thing is to have provided first-rate care to the best of my ability to Anangu people in a professional way."

"When you look at the people like Sabina [Knight] and Sue [Lenthall] and other leaders and pioneers of remote health, they did it hard... I'm not sure I've led the profession in that way, but I think I can advocate for the position.

"I advocate for RANs to be specialists in their area. It is a speciality. It isn't a place to sit on your laurels with no professional development. You need to provide first-rate care to the people who are the most marginalised in the country."

Tess believes the CRANAplus Awards and similar initiatives are a helpful component of this advocacy.

"Anything that promotes remote area nursing as a speciality and as a profession is really important," she says. "These awards bring the profession to the forefront – not just in the remote area setting, but the whole of Australia. If one other nurse decides they want to be a remote area nurse because of our stories, then I think that's really important."

The Excellence in Remote and Isolated Health Practice Award – Helen Parker

JAMES COOK UNIVERSITY AUSTRALIA

Sponsored by James Cook University/ Murtupuni Centre for Rural & Remote Health

High-quality healthcare around the world

When Remote Area Nurse and Nurse Practitioner Helen Parker received the phone call to say that she had taken out this award, she was in Maningrida, where she works as a Child Health Nurse with the Mala'la Health Service.

Upon hearing the news, she says "I was overwhelmed, I started crying... I felt really honoured and proud of myself."

For Ms Parker, a placement in Cherbourg, undertaken during her studies at QUT in Brisbane, gave rise to a passion that would last a lifetime.

"It gave me a brief experience of working in an Aboriginal community," she says. "For me, I knew I needed to get five to six years of experience before I could go out bush... I thought, one day I'm going to do this."

Her transition to remote began with a few years working out of Alice Springs on the two-year pathway in place back then.

In 2003, she lived in Saudi Arabia for three years where she worked as a nurse with the assistance of a translator – an experience which she has written a book about, called *Through My Eyes*.

After a stint back Down Under, Ms Parker then worked for Doctors Without Borders at an emergency mission in Lockichoggio, Kenya.

Since returning to Australia, she has worked predominantly in remote locations in the Top End.

Becoming a Nurse Practitioner

Ms Parker became a Nurse Practitioner while working remote and is endorsed as a generalist, an achievement which "wasn't easy" but which she is proud of having undertaken. However, she is eager to acknowledge the wide scope of practice faced by many RANs.

"There's a lot of RANs out there who are functioning as nurse practitioners," she says. "The expanded scope of practice that most of them are working under – it really is unbelievable."

Though Ms Parker has worked as a Nurse Practitioner at multiple points of time, including within the Queensland mining industry, she says for her it "still wasn't the same as working up here in the NT... I was always going to come back. You can do so much more out in the bush."

"It's what you get used to"

Ms Parker recalls one of her first memories of working remote in Yuendumu.

"I went outside my house and all these children swarmed around me – because I'm really pale and I had blonde hair – and touched me all over my skin. When you're not used to that, that's quite confronting. I remember thinking, 'Oh, I'm so overwhelmed, all these kids all around me.' They're just really friendly. That was a strong memory from the beginning."

Over her 15 years, Ms Parker has grown accustomed to the unique experiences of working in a remote environment and misses them when she steps away.

"When I worked in Central and Katherine, in those communities, a lot of people speak Creole, plus their other languages," she says.

"In Maningrida, there's seven to eight languages and none of them sound like each other. Over time you might pick up some common words, just little ones. You hear all of this [unfamiliar language] going on around you... It's just normal for me.

"When I went back to Hobart for a while, it just felt like 'something's not right'. I had a lot of trouble trying to assimilate back into it – and I never really did. It's what you get used to, and it becomes normal."

Providing holistic primary health care

Ms Parker's present place of work, the Mala'la Health Service, has recently transitioned from Territory Government control to be run by Aboriginal Medical Services. The transition has brought about a growing focus on primary health care, a longstanding passion of Ms Parker's.

"To get some proper headway or improvements in health, it's a lot more besides antibiotics and putting a band-aid on," she says. "It's about taking on the family, the culture, the languages, the way you speak... to be able to give that holistic care.

"I'm seeing children now, but parents can come in. I'm doing all that: family dynamics and asking who's doing this, who's doing that. If the grandparents are well and the parents are well, the child's going to be well.

"It's going that step further, using the yarning tool. The consults aren't 10 minutes. They're as long as what they need to be."

The Excellence in Research and/or Education Award – Dr Kylie McCullough

Flinders UNIVERSITY

Sponsored by Flinders University – Rural and Remote Health (CRH)

Where it all started

Dr McCullough is a lecturer based at Edith Cowan University in Perth, who has published seven academic articles and counting on remote health. In 2018, she completed her PhD thesis, which established a framework of remote area nursing practice.

For McCullough, it all started when she graduated as a Registered Nurse in 1995, lived in New Zealand for a few years, and then arrived in Kakadu National Park looking for a nursing position.

"I literally just turned up, not knowing anything, went to the clinic and said, 'Can I have a job?'" she explains. "The answer was, 'Well, no, you don't know what you're doing here. But you can work as medical receptionist for a few months.'

"During that time, I read the CARPA manual continuously at my desk, attended every training opportunity, and spent more time in the clinic rooms and hanging round with other staff than answering the phone.

"I was fortunate because I ended up in a clinic where there was a really stable, experienced team of nurses and midwives and even a couple of GPs. When a vacancy did come up, they agreed as a team they'd be prepared to mentor me and put in whatever support they needed to get me up to speed. I feel eternally grateful."

Dr McCullough went on to spend three and a half years working in the clinic, attaining the position of clinical manager. She says she learned so much and "not just clinical stuff, but about myself, my own capacity to deal with the unknown – because that is a characteristic of remote area nursing."

Inspired by first-hand experience

After moving to Perth and becoming a mother, Dr McCullough began looking for a research project.

Participate in Dr Kylie McCullough's current research

Scan the QR code or head to tinyurl.com/bw6pydnr to undertake a short survey on primary health care in the remote setting and go into the running to win one of five $100 gift vouchers donated by CRANAplus.

"My mentor at the time asked: 'What was your biggest concern when you were out bush?'" she says. "I said personal safety. In the community there had been a number of violent incidents and I felt unsafe and somewhat traumatised, knowing it was happening out in the community, even if not happening directly to me."

That was the inspiration for her first publications and since then, she has transitioned onto other topics informed by her own experiences and the experiences of the RANs she regularly talks with.

"I felt that when I was working out bush that most people didn't have any idea what RANs actually do," she says. "They couldn't comprehend the level of responsibility, the complexity of the decision making, the importance of building relationship with communities, and the whole idea of living in a community that you're actually working with as well."

"Communities, employers, other nurses and Australians at large really need to understand, value and recognise the contribution nurses are making to the health and wellbeing of communities, and the advanced practice nature of what they're doing."

"If we knew that, we would support people more and provide better incentives for going out bush. Our communities would value nurses a bit more – and that'd make a difference to remote health."

Research findings bearing out subjective experience

Dr McCullough says that if remote area nurses read her 2018 thesis, titled *The delivery of Primary Health Care in remote communities: A Grounded Theory study of the perspective of nurses*, they would hopefully feel a sense of recognition.

"What I was trying to do was present a model or framework for other people to understand what it is that RANs do," Dr McCullough says. "Hopefully RANs would read that work and say, 'oh, yeah, that's what I do'. And people who are not RANs will hopefully say, 'oh, wow, there's actually a lot to what they do.'"

"If you publish something that's evidence based then it can be disseminated and used in a much more constructive way than a story, because there's this rigour around the way it's collected and presented."

Dr McCullough says, building upon the framework established through her PhD, she now has six other research projects going, and five PHD students making contributions to the rural and remote research body of knowledge.

McCullough's research program is now mostly exploring the idea of how we can measure the quality and safety of nursing practice in rural and remote areas, she says.

The importance of participating in research

Dr McCullough appreciates the obstacles to RANs participating in research, but says that when they do participate, they make a huge difference.

"They're under a lot of pressure, with a lot of work and things to do," she says. "But when they participate in research, answer surveys, or agree to be interviewed for research purposes, they're actually contributing to change.

"We need the evidence that's coming from the people who are out there at the coalface doing the work.

"Yes, they're just one person completing that survey, but when everyone does it, then we have some strong evidence and that makes it easier to argue the case for RANs. People pay attention to journal articles and research findings; people all over the world. In Canada in particular, they reference our work on what RANs are doing in Australia – so it has a global impact."

The Collaborative Team Award – Midwifery Unit of the Coomealla Health Aboriginal Corporation

RAHC
REMOTE AREA HEALTH CORPS

Sponsored by Remote Area Health Corps (RAHC)

Team members include Dr Mainul Khan, Dr Nalin Fonseka, Zoe Andrews (Health Promotions Officer), Wendy Arney (Dietitian), Kiah Howard (Receptionist), Debbie Towns (Midwife), Robert Ritchie (Clinic Team Leader), Timmy Gordon (Aboriginal Mental Health Peer Support Worker), Guy Mitchell (Transport Officer), Justine Williams (Health Services Manager), and Michelle Terrick (Practice Nurse).

"We're so excited," says Midwife Debbie Towns. "This puts us on the map!"

The Aboriginal-led midwifery unit in the Far West region of NSW has approximately 2000 clients on its books, covering ground from "Robinvale across to Wentworth, up to Broken Hill and to the Mildura border."

"We're a pretty close-knit team. Everyone pulls their weight," continues Ms Towns. "From the reception staff who make the process smooth and book you the appointment, to the team of doctors and Aboriginal Health Workers (AHW) who take your bloods and things like that; then to the midwife for antenatal and postnatal, and to the AHW who will go and visit clients in the community as well. We've also got an obstetrician that comes once a fortnight to the Dareton primary health building across the road."

One of their major recent achievements includes transitioning to a digital antenatal record following community consultation.

"Ideas need to start from the grassroots, rather than coming from the top down," Ms Towns said.

"We have a little card, or a wallet, that sticks to your mobile phone or similar, then your little USB card will go into there, so for the duration of your pregnancy, you can carry it with your phone. It's called the CHAC Electronic Maternity Record (CEMR).

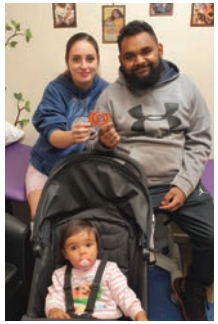
"The CEMR has been designed in line with the model of paperless clinical notes. The CEMR reduces the risk of transcribing errors as the originals are uploaded to the CEMR USB card.

"Our local community who are utilising our new CEMR find it extremely beneficial, as it's up to date with modern technology; it fits in their wallets and purses.

"As a midwife for many years, one thing that has been an issue is that the maternity handheld record often gets misplaced or left at home. This new card has changed our clinical practice and ensures all client information is stored and on hand, ready to go, especially on those rare occasions when specialist follow-up is required – because the medical information that is needed to provide that further treatment/management is there ready to go.

"This CEMR Card also saves not only us here at CHAC but other organisations the time of requesting patient records, pathology results, and ultrasound reports.

"The CEMR includes subheadings for ease of locating patient information, a link to the CHAC website and a message from our CEO Summer Hunt.



"Ultrasounds images are uploaded at each gestation to show baby's growth and promote family bonding. This CEMR also makes for a nice keepsake for our families."

Ms Towns also identifies the enhanced privacy, the ability to sanitise the card, and the involvement of many individuals (including a local artist) as key benefits.

Roundtable round-up

The CRANAplus Nursing and Midwifery Roundtable discusses and reports on key issues affecting rural/remote health. In this issue, Roundtable Member, Nurse Practitioner Candidate and Nurse Manager Emma Collins from Ceduna outlines the issues she'll be flagging through the discussion group and shares the moving story of her journey from the bush to the city then back again.

"It's a bit random how I got here," Ms Collins says with a laugh. "Both my parents are from Northern Ireland. My dad [Jim] put in for a job in Australia as a diesel mechanic, and he got the job in Leigh Creek, so he and Mum [Rose] moved from a -20-degree winter to a 50-degree summer."

Later, the Collins family moved to the Barossa, and it was here that Emma's passion for nursing began after completing a placement at Angaston Hospital.

"I always wanted to go back rural, but then I got my grad year at the Royal Adelaide, so I thought that's a great opportunity, a great foundation – then I didn't leave for over a decade," she says.

"In 2018, one of my husband David's best friends, who like David is a paramedic, moved to Ceduna. David applied for a secondment, I applied for leave without pay from the RAH and soon after I started as an RN at the Ceduna hospital."

The change was dramatic – a little like adapting to a 70-degree change in temperature.

"I was blown away with the amount that these nurses do," Ms Collins says, giving an example. "There's no SA Pathology to send the bloods to on-site so you have to spin the bloods in the blood spinner and then put them in the fridge, and then they get picked up once a day.

"Nurses out here just have to be a jack of all trades. I was really blown away by their confidence. Even though I was a skilled clinician, I had a lot of different things to learn. Because, you know, I didn't have my resus team there. Being part of the Ceduna team, you sort of were it."

Nurse practitioner candidacy

Ms Collins is now a nurse unit manager (NUM) at the hospital, and personal circumstances have also inspired her to pursue Nurse Practitioner endorsement.

"My dad was really sick last year," Ms Collins tells CRANAplus. "He got diagnosed with cancer. We had a really long conversation, and it was decided that we would keep him at home and that I would palliate him at home, in the Barossa."

"[My director] Andrew, my partnering NUM Tanya and my Executive Director of Nursing and Midwifery Julie were incredible. They basically said, 'Do what you need to do and we will be here when you return'.

"I managed to palliate dad and kept him at home right until the end, and what I experienced was a beautiful palliative care team, but an under-resourced palliative care team.

"When I returned to Ceduna, that week – although it was really raw for me – I had a family in a similar position to me, but no one was medical. We managed to keep him at home up until the day when he passed away and he was in hospital with his family around him.

"That's sort of pushed me to do my Nurse Practitioner studies, because I realised there's a gap in our healthcare delivery... It's not just the big traumas and the life-threatening presentations. In part, I was driven by creating easier access to healthcare. We rely on locums. We do have one or two resident GPs here, but the access to care – particularly palliative care – is something we could probably do a bit better."

As part of her NUM role and her candidacy, Emma has led numerous quality improvement projects.

"For example, in a lot of rural areas, there's just one emergency trolley that has everything in it: paediatrics, airway, breathing, circulation," she says. "I did a survey with staff and they were saying they weren't able to find what they needed quickly enough. I organised a lockable airway trolley, and a circulation trolley that has defib and all of the circulation drugs and circulation needs, with everything labelled and easy to find."

"I'm making some nurse-initiated pathways for the Eyre and Far North, and hopefully we can all get that similar care and pathways for everything in this health network," she adds.

Issues she'll raise on the Roundtable

Ms Collins says that, during the first meeting, it was great to hear the experiences of fellow Roundtable Members — on both a professional and a personal level.

"I think being able to sit on our Roundtable and share those experiences and have people say 'us too' makes you feel some sort of camaraderie," she says.

Ms Collins joined the Roundtable to raise a few key issues that matter to her and those within her networks. Firstly, she wants to let people know that rural healthcare work represents opportunity.

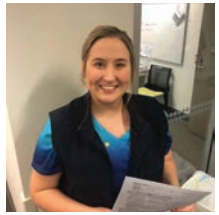
Since going rural three years ago, she has won a scholarship to go to Auckland for a Renal Society Australasia Conference and to Sydney for Palliative Care Outcomes Collaboration Conference. In October, she had also been shortlisted with two others for the SA Health Young Professional of the Year and had just been announced as a recipient of the Australian College of Nurse Practitioners' Heather May Herrick Scholarship.

Not only is she a part of the CRANAplus Roundtable but sits on multiple committees including the Country Health Emergency and Trauma Advisory Committee and the College of Emergency Nursing SA Branch/Committee.

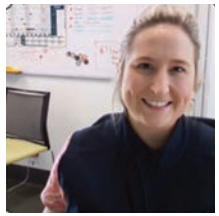
"Since I've been here I have done chemotherapy training, haemodialysis training," she adds. "These are the things that you may get overlooked for or not know about in Adelaide; whereas here I've had amazing opportunities and I've only been here for three years."

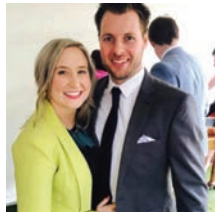
Secondly, Ms Collins wants to raise awareness of the under-recognised specialist nature of the rural nursing profession.

"I think coming from a metropolitan hospital, I had a wider scope of practice, on paper, than I do here," she says. "[In Adelaide], I was able to do nurse-initiated medications and fluid, nurse-initiated X-rays, and nurse initiated pathology.









"Unless you're really rural or remote and can use the CARPA manual, we're sort of in the middle. We're rural but we're not quite rural enough. Yet our nurses are very intelligent and we have a ways to go. We can broaden that scope even more for rural nurses."

Thirdly, she wants to raise awareness of staffing issues and shortages — an issue which has been exacerbated by the COVID-19 pandemic.

Navigating the COVID-19 Pandemic

Emma was working at the old Royal Adelaide Hospital's Emergency Department during the Ebola pandemic and recalls running through a simulation, during the transition to the new RAH, wearing a HAZMAT suit.

In some ways, COVID-19 brought these simulations to life in Australia, but "COVID-19 is definitely a scale up", says Ms Collins, who having also worked at the Royal Adelaide's Communicable Disease Control Branch, speaks from lived experience.

"It's been really hard, particularly when we've had these exposure sites [near Ceduna] recently," she says. "My director and I worked around 11 or 12 days straight because we just didn't have the staffing secondary to staff isolating... At one point, we swabbed nearly 300 people over a two-day period.

"Even with gaining agency from interstate, it's just not as simple as it used to be. Everyone is feeling the same, because no one can get these agencies from interstate, and when we do, they might have to quarantine for two weeks – then who pays for that?"

Throughout the pandemic, the hospital has been provided a point-of-care testing machine by Flinders University and has used negative pressure machines that are "put into the window of the ward room and turned on, whereas in Adelaide you turn a key".

Faced by these challenges, "Our team has stepped up and has really impressed me," Ms Collins says.

"One of, or perhaps the only positive of this horrible time is that we're part of medical history; something that may not happen again in our lifetime," she adds.

Connect

A stitch in time

The Australasian Foundation for Plastic Surgery has conducted 20 wound care workshops and counting in the Top End, paving the way for faster-healing wounds, fewer infections, and locally provided care.

The initial assessment and management of a wound – be it a burn, dog bite or deep gash – has a huge bearing on the final outcome for the patient.

This is a key message from Dr Richard Barnett AM, the Chairman of the Australasian Foundation for Plastic Surgery providing Wound Care training workshops across the Top End of the Northern Territory to remote health practitioners.

Leading a team of volunteer specialist plastic and reconstructive surgeons, Dr Barnett's aim is for rural and remote health practitioners to improve their skills and confidence, providing treatment that will result in faster-healing wounds, less infection, fewer transfers out of Country and better scars.

Thanks to a Commonwealth Government grant, the Foundation has already conducted 20 workshops, attended by 300 health practitioners, plus students at Bachelor Institute undertaking the Certificate IV in Aboriginal and Torres Strait Islander Primary Health Care Practice.

The Foundation's plans are to expand the program throughout the NT and across the borders into Far North Queensland and the Kimberley region in Western Australia.

The hands-on suturing class is by far the most popular part of the training, Dr Barnett says, with pig trotters the ideal 'patients' for practising cleaning wounds and applying anaesthetic, learning how to hold the instruments, and inserting various types of skin sutures.

"Pig skin is very similar in structure to human skin. To handle and stitch a trotter is almost identical to dealing with a person," he said.

And so a pile of frozen pig trotters can be found thawing in the sink whenever the team arrives at a workshop location – in preparation for cleaning and stitching.

The first lecture of the day is wound assessment, with a list of things to think about.

"Out of that comes understanding," Dr Barnett said, "Whether it should or could be treated locally, how to apply first aid and then how to manage the wound, including stitching it up. Or perhaps it's more appropriate to be treated in a bigger centre.

"After the very first workshop on the Tiwi Islands, a remote area nurse was faced with a young man whose cheek was split open badly. ▸▸

Normally, that patient would be sent to Darwin, but the nurse decided: 'I think I can safely assess and stitch' and she did a beautiful job," Dr Barnett said. "There are many stories like that."

Burns, dog bites, and facial and hand wounds topped the list when health practitioners were asked what topics they'd like covered.

Dr Barnett said it was always a two-way learning process at the training workshops at remote clinics. As well as providing new skills to local people, the surgeons gain new knowledge about traditional and local approaches to wound care.

While acute wounds is the focus of the training, the team also touches on chronic wounds, which disproportionately affect remote Indigenous communities and are the second most common reason for hospitalisation, Dr Barnett points out. "If not treated correctly, a chronic wound can take years to heal or may lead to amputation."

Dr Barnett took the opportunity during his presentation on the Foundation's Wound Care Program at the CRANAplus Virtual Symposium in September to launch a suite of online materials to augment the training workshops. The materials include e-learning modules for self-directed continuing education and videos showing the various types of sutures as well as general wound care. There is also a specific COVID-safe module focusing on the needs and challenging situations faced in remote areas.

Dr Barnett's presentation to the Symposium is available to those who registered for the Symposium through their dashboard.

The entire suite of materials are available free of charge and can be accessed from crana.org.au/externalpd ●

Remote Wound Program

Helping rural hospitals overcome staff shortages

Merridee Seiboth, Director of Nursing & Midwifery for the Loxton Hospital Complex in South Australia, discusses the challenges that rural hospitals face in recruiting staff and how the Australian Government-funded Rural Locum Assistance Program (Rural LAP) helps them overcome staff shortages to serve their community better.

I'm Merridee Seiboth. I'm the Director of Nursing and Midwifery at the Loxton Hospital.

Loxton Hospital is a small rural hospital in the heart of the Riverland area in South Australia. We're a very dynamic rural hospital. We have an after-hours casualty service. We have maternity services. We have surgical services and general medical services. We have a co-located aged care facility as well.

There are many areas across rural South Australia, as well as nationally, that face challenges today when it comes to recruiting staff in a rural community. Often staff feel that they can't take leave as frequently as perhaps they're due to, because they don't want to put the service at risk if we're having any difficulties. So, we need to be creative with how we ensure that our local staff are well cared for and that's where Rural LAP comes in.

One of the benefits as a manager is knowing that it's a federally-funded initiative. It's great to know that the staff cost no more than the staff that we're already providing, so that provides an equal platform for all staff, and I think that's really important.

The staff that come choose to come here and I think that is a great benefit. They want to be here, they bring with them a professionalism that they're willing to share and are aware of our needs. They have background and one of the other benefits is we often get recurring staff coming back.

Rural LAP are also able to provide a wide variety of skill sets: the acute care, the maternity, the casualty and outpatients. We've recently been utilising Rural LAP for our aged care facility. We've been really pleased to have the support of Rural LAP in providing registered nurses for our aged care facility. They come with the skills and the understanding of the needs of our elderly citizens. They know that we're here to serve the community and when Rural LAP staff come, they join in that team. ●

A tropical transition to remote

We catch up with Madison Clark, RN with the Torres and Cape Hospital and Health Service, to find out what it's like to work near 'the most beautiful beaches', witness the impacts of health promotion first-hand, and feel warmly welcomed by community.

Cairns local and registered nurse Madison Clark first headed remote in March 2021, when she commenced a three-month transition to remote practice in Lockhart River through the Torres and Cape Hospital and Health Service.

"I've always being interested in Indigenous health and the struggles Indigenous communities face in regard to chronic illnesses and living in remote locations and not having access to the same kind of healthcare you have in a city," Madison says.

"I spoke to one of the educators before going up [to Lockhart River] and told her remote nursing was something I really wanted to do, but that I wasn't fully comfortable being a clinical nurse in remote environment, which is when she offered me the transition program.

"I went there are as a registered nurse and I was supernumerary, so I was very well supported the whole time. The DON and CNs have been really incredible in helping us to get lots of learning opportunities."

Since Lockhart River, Madison has worked in Bamaga and had just commenced working on Thursday Island at time of writing. The experience and support of surrounding staff and management has continued to impress her.

"The nurse educators are lovely," she says. "Before I came to TI, I wanted to do a Triage course and they made that happen. When in Lockhart, they flew me home for a week to complete a number of courses."

Madison notes that remote health employment isn't all a bed of roses. She says isolation and missing family events can be challenging, but that her six weeks on, two weeks off arrangement allows her to spend valued time with loved ones.

Even during her stints away, she says "You'd be surprised how quickly the community turns into home, and how easy it is to make friends.

"By the end of it you feel like you're a part of the community," she says. "People come in and they know who you are. You go to the shops and people will have a chat to you.

"When I was in Lockhart, everyone was very inviting. I got to go down to the beach with some of the Elder women. They showed me how to make woven baskets out of pandanus leaves – cutting, burning, weaving.

"As we were doing it, they'd be telling us stories about old Lockhart.

"There was one older lady who has a bit of dementia who I fell in love with while I was up there. I think she was gorgeous. She said: 'you're doing it wrong', took the knife from me and started doing it. My heart dropped. She'll end up in the clinic with her finger off, I thought – but she did it so well. I was so impressed.

"The thing I really enjoy about working with small communities is that you get to see the impact you're making in someone's life... In PHCs, clients come in regularly and you see that what you're teaching them is working; they're doing it. Then you see them outside of work, too – it's really nice."

Madison says her favourite aspects of the role include the scope of practice, the autonomy, and the responsibility of working among a team of skilled nurses in a setting where doctors are not always present, but rather dialled in via TV screen during certain emergencies. She savours the diversity of working alternately in PHC settings and hospitals.

Meanwhile, outside of work hours, she enjoys soaking up the Tip and the Islands.

"I'm looking out of my balcony at the moment," she says. "There's a beach and the ocean is dead-flat. It's hot and humid. It's an island paradise.

"Since starting on Thursday Island, I've become friends with one of my roommates. We all go for a walk down to the beach, to the pub to get dinner, to the coffee shop for a coffee and a donut – there's so much to do here.

"On my days off in Lockhart, we had access to a car, and me and my friends went down to Chilli Beach before work most mornings. It's one of the most beautiful beaches I've ever been to... In Bamaga, I spent a short holiday camping with friends on the Old Telegraph Track in the four-wheel drive of a nurse who had driven up."

Since working in the region she has also started fishing for the first time and has already caught a coral trout so large she couldn't reel it up from the depths herself.

When asked how she sees the next five years panning out, Madison says that for her, it's remote all the way and that she may look to upskill through post-graduate studies in emergency nursing to prepare for very remote PHCs.

"Since starting with Torres and Cape, what has struck me is how welcoming the community are of having good health workers come in, and how trusting they can be of people as well," Madison says.

She advises nurses who are eager to pursue remote health to "contact the Torres and Cape Hospital and Health Service and see what positions they have available to suit your skills."

You can take the first step towards a career in remote nursing by emailing TCHHS-Nursing Midwifery-Recruitment@health.qld.gov.au ●

Services Australia announces digital changes

The government agency provides an important update on upcoming changes to their digital health and aged care channels.

Services Australia is upgrading its digital health and aged care channels. These upgrades will ensure that patient and provider information is secure, now and into the future.

To continue accessing the channels below, you'll need to be using web service compatible software by 13 March 2022:

- Medicare Online
- Australian Immunisation Register
- Department of Veterans' Affairs
- ECLIPSE
- PBS Online
- Aged Care Online.

Services Australia is also strengthening its authentication process by replacing Public Key Infrastructure (PKI) site certificates with Provider Digital Access (PRODA) for organisations.

PRODA will help you do your electronic business with Services Australia securely.

If you use an alternative channel for your claims or don't use software, you don't need to do anything. These upgrades won't affect you.

For more information about PRODA, visit servicesaustralia.gov.au/proda.

What you need to do

Your software developer will have information on their transition and upgrade plans for your site. If you haven't heard from them, contact them now and ask:

- when will your web services compatible software be available
- if you will need to register your organisation in PRODA to authenticate to Medicare Online/ ECLIPSE web services.*

*For PBS Online and Aged Care users, you must register your organisation in PRODA to authenticate to your web services enabled software.

If you use PBS Online, your software developer will contact you when more information is available.

It is important that you understand these changes, as they will affect your business if you use software to submit claims and data to Services Australia.

For more information, visit servicesaustralia.gov.au/hpwebservices ●

Australian Government
Services Australia

Why we stay and why we leave

As part of her Flinders University Master's of Remote and Indigenous Health, RN Jacki Argent interviewed seven experienced RANs for her study 'Why we stay or leave and what we value: a qualitative study of retention strategies for remote area nurses'. We run through a Q&A with Ms Argent about key findings and recommendations to improve RAN retention.

Firstly, tell us a bit about your own background as a remote area nurse.

I finished my Bachelor of Nursing in 1997. I have worked as a RAN in Queensland, WA, New South Wales, SA, and the NT. Of that, I've spent the last 15 years mainly working in Central Australia. I've been a RAN, a clinical manager, and a remote educator.

What is the level of turnover around the country and how does it impact remote health?

On average, there was 148 per cent turnover annually in the Northern Territory between 2013–2015, as found by John Wakerman. That's compared to a hospital nursing turnover in Australia of 15.1 per cent.

Another paper by John Wakerman, released in that same period, identified that the NT Government spent 29 per cent of the operating budget on recruitment and retention of staff.

Money not spent on retention and recruitment can be spent on other priorities that directly improve remote health. An unstable workforce also negatively impacts the health outcomes in remote areas, because of the lack of continuity of staff.

Why do RANs stay?

RANs identified an interest in Indigenous health and culture. They also noted the variety and the scope of work. Especially in the smaller communities, a functioning team was identified as a main reason to stay – similarly, if the team is dysfunctional, people just leave.

Another reason is a sense of adventure. It becomes a lifestyle.

Why do RANs leave?

The number one reason was a dysfunctional team and management. Other reasons include the inability to maintain one's own social and cultural connections, and fatigue of the job, of the hours, of the call.

Also, the lack of boundaries and the lack of being able to be anonymous. You're always the nurse – you're never not the nurse – because you're living in the community. At the shop, at home, or at work, you're always in that role. The only time people are not is when they can go out.

Photo: Greg Brave – stock.adobe.com

I'll note that people might leave that remote area, but they may go onto a different remote area. They don't necessarily pack up and head off: "That's it, I'm never going remote again."

For RAN retention to improve, what needs to be done and by who?

Employers, be they government or non-government, need to have a commitment to change. Also, policy makers and health service providers need to have a better understanding of retention issues.

There's a growing body of literature that discusses these issues, but nothing happens... It's like we're on a roundabout.

If you're living in an isolated area away from your own social and cultural belief and perceptions, long term it's not sustainable. If you're working a year and only getting six to eight weeks out of community, that's not very long.

There are organisations that have already made significant change to employment models, such as nurses doing six weeks on and two weeks off, or eight weeks on and three weeks off, but during my research there was no documented evidence if that works or not. We need evaluation into what works and what doesn't.

Is there a particular employment model that is best?

I don't think there's one model of employment that's a quick fix for remote areas, because it's a unique sort of working environment. Geographically, the isolation is different. There are some places where you're close to other bigger centres and then there's places that are hard to get out of.

No two communities are the same. While there may be similar issues, they're not the same – so employers need to have a flexible and adaptive approach.

What is one less obvious risk we face if change isn't made?

The remote workforce has changed because there's agency nurses now. People will leave the government jobs and go and do that agency,

because they can find that better work-life balance, so if the government continues with a non-flexible model, people just leave that and then go and do agency work.

Are there any flawed ideas holding back progress on RAN retention?

I think it's easy to say RAN retention is an ongoing issue and will always be, because it's the nature of the work. Historically, it's the pattern of recruitment and retention. RAN retention issues are just normalised.

If they evaluated and implemented change, they could have a better go at it.

What happens next with your research?

I hope to get it published, then it's a published personal perspective. My research came from RANs and it was their personal insights into these issues, so I hope by documenting them, I've put some anecdotal experiences into something more formal.

Doing this research project was a steep learning curve. It gave me insight into the process of research. I don't have any plans to do future research at the moment, but never say never. ●

Neuroprotective developmental care

Dr Pamela Douglas, the Medical Director of Possums & Co., discusses the Neuroprotective Developmental Care Accreditation Pathway, for which the charity is offering 300 scholarships. She also outlines the "evidence-based paradigm shift" the Possums Program is driving in the domains of breastfeeding, cry-fuss, sleep and perinatal mental health.

Midway through 2021, the charity Possums & Co. received a $824,450 grant to deliver the three-year Neuroprotective Developmental Care (NDC) Rural Project, as part of the Commonwealth Government's Perinatal Mental Health and Wellbeing Program.

"We are delighted that the Government is supporting us in bringing NDC to rural and remote practitioners and their patients," says Dr Pamela Douglas, who founded the charity in 2013.

"We're able to offer 300 scholarships over the next couple of years to health professionals located in rural and remote settings between MM 3 to MM 7 on the Modified Monash Model."

The scholarships cover the approximately $1000 costs of the Possums Program, which teaches an evidence-based approach to breastfeeding, cry-fuss issues, sleep issues, and perinatal mental health. Successful applicants will receive NDC accreditation upon finishing the program, which can be completed fully online.

Dr Douglas says the project recognises that parents in rural and remote settings are disadvantaged in terms of access to resources and support.

"It addresses the problem of the conflicting advice that parents receive, by setting up a network of health professionals in rural and remote communities who are on the same evidence-based page," she says.

"It also allows 10 parents who are consulting with successful applicants to access our Parents Hub, a non-judgmental safe place for peer support, monitored by parent mentors and also a full-time perinatal mental health expert, who can coordinate peer support groups through various rural and remote localities."

What is the Possums Program?

The NDC Program is backed by about 30 peer-reviewed publications in medical literature,

Top: Renee, Tarni and Pam. Above: National Birthing on Country Project, Baby Noonkanbah Clinic, WA, 2009. *Photo Julie Fletcher.*

Dr Douglas says. It focuses on setting up life-long neural templates for secure attachment and good mental health, as well as gut, immune and metabolic health, during the "exquisitely neuroplastic first weeks, months, and years of life".

"All [of these factors] have great epigenomic sensitivity and can be affected by problems that emerge in breastfeeding, sleep, and fussing," she says, listing three major focus points for NDC.

CRANAplus asked Dr Douglas to give a few examples of how NDC flips common advice on its head in these domains.

"The sleep approaches we've all been trained in and what parents find online are generally a 'sleep training' approach," Dr Douglas says. "A sleep training approach is built on the philosophy that we can entrain the baby's biology around sleep, by not responding to babies' cues or by delaying response to babies' cues.

"There's been five systematic reviews now to show that [traditional sleep recommendations] don't decrease night waking... and emerging evidence to suggest the dominant sleep approach can exacerbate anxiety within families.

"The big difference with Possums is that we go back to all the science," Dr Douglas says. "Sleep is a biological process under the control of two sleep regulators, the circadian clock and sleep/wake homeostasis, so we want to work with our baby's biology and support that responsive care or cued care day and night to optimise healthy sleep."

Meanwhile, Dr Douglas points to over-medicalisation as a common fault with current practice in the domain of breastfeeding.

"Unsettled infant behaviour at the breast and nipple pain are often inappropriately attributed to medical causes, like allergy, reflux, tongue-tie," she says. "Very often our babies are being unnecessarily medicalised and treated, which comes with unintended risks. Positional instability during breastfeeding may be a more likely cause."

She also says that certain pieces of common advice can worsen breastfeeding problems.

"Women are often told, if they have blocked ducts or mastitis, that they should massage out the blockage in the milk duct. That will cause microvascular trauma in what's already very vascular tissue, which increases stromal swelling, which causes ducts to compress, which causes rising pressures in the alveolar glands, which causes worsening inflammation."

She also noted that all Possums & Co. Programs integrate a modern form of Cognitive Behavioural Therapy known as Acceptance and Commitment Therapy, which is supported by "a very strong evidence base internationally, including for depression and anxiety, and an emerging evidence base in the perinatal period."

Who should apply?

Dr Douglas said Possums & Co. were hoping to award scholarships to a wide range of health professionals, including but not limited to GPs.

"Wouldn't it be wonderful if there was a team in a town – a midwife, a lactation consultant working with the GP, a local child health nurse – who all registered and became accredited, because then we're starting to seriously deal with the problem of conflicting advice," Dr Douglas says.

"Or it may be a community where it's just the midwife, or the child health nurse, in a situation where there's not that local care collaboration. We'd love to think that those people could also join us and access peer support online.

"We'd also love to invite our Aboriginal health workers and First Nations health professionals to participate and feed back to us... helping us shape what we're doing so that it is culturally responsive and culturally appropriate."

For more information on the NDC Rural Project or to apply for a scholarship, head to education.possumsonline.com/our-ndc-rural-project ●

New poster guides health workers on Hep C

The Aboriginal Health Council of South Australia (AHCSA) and Hepatitis SA (Hep SA) have developed a simple accessible tool to help community health workers in rural and remote areas make decisions about hepatitis C screening and referral.

Aboriginal and Torres Strait Islander communities in Australia have a disproportionately higher rate of hepatitis C infection. The latest surveillance figures from the Kirby Institute show a notification rate more than six times higher in Aboriginal communities than the non-Indigenous community.

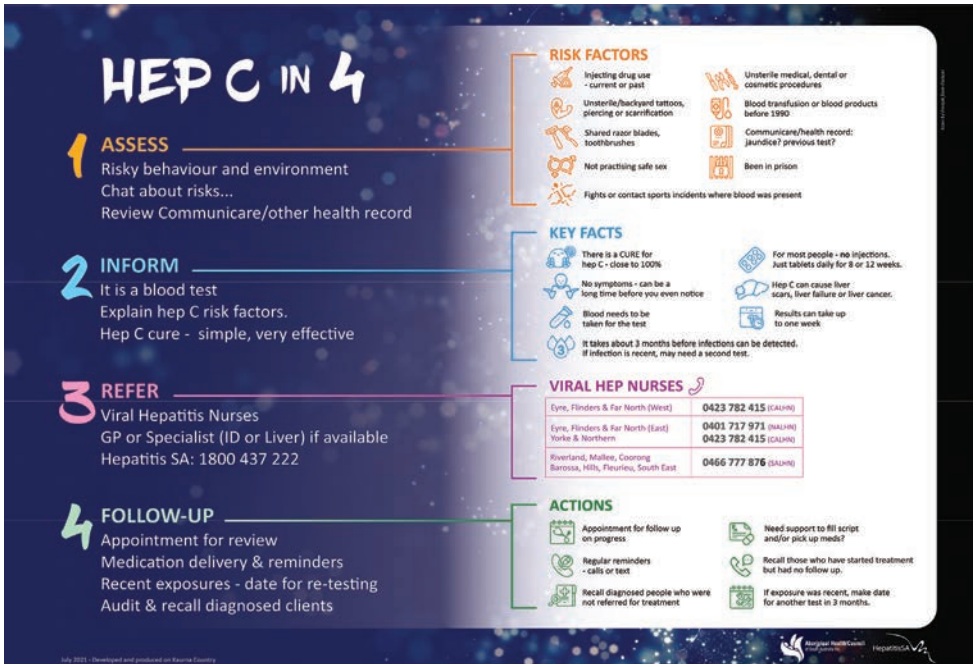
This disparity between Aboriginal and non-Aboriginal communities has been a consistent feature for years.

At the recent Australasian Viral Hepatitis Conference, Chris Gough, Executive Director of The Connection, a peer-based Aboriginal health service in Canberra, said Aboriginal Health Workers would discuss hepatitis C screening and treatment when clients are ready and trust is built.

He added, however, that it was important that pathways for action and referral are clear for the workers on the ground.

For the Aboriginal Health Worker or Practitioner in rural areas, usually the only health service providers on the ground, dealing with hepatitis C on top of their clients' other health needs would be even more challenging.

There are questions around how to start the conversation about hepatitis C, how to assess whom to screen, how to assess risks, what the best referral pathway is for clients, and what follow-up they might need.



In response to this, AHCSA and Hep SA have developed a simple wall chart that can be used as a guide for the busy community health worker.

AHCSA's Sexual Health/BBV Programme Coordinator, Joshua Riessen, said the aim of this tool is to help workers feel confident about talking to their clients about hepatitis C.

The *Hep C in 4* wall chart takes you through four basic steps: Assess, Inform, Refer, Follow-up. Key points and facts at each step are visually linked to notes with further details.

"With this chart, you can sit there with your client, and you can just glance over at these key steps, if you need reminders of how you should describe hepatitis C, the risks or how it can be managed," Josh said.

"The key points are there to assist with your discussion during your consultation."

The 2018 SA Health surveillance reported a rate of hepatitis C diagnosis in Aboriginal communities five times higher than that in the non-Aboriginal community.

The report also showed the rate of new infections in Aboriginal communities was 20 times higher than in the non-Aboriginal community.

Joshua Riessen (AHCSA) with *Hep C in 4* wall chart.

Josh said the resource was developed in consultation with Aboriginal Community Controlled Health Services throughout the state, and the responses from the workers had been 'phenomenal'. Other reviewers included viral hepatitis nurses, educators, and general practitioners.

"The insightful feedback from workers on the frontline helped to make the resource more relevant and easier to use."

Hep C in 4 was launched on World Hepatitis Day 2021 together with a video introduction. Printed copies of the A2 size poster are available from AHCSA or the A3 size version may be downloaded at https://bit.ly/hepcin4.

The introduction video and explanation can be viewed at the Hepatitis SA YouTube channel.

References:

https://data.kirby.unsw.edu.au/hepatitis-c

https://bit.ly/sahealth-2018-stibbvsurveillance

Champions4Change

Hear from RHDAustralia about the Champions4Change (C4C) program, a culturally responsive support program for people living with Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD).

The Champions4Change program aims to end RHD for Aboriginal and Torres Strait Islanders people and improve the health and wellbeing of people already living with ARF and RHD.

The C4C program is guided in its efforts by its core values of sharing, caring and inspiring. These core values are encompassed by the official C4C logo, which was shared for the first-time on World Heart Day on 29 September 2021.

RHDAustralia worked in partnership with the Champions to create the official C4C logo which serves to bolster Champion-led activities at the community level by creating an identity for Champions to leverage.

The Champions come from all over Australia and live or have lived in urban, regional, and remote communities and have lived experience of ARF/RHD whether that be through their own experience of being diagnosed with ARF/RHD, or through caring for family members and or community members who have ARF/RHD.

Due to the risk that COVID-19 poses, the C4C program has not yet been able to run all the camps and workshops that were planned. However, this has not stopped the Champions from moving forward and creating invaluable progress in the fight against ARF and RHD.

Since June of 2020 the Champions have been:

- Empowering their community through lived experience and education
- Assisting others in their communities to navigate complex and often fragmented health systems
- Sharing their knowledge, caring for their community, inspiring their community to take care of their health
- Using their cultural knowledge to help breakdown systemic barriers in the health care system
- Being 'patient navigators' to assist in navigating the health system
- Providing peer support to each other, and others who are living with ARF/RHD
- Co-designing and co-developing education/awareness programs and other place-based activities in their communities.

RHDAustralia is looking forward to co-developing and co-designing with our local Champions education, awareness activities and learning modules that will be available later this year.

More about RHDAustralia

RHDAustralia supports the prevention, diagnosis, and management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Australia. RHDAustralia is based at the Menzies School of Health Research in Darwin. Since 2009, RHDAustralia has played a critical role in the Australian Government's Rheumatic Fever Strategy.

RHDAustralia works collaboratively with Aboriginal and Torres Strait Islander communities, Australian Governments, RHD Control Programs, The Heart Foundation, our END RHD partners, professional bodies and others to support the implementation of an Aboriginal and Torres Strait Islander led, comprehensive approach to eliminate RHD in Australia as articulated in the RHD Endgame Strategy.

RHDAustralia believes that to end RHD in Australia, people, their culture and values must be incorporated into all aspects of the work we undertake. Community input and solutions that respond to local context are critical. By recognising and supporting Aboriginal and Torres Strait Islander ways of knowing, being and doing, RHDAustralia is committed to self-determination, empowerment, and Aboriginal leadership.

We aim to increase community capacity and empower communities by:

- Supporting and growing the Champions4Change Program/RHDAustralia program based on the principles of experience-based co-design.
- Working with individuals, families, and communities to identify and co-design resources required to strengthen education and awareness of ARF and RHD at community level.
- Providing mentoring upskilling and training opportunities through traineeships and involvement of Champions4Change in RHDAustralia projects.

We also aim to support clinical excellence and best practice by:

- Implementing the 2020 Australian Guideline for the prevention, diagnosis and management of ARF and RHD (3rd edition).
- Working in partnership with key stakeholders to deliver evidence-based, responsive, and innovative education and training to health professionals and community-based workers.
- Translating knowledge to practice through education, engagement, and communication strategies.

Clinical Education

RHDAustralia provides a suite of free online clinical education modules to improve the prevention, diagnosis and management of ARF and RHD. The content of the modules is consistent with the 2020 Australian guideline for the prevention, diagnosis and management of ARF and RHD (3rd edition) and has been developed with leading Australian experts in ARF and RHD.

www.rhdaustralia.org.au

What guides RHDAustralia

Our Vision: No child dies in Australia as a result of acute rheumatic fever or its complications.

Our Mission: To work alongside Aboriginal and Torres Strait Islander peoples, and other at-risk populations, to reduce acute rheumatic fever (ARF) and rheumatic heart disease (RHD) in Australia.

CHAMPIONS CHANGE 4

New tool to fight infections in the tropics

Tropical areas across the top of Australia have a very high rate of potentially dangerous skin and other infections – and a very low level of information to support clinicians in treating these patients with antibiotics. A new digital data platform aims to fill the clinical and surveillance gap – but also to "inform policy makers to invest more time and resources in regional and rural Australia".

That's the aim and the hope of Dr Teresa Wozniak, lead researcher of the HOTspots program which enables clinicians in northern Australia – doctors, nurses and Aboriginal health practitioners – to identify 'the right drugs for the right bugs'.

"The platform, which provides localised and timely information about which antibiotic-resistant organisms are circulating in a given local region, will join a suite of resources to support clinicians across northern Australia to manage patients more effectively," says Dr Wozniak, Principal Scientist at CSIRO and Honorary Senior Research Fellow at Menzies School of Health Research.

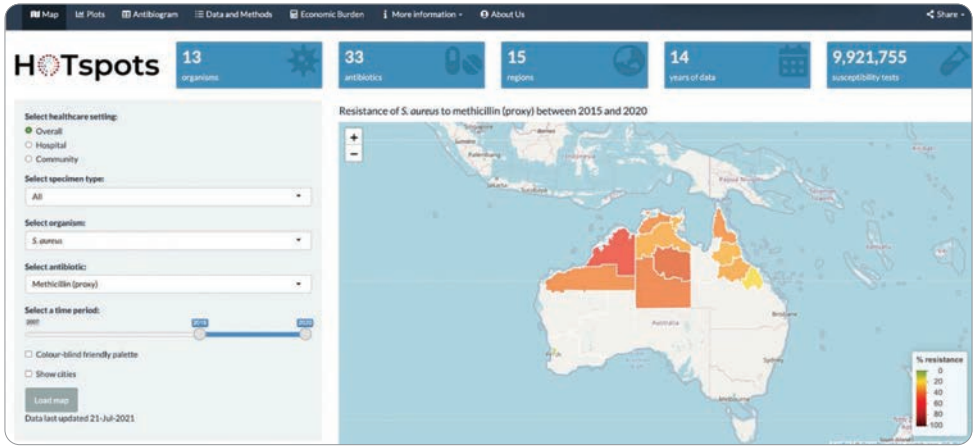
"We are constantly looking at ways to make HOTspots more user-friendly and provide local evidence so that those patients who live in resource-poor settings, despite challenges of remoteness and high turnover of healthcare staff, have equitable access to health care."

Northern Australia, above the Tropic of Capricorn, has a low population density, with a lot of remote and regional communities, and a very high burden of infectious diseases, says Teresa. Skin infections pose a significant issue in the tropics.

> "Skin is your barrier to the outside world. If that barrier is compromised, you are at a higher risk of skin infections."

Living in remote settings further adds to that risk.

"Skin infections caused by Staphylococcus aureus (i.e golden staph) is a common one, a really big one. Other infections include urinary tract infections which, if they go untreated, can become invasive bloodstream infections."



Dr Wozniak pointed out that a study by one of her PhD students[1] found that clinicians in remote areas were doing a good job, wanted to do the right thing, but were hampered by a lack of resources.

"In some cases, it takes three to four days for results to come through from pathology to confirm what is causing the infection, but remote health workers don't have time for that," says Dr Wozniak. "The patient may be returning to their home or community and the clinician needs to make the most accurate determination on the spot and decide what treatment and antibiotics to use.

"With improved surveillance and data from the HOTspots platform, clinicians can visualise and interrogate data (by age and sex) that are relevant to the region where the patient may have acquired the infection. If he or she suspects a particular organism, they have access to information from the HOTspots platform, plus the treatment guidelines and their own expertise, to prescribe antibiotics most likely to work and kill the bacteria."

While there have been some delays due to COVID-19, the platform is updated every six months, with plans to move towards more regular updates. HOTspots is now being used in hospitals in Northern Territory and increasingly in regional, rural and remote clinics.

The increased data collection is an important step towards the goal of health equity in Australia, says Dr Wozniak.

"With research and resources, we tend to focus on where we see the most people," she says. "We survey the big major hospitals and tertiary hospitals and know so much about what is happening there.

"Northern Australia is geographically isolated and, in many parts, [is made up of] resource-poor settings which are often outside of surveillance reach. Until recently, this data had not been provided to treating physicians.

"We are now collecting the data, clinicians are using the data – hopefully the data will also allow some people to see the hotspots of high infections and which will need greater investment and resources."

HOTspots was developed from funding provided by the HOT NORTH program, an NHMRC research program based at Menzies School of Health Research. Access the platform here: https://anti-microbe-res.shinyapps.io/hotspots/

References

1. https://peerj.com/articles/9409/

Photos provided by Menzies School of Health Research.

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