

The background of the book cover is a composite image. The upper half features a vibrant sunset or sunrise sky with a gradient from deep red at the top to bright orange and yellow near the horizon. The lower half shows a dark, textured surface, possibly a road or a field, with a single yellow vertical line running down the center. The entire cover has a subtle, cracked paper texture.

# Australia's Rural and Remote Health

A social justice perspective

A solid black rectangular box is positioned on the left side of the cover, partially overlapping the author's name.

Janie Dade Smith

# **Australia's Rural and Remote Health**

## **A Social Justice Perspective**

## *Dedication*

This book is dedicated to the numerous rurally grown Australian kids who aspire to become university graduates and the numerous Indigenous women who taught me how to really listen and to laugh at myself, and from whom I learnt so much.

In particular, I dedicate this book to my own exceptional rurally grown child – my daughter Regan Jane Smith, one of the greatest humanists I know.

# **Australia's Rural and Remote Health**

**A Social Justice Perspective**

Janie Dade Smith



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# Foreword

After many years of working in rural and remote communities, Janie Dade Smith has come home to North Queensland to reflect on the social justice implications of Australia's rural and remote health. As a health professional long involved with the bush, she is not much interested in statistics or rhetoric for their own sake. She tells the story, puts a human face on the situation and provides practical ways forward for those committed to a healthier life in the remote and rural parts of Australia. Janie loves the bush and its people. She has a passion for justice. This love and passion mark every page of this book together with the statistics and literature that underpin the research and the insights.

Janie's purpose is clear: she calls for a major paradigm shift, pointing out with stark simplicity that the factors that most contribute to health are not funded from health departments. The social justice perspective dictates that we provide better health for all Australians, including Indigenous Australians living in remote places. Janie reminds us that this requires 'good access to education, nutritious food, adequate income, control over one's life and factors that reduce disease such as good sanitation, clean water, suitable housing and pest control'.

Good health in the bush will come only with a better quality of life for all who live there. Janie appreciates that Hansonism has had a corrosive effect on the bush and that the National Party is no longer strongly positioned to engage in special pleading for the outback. There is a need for new rural voices, and Janie's is one of them. But even that is not enough. She also wants enough adequately prepared health professionals, of the right kind, in the right places, and NOW; and she provides some useful insights as to how that could occur.

The magnitude of the issues hit me a decade ago on a trip to the Pitjantjatjara lands. Petrol sniffing was rife. I was in a vehicle with a few Aboriginal youths riding on the back tray, sniffing petrol. I was powerless to do anything and I was almost sick. Another non-indigenous person with me tried to reassure me that this was self-determination. No, it wasn't. It was self-annihilation. This was not the realisation of land rights and cultural survival. This was the abandonment of hope and culture. Next day, I presented at the Aboriginal health clinic with a foot infection. An Aboriginal nurse treated me most professionally. My non-indigenous travelling companion had reminded me that the health service was intended for the local Aboriginal population, but I could be treated as a favour. But hang on, there was no other health service available and this was Australia! When speaking to the Aboriginal nurse, I realised that she was from a

Queensland community and I knew her family. I asked if she would like to return and work with her home community. She said that would be too difficult. She preferred to work in communities where she did not have family ties. There was not time to pursue the issue and neither was this the appropriate time or place. These brief encounters opened many questions about the efficient and equitable delivery of health services in the remotest parts of Australia. Janie does not answer all my queries, but she does console me with the realisation that there are ways of collaboratively taking on these big questions.

Janie is not concerned for the health and well-being of only one cultural group. She knows that out bush everyone faces a lack of health resources. The contrasts between the city and the bush are very stark. While Australian women in the cities enjoy one of the highest life expectancies in the world, Aboriginal men in the bush will die decades younger. The statistics she provides are mind-numbing. Try this for a social justice cocktail: 'Death rates of rural and remote people are double the urban rate due to injury, triple due to road accidents, and double due to falls in the aged. They also have 25–50 per cent higher hospital admission rates due to diabetes, seven times the rate due to burns in remote zones and all the rates increase with increasing remoteness.' Though 30 per cent of Australians live in rural and remote areas, only 16 per cent of the medical workforce lives out there and of course they do not have the efficiencies of scale or the benefit of close proximity to other service providers.

Like many people from rural Australia, Janie is not overwhelmed or overburdened by these facts and figures. Life in rural Australia is the best of worlds and the worst of worlds, knowing all extremes from temperature to the demands for innovation. Being a city person from the coastal fringe, I find myself inspired by Janie's enthusiasm, if not completely convinced by the argument that 'it is time for a change in thinking and this could start with a change in the language we use when we talk about rural and remote practice'. She urges that we stop using negative words such as 'need', 'disadvantage', 'crisis', 'hardship', 'struggle' and 'incentives to go there'. She recommends inclusive, realistic terms such as 'fascinating medicine', 'exciting', 'culturally diverse', 'multicultural', 'innovative', 'environmentally challenging', 'multidisciplinary', 'equitable' and 'government investment in unique bottom-up approaches that are community driven'.

There is every chance that Australia's rural and remote health will improve, despite the ongoing lack of resources, if more health professionals are inspired to apply a social justice perspective to this enduring, national challenge. Now that the book is published, it is time for Dr Smith and her readers to enact the insights in the remotest parts of this vast island continent nestled between Asia and Antarctica.

Fr Frank Brennan SJ AO  
Uniya – Jesuit Social Justice Centre  
Kings Cross, Sydney



# Preface

I have always thought that life was a series of everyday events, punctuated by days of absolute bliss, punctuated by those few critical moments that remove us from that ordinary path of life that our mothers always thought we might follow. For me, undertaking a one-week student placement on Bathurst Island in the Northern Territory became one of those critical moments in my career. This experience took me down a different life path – a rural, remote, Indigenous health path. For many years this path took me over completely. It challenged my values and priorities in life, and the ways in which I viewed the world. At times it made me think I was between worlds, and that I never really fitted into either. I loved it, I hated it, and twenty years later I remain absolutely fascinated by it.

This book brings together some of those critical moments, as experienced by a rural health professional who approaches life with a humanist agenda and combines these experiences with the current literature available in the field. It came from many years of ‘doing’ the business of rural and remote health and being so bogged in the daily activities that there was little time for thinking, reflecting and writing. Once I found my voice, which was amazingly rural, the pages seemed to take on a life of their own.

Rural and remote health work can be enormously rewarding. To make it such, the rural and remote health workforce need to be adequately prepared for the adventures and the realities that they face. This book aims to meet that need. I hope this final product inspires, challenges and advises those who read it about both the reality and the beauty of working and living in rural and remote Australia, as a dynamic member of the health workforce. And that they find this sunburnt country of ours is a wonderful place to live, work, think, reflect and hopefully write, as it is important that these stories are told.

It is also hoped that this book makes a contribution to the field, for it asks the important question: should rural Australians, irrespective of where they live or their cultural background, expect the same level of health as their metropolitan counterparts? If the answer to this is ‘yes’, then it is time we started to look at health from a different perspective, one that includes social justice for all Australians. To do this we need to be courageous enough to question in whose hands the control of health lies, be humble enough to work with others to achieve change, be sensitive enough to be open to the world, and yet think for ourselves. This means being predisposed to reread what is read, and each day to investigate, question and doubt (Freire 1970).

# Introduction

There are few books in Australia written on rural and remote health, a subject that has now become compulsory in most undergraduate health programs. This text aims to fill this gap by providing the basic information required by any health professional to work in rural, remote and Indigenous Australia.

*Australia's Rural and Remote Health: A Social Justice Perspective* is intentionally different from other rural health books. The key difference is that it is based on a social justice framework. Social justice essentially means giving people a 'fair go', a share or a choice. It is integral to the basic human rights that we as Australians tend to take for granted. Social justice is the foundation upon which the primary health care approach to health is based. This perspective questions the important issues of human rights, equity, access to services, and the appropriateness and affordability of what is provided. The very tenets of primary health care lie in social and economic justice.

The material is also presented differently, using a variety of plain English forms of writing. These include storytelling, historical accounts and real-life experience, supported by the literature. These approaches apply the realities of everyday human life in rural and remote Australia to professional practice, and provide some useful teaching and learning resources.

Unlike most other health books, which take a medical evidence-based perspective, this book uses the evidence to support a social justice argument. It also questions the very foundation of how we address health in Australia, and why we do not approach it from a more inclusive social justice framework.

Geographically, rural and remote Australia has many more playing fields compared to urban Australia, yet rural people have less access, fewer appropriate fields and fewer affordable ones compared with their city cousins. This affects one of their basic human rights as citizens of this country: their right to an equal level of health, although theirs is lower on most health indicators.

## WHO SHOULD READ THIS BOOK?

This book is aimed particularly at those who are undertaking studies in rural, remote and Indigenous health – in nursing, medicine, pharmacy and allied health; in sociology, anthropology, cultural studies and education; and at undergraduate or



postgraduate levels. It will also be of use to those working in policy, social justice and law, and to those with an interest in the area.

## METHODOLOGY

The methodology was threefold:

- 1 reviewing and analysing the literature in the various fields
- 2 applying the primary health care framework throughout the book to examine rural and remote health from a social justice perspective
- 3 applying my own 30 years of professional experience as a rural and remote health professional and educationalist.

### 1 Literature review and analysis

The literature was initially reviewed under five key content categories:

- rural communities – historically, politically and sociologically
- Indigenous health and culture
- the health of rural and remote people
- the rural and remote health workforce
- educational approaches.

The identification of the literature took a four-pronged approach:

- **Database searching** Extensive literature searches of databases using key word and key author searching. These were generally undertaken from the years 1990 to 2003, as this was seen as a critical time for the rural health movement in Australia. The databases included: AMI – rural medicine, para-professionals, Australia and New Zealand; APAIS – public affairs, current affairs, humanities, politics, social science; CINAL – nursing, allied health; Eric – education; Informant – Aboriginal and Torres Strait Islander health and society, rural and remote health database, Indigenous medicine; Medline – medicine, nursing, biological science.
- **Internet searching** Multiple national and international Internet site searching, in particular the Australian Institute of Health and Welfare, the Department of Health and Ageing, the Australian Bureau of Statistics, the Australian Medical Workforce Advisory Committees, the Human Rights and Equal Opportunity Commission, the World Health Organisation, Health Canada, rural health groups and relevant colleges. While Australia was the key country targeted, searches also particularly included Canada, the United Kingdom, New Zealand and the United States of America.
- **Student book list searching** A search of the relevant target group's university subject book lists and materials that are used to teach rural, remote and Indigenous health were also examined to ensure relevance of materials to the target group.

- **Use of the following key frameworks to organise the information** the National Health Priorities (Dept of Health and Ageing 2002a); the Social Determinants of Health from the World Health Organisation (WHO 1998), Canada (Health Canada 2002) and Australia (AIHW 2002a); the Human Rights Declaration (United Nations 1948) and the Alma Ata Declaration on Primary Health Care (WHO 1978b).

The searches identified thousands of refereed journal articles, books, periodicals, government reports, historical texts, professional college reports and conference proceedings.

While an enormous range of literature was found in the area of rural and remote health and practice, the large majority related to the medical profession alone. Limited information exists on rural and remote people's health by comparison; there is limited national data (that includes all states) on Indigenous health and the remainder of the workforce.

Documents were then selected upon a critical review of the following criteria: their authoritative nature (for example, significant reports or outcomes of commissions of inquiry); whether the writers were key authors in the particular field; and their relevance to, and if they contributed towards, the line of argument being presented within the primary health care framework. This process resulted in approximately one thousand useful sources of literature being identified. Approximately 280 were finally used.

## 2 Applying the primary health care framework

The framework used to select the literature was based on the principles of primary health care. Primary health care is a social approach to health that is founded on a human rights framework based on social and economic justice. The World Health Organisation endorsed it in 1978 as part of the Alma Ata declaration, to which Australia was a signatory (WHO 1978a). It reflects the way in which health care should ideally be organised and delivered, in that it ensures that everyone in the Australian community, irrespective of their culture, environment, ethnic background and place of residence, has a right to *affordable, accessible and appropriate* health care. The primary health care approach conceptualises health as a fundamental right and an individual and community responsibility (McMurray 1999).

These principles of affordability, accessibility and appropriateness formed the framework for the writing of, and the line of argument throughout, each chapter of this text. The social and economic justice issues of equity, equality, recognition of difference, and basic human rights were considered against the literature examined. The human right of the people – their right to health – was the primary issue addressed and formed the key line of argument. This social approach to health was supported by findings in the 1970s, which demonstrated that biomedical approaches to health only make a 10 per cent difference to the health

of the people (McMurray 1999). The other 90 per cent of difference is based on social factors such as lifestyle, income, social support and public health interventions.

Common threads were then woven throughout the book to explore the underpinnings of rural people's health and of rural health work. These included the particular rural culture of the people, historical events, geographical definitions, cultural differences, key policy issues, and how these actually apply to real-life events and the health status of the population. This enabled the educational needs of the rural and remote health workforce to be identified.

### 3 Applying my own professional experience

Throughout this whole process I referred continually to my own 30 years of professional experience as a rural and remote health professional and educationalist who has worked both vertically and horizontally across five health disciplines: medicine, nursing, pharmacy, allied health and with Indigenous health workers. This experience included a full range of roles in clinical hospital based practice, community health work, remote Indigenous practice, administrative, curriculum and policy development, and educational development at local, regional, state and national levels. It also took place across a range of organisational structures from government, non-government, corporate and not-for-profit organisations to independent consultancy; secondary schools, vocational training and the university sector. It enabled me to have both an insider's and an outsider's frame of reference, which I placed within the above framework. On the basis of this experience I identified four key principles for the book:

- **It should be in plain English** To reach the widest possible audience, this text should be written in a style that anyone could understand. It would therefore be written in plain English.
- **It should apply to real life and daily practice** The text should enable the future rural health workforce to see how the literature applies to their own daily professional practice. Therefore, techniques such as storytelling that apply the literature to real-life situations, using my own professional experience as a basis, were developed.
- **Its approach should be multidisciplinary** There are more commonalities across the rural and remote health workforce than there are disciplinary differences. As a result the information is presented in a way that reflects the educational needs of the whole rural and remote health workforce.
- **It should provide a teaching and learning resource** The techniques used provide the basis for accessible information as both a learning resource for students and a teaching resource for teachers. This includes lectures, small workshops, tutorials and independent learning processes.

Due to the breadth of the text, many of the chapters were sent out to content experts in the field for comment as they were developed. The text was peer reviewed by five of Tertiary Press's reviewers. Significant structural changes were made throughout the process to ensure accessibility to the reader, marketability, and full integration of the primary health approach.

## CHAPTER OUTLINES

The first two chapters set the historical framework in which to place this text.

- **Chapter 1: Advance rural Australia** explores the way in which rural communities were put together sociologically, economically, culturally and politically. Only the history that relates to how rural people developed their rural cultural values and beliefs, and how they view their health, is used. From this history I examine two key ideologies: mateship and country-mindedness.
- **Chapter 2: Indigenous Australia** examines some of the parallel history of the settling of Australia that impacted upon the health and lives of its Indigenous inhabitants. I establish who Indigenous Australians are, and give a brief overview of their history prior to European settlement. To position this book within the social justice framework, I then examine the relevant policies and the thinking behind them from colonisation to today. I use a storytelling technique to show how these policies are applied to Indigenous lives today. I then introduce the notion of genocide by examining the policy of assimilation and applying it to the stolen generation; finally I discuss what reconciliation involves, using largely the work of Indigenous authors.

Chapters 3, 4 and 5 position the text by defining the terms 'culture', 'rural', 'remote', 'health' and 'social justice'.

- **Chapter 3: Cultural perspectives** explores the concept of culture from international, Australian and rural perspectives. I examine the values, belief systems, rites and rituals and, in some detail, the issues of racism and social justice. Using anti-racism literature I then raise the important issues of respect, tolerance and cultural safety, which are essential criteria for safe health practice.
- **Chapter 4: What is rural?** paints the picture of rural and remote Australia. I explore the 'rural' and 'remote' classifications that are used in providing health services in Australia, in which to position this text. I then examine some of the inequities that exist in our current systems and the lack of conceptual clarity that hinders the equitable distribution of resources.
- **Chapter 5: Determining health** draws the different concepts of health from international, rural and Indigenous perspectives. I examine the paradigm shift in how health is viewed, introduce current health frameworks and, in detail, the *Social Determinants of Health* as defined by the World Health Organisation and Health Canada (WHO 1998; Health Canada 2002). Using these combined

social determinants of health as a guide I then compare the health of Indigenous Australians and paint a picture of the inequities that exist. This chapter questions whether the way in which we view, fund and provide health services in Australia necessarily improves health. It also provides a platform for the next three chapters, which examine health inequities.

Chapters 6, 7 and 8 explore rural and remote health status through the application of health frameworks and statistics that provide useful teaching resources.

- **Chapter 6: Rural people's health** examines the health status of rural Australians and raises many of the questions as to why the considerable inequities exist. Using mainly data from the Australian Bureau of Statistics and the Australian Institute of Health and Welfare, I draw out the marked inequalities by comparing the health of rural people with Australia's National Health Priorities.
- **Chapter 7: Rural health approaches** discusses four key interrelated approaches to health care relevant to rural, remote and Indigenous health: public health, population health, primary health care and community-controlled health services. Describing primary health care in detail, I use a storytelling technique to compare two of these approaches and demonstrate the different health outcomes for rural people.
- **Chapter 8: Remote Indigenous health** paints a vivid picture of a discrete remote Indigenous community in Australia. Rather than quoting the mantra of statistics that affect remote Indigenous lives, I humanise them by using a story that demonstrates the burden of disease suffered. I then compare Indigenous health status with that of indigenes in other First World countries – New Zealand, the United States and Canada – and explore the expenditure on Indigenous health. Finally I examine Australia's approach to Indigenous health and the barriers that exist.

Chapters 9 and 10 examine how we provide human health services by looking at the workforce and their educational needs.

- **Chapter 9: Providing health services** portrays the workforce that provides health services to rural and remote Australians. I discuss their roles, workforce trends, recruitment and retention, and question whether more horizontal approaches should be used in preparing health workers for the realities of rural practice.
- **Chapter 10: Educating a rural workforce** draws on the previous chapter and examines in some detail the differences and similarities between the various health disciplines. I particularly draw on the two features that differentiate rural and remote practice from urban practice: rural context and rural content. I then discuss the implications for educational designers who



develop these programs, and question why more multidisciplinary approaches are not being used.

The final chapter explores options to find a healthy rural future and a path forward.

- **Chapter 11: A rural future?** explores an ideology that already exists in rural communities and may help us find a road forward: social capital. I then examine the growth of the rural health movement in Australia that provides the services, and pull together from the previous chapters the factors that impact upon, or create barriers against, the quality delivery of rural and remote health services. I then examine the priorities for the future against the *Healthy Horizons* framework for 2003–2007 (NRHA 2003).

## COMMONLY USED TERMS

**Aboriginal** where ‘Aboriginal’ is used separately it refers only to Aborigines.

**city counterparts** the 70 per cent of Australians who live in cities, 90 per cent of whom live in capital cities.

**Indigenous** refers to Aboriginal and Torres Strait Islander Australians.

**indigenous** refers to indigenous peoples from countries other than Australia.

**primary health care** refers to a social approach to health. The World Health Organisation defines primary health care as:

an essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation, and at a cost that the community and country can afford to maintain, at every stage of their development in the spirit of self-reliance and self-determination. It forms an integral part both of the country’s health system, of which it is the central function and main focus, and of the overall social and economic development of the community. It is the first level of contact of individuals, the family and community with the national health system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process (WHO 1978b, p 1).

**remote** when ‘remote’ is used alone, it refers only to remote locations as in the classification systems described in chapter 4.

**rural** when ‘rural’ is used alone, it refers only to rurally defined locations as in the classification systems described in chapter 4.

**rural and remote** refers to those towns and populations that exist outside major metropolitan and urban areas. Much of the literature does not separate these two factors; in these cases they were used together.

**rural and remote people** the 30 per cent of Australians living outside cities. Of this figure, approximately 26 per cent live in rural areas and 4 per cent live in remote areas (Strong et al. 1998).

**social justice** refers to giving people a fair share or a choice based on their human rights as determined by the United Nations Universal Declaration of Human Rights (1948).

**Torres Strait Islanders** where 'Torres Strait Islanders' is used separately it refers only to Torres Strait Islanders.

**urban** refers to metropolitan areas and cities.

## KEYWORDS

rural Australia, remote Australia, rural health, remote health, Indigenous health, culture, primary health care, social justice, rural health workforce, rural health education, social capital

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# Appendix

## USEFUL RURAL, REMOTE AND INDIGENOUS HEALTH WEBSITES

The following key websites also provide links to other key and state-based organisations. They are listed alphabetically. Key sites have K\*\*\*; Indigenous specific sites have I\*\*; Key journals J\*.

ABC Rural Online – <http://www.abc.net.au/rural/default.htm>

I\*\* Aboriginal Research Institute (ARI) Centre of Excellence, University of South Australia  
<http://www.indigenet.unisa.edu.au/ari/>

Amnesty International <http://www.amnesty.org/>

Australian Medical Workforce Advisory Committee (AMWAC)  
<http://amwac.health.nsw.gov.au/amwac/>

I\*\* Apunipima Cape York Health Council and Cape York Partnerships  
<http://www.capeyorkpartnerships.com/noelpearson>

Association for Australian Rural Nurses (AARN) <http://www.aarn.asn.au/>

Australian Association of Occupational Therapists <http://www.ausot.com.au/>

Australian Association of Social Workers <http://www.aasw.asn.au/>

K\*\*\* Australian Bureau of Statistics <http://www.abs.gov.au>

Australian College of Rural and Remote Medicine (ACRRM) <http://www.acrrm.org.au/>

Australian Divisions of General Practice (ADGP) <http://www.adgp.com.au/>

I\*\* Australian Indigenous Doctors Association <http://www.aida.org.au/>

I\*\* K\*\*\* Australian Indigenous Health *in*fonet <http://www.healthinfont.ecu.edu.au/>

I\*\* Australian Indigenous Health Promotion Network  
<http://www.achp.health.usyd.edu.au/about/aihp.html>

Australian Institute of Family Studies (AIFS) <http://www.aifs.org.au/>

K\*\*\* Australian Institute of Health and Welfare (AIHW) <http://www.aihw.gov.au>

J\* K\*\* Australian Journal of Rural Health  
<http://www.blackwellpublishing.com/journals/ajr/>

- Australian Physiotherapy Association <http://www.physiotherapy.asn.au/>
- Australian Psychological Society <http://www.psychsociety.com.au/>
- Australian Rural and Remote Workforce Agencies Group <http://www.arrwag.com.au>
- Australian Rural Health Education Network <http://www.arhen.org.au/>
- Australian Rural Health Research Institute <http://www.med.monash.edu.au/crh/arhri/>
- I\*\* K\*\*\* Australian Torres Strait Islander Commission (ATSIC) <http://www.atsic.gov.au>
- I\*\* Australians for native title and reconciliation – <http://www.antar.org.au>
- Brotherhood of St Lawrence <http://www.bsl.org.au/>
- I\*\* Central Australia Aboriginal Congress <http://www.caacongress.com.au/congress.html>
- Centre for Multi-Disciplinary Studies in Rural Health  
[http://www.med.monash.edu.au/mrh/multi\\_d/index.html](http://www.med.monash.edu.au/mrh/multi_d/index.html)
- K\*\*\* Commonwealth Department of Health and Ageing, Office of Rural Health  
<http://www.ruralhealth.gov.au/>
- I\*\* Congress of Aboriginal and Torres Strait Islander Nurses  
<http://www.indiginet.com.au/catsin/>
- Continuing Medical Education for rural and remote practitioners (CME.Net)  
<http://www.cme.net.au/scripts/cme/launch.asp?page=cmedefault.asp>
- Council of Remote Area Nurses of Australia Inc (CRANA) <http://www.crana.org.au>
- I\*\* Curtin Indigenous Research Centre <http://gunada.curtin.edu.au/circ/>
- Department of Immigration and Indigenous Affairs <http://www.immi.gov.au/>
- Department of Science Education and Training <http://www.dest.gov.au/>
- Farm Noise and Hearing Project <http://www.farmnoise.on.net/>
- Health Canada <http://www.hc-sc.gc.ca/>
- Health consumers of rural and remote Australia  
<http://www.ruralhealth.org.au/hcrra/index.html>
- Health Professional Education Resources Sites  
 <<http://www.nevicdgp.org.au/hpers/index.html>>
- K\*\*\* Human Rights and Equal Opportunity Commission (HREOC)  
<http://www.hreoc.gov.au>
- J\* International Electronic Journal of Rural and Remote Health Policy and Practice  
<http://rrh.deakin.edu.au/home/defaultnew.asp>
- I\*\* National Aboriginal Community Controlled Health Organisation (NACCHO)  
<http://www.naccho.org.au/>
- National Health & Medical Research Council (NHMRC)  
<http://www.health.gov.au/nhmrc/index.htm>

- K\*\*\*\* National Rural Health Alliance (NRMA) <http://www.ruralhealth.org.au/>
- National Rural Health Network (undergraduate clubs) <http://www.nrhn.org/clubs/>
- Northern Ontario Medical School <http://www.normed.ca/>
- Office of Aboriginal and Torres Strait Islander Affairs (OATSIA)  
[http://www.immi.gov.au/search\\_for/index.htm](http://www.immi.gov.au/search_for/index.htm)
- I\*\* K\*\* Office of Aboriginal and Torres Strait Islander Health (OATSIH)  
<http://www.health.gov.au/oatsih/cont.htm>
- Pharmaceutical Society of Australia <http://www.psa.org.au/>
- Pharmacy Guild of Australia <http://www.guild.org.au/>
- Public Health Association of Australia <http://www.pha.org.au/>
- Royal Australian College of General Practitioners (RACGP) <http://www.racgp.org.au>
- Rural Doctors Association of Australia <http://www.rdaa.com.au>
- Royal Flying Doctor Service (RFDS) <http://www.rfds.org.au>
- Rural Health Education Foundation <http://www.rhef.com.au/>
- Rural Health WebRing <http://www.rural-health.org.au/>
- Rural Workforce Agency, Victoria (RWAV) <http://www.rwav.com.au/>
- Services for Australian Rural and Remote Allied Health (SARRAH)  
<http://www.ruralhealth.org.au/sarrah/>
- Society of Rural Physicians of Canada <<http://www.srpc.ca/>>
- I\*\* Umulliko Research Centre, Department of Aboriginal Studies, University of Newcastle,  
NSW <http://www.newcastle.edu.au/centre/umulliko/index.html>
- University Departments of Rural Health (UDRH) <http://www.arhen.org.au/udrhs.htm>
- K\*\*\* World Health Organisation (WHO) <http://www.who.int/en/>
- World Organisation of Family Doctors (Wonca)  
<http://www.globalfamilydoctor.com/index2.htm>



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