

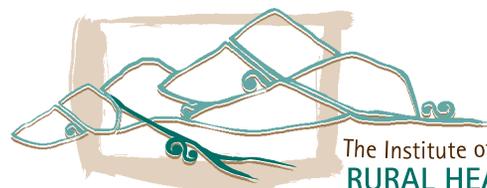
Institute of Rural Health

Te Pūtahi Hauora ki te Taiwhenua



Annual Report

July 2003 - June 2004



The Institute of
RURAL HEALTH

Te Mata o te Oranga, e kore e huna, e kore e mutunga

Institute of Rural Health

Private Bag 3200
Hamilton

Lower Ground Level
Bryant Education Centre
Pembroke Street
Hamilton

Tel: 07 858 0986
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For more information, visit our website:
www.instituteofruralhealth.org.nz

Some of the information to be found on our website:

Our Trustees & Staff

More information about our staff and trustees and their involvement in rural New Zealand

Research

Information about research programmes being conducted and results of past research

Training & Education

Notices about forthcoming workshops and scholarship programmes

Community Involvement

Preliminary information on Institute activity

Working Rurally

Interested in working in rural New Zealand?

News

New developments and items of interest

Vision

To promote a healthy future for rural people living in New Zealand and partnering with rural communities to seek to establish a sustainable and effective health system.

Mission

Partnering with the community to build a healthy rural future.

Values

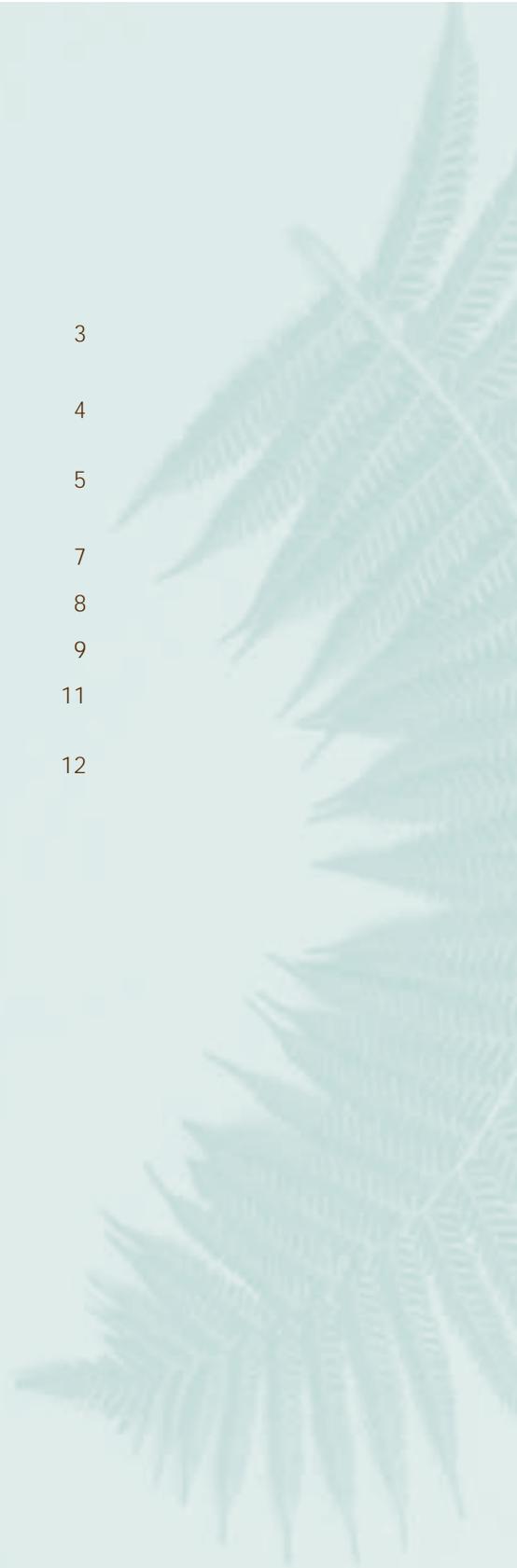
- Respect
- Professionalism
- Partnership
- Cultural responsiveness
- Integrity
- Independence



Te Mata o te Oranga, e kore e huna, e kore e mutunga

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Sponsors

THE INSTITUTE ACKNOWLEDGES WITH THANKS THE FOLLOWING SPONSORS:



The Institute's first and major sponsor



Joint sponsor in establishing the Institute of Rural Health



Joint sponsor in establishing the Institute of Rural Health



Professor Gregor Coster

Head of the Department of General Practice and Primary Health Care, Faculty of Medical & Health Sciences, University of Auckland.

With a background in general practice, Professor Coster is currently working to increase the rural experience in the medical curriculum as a long term recruitment strategy to the rural health workforce.

He is a Director of PHARMAC, Chairman of the West Coast District Health Board, Trustee of the Goodfellow Foundation and a member of the Ministry of Health's Prioritisation Advisory Group

Chairman's Message

As the Institute of Rural Health completes its third year of activity, Trustees and staff reflect on a year filled with challenges and achievements which have included:

- Review and renewal of the Professional Development Facilitation Service contract.
- Participation in research projects.
- Work with rural communities to respond to identified local issues.
- Awarding of scholarships to the value of \$70,000.
- Appointment, jointly with the University of Auckland, of a Senior Lecturer in Nursing.
- Provision of education for health professionals via a series of regional workshops.
- Securing new contracts to the value of \$150,000.

The Institute has continued to strengthen its links by networking with key rural focused organisations. Working jointly to support rural communities and their health professional workforce in local innovation and problem solving, with the aim always being to improve health services to rural areas and to retain existing and recruit additional health professional staff to the rural health team.

Gallagher Group sponsorship has continued during the year and the commitment and support of this major rural focused corporate is acknowledged and much valued by the Institute.

The ongoing commitment and sponsorship of the founding sponsors Waikato District Health Board and the University of Auckland has allowed the Institute to maintain a high level of support for rural communities and the rural health workforce.

To all sponsors our grateful thanks.

Trustees were delighted when the Right Honourable James Bolger, ONZ, former Prime Minister, agreed to become the Patron of the Institute. As a lifelong resident of rural New Zealand he brings experience, understanding and a passion about rural communities and rural people that is invaluable.

This year has seen a broadening of vision for the Institute with Trustees resolving to embrace a national focus for future activity. Board membership has increased to reflect this with Associate Professor Judy Kilpatrick, Head of School of Nursing Faculty of Medical and Health Sciences at the University of Auckland, Mrs Sherrill Dackers, National President of Rural Women New Zealand and Professor John Campbell, Dean of the University of Otago Faculty of Medicine, being appointed as Trustees during the year.

They bring a wealth of experience to the Board.

Trustees and staff have worked closely to deliver services and to position the Institute positively for the future challenges and opportunities ahead. To the Trustees, thank you for your commitment to the Institute.

To all staff I give my heartfelt thanks for your work during the year, in particular Trustees are glad to acknowledge the reappointment of Ms Robin Steed as Chief Executive Officer, and to thank her for her substantial contribution to the work of the Institute.



Gregor Coster
Chairman

Institute of Rural Health - Board of Trustees



Dr Jan White

(Waikato District Health Board nominee)

Chief Executive Officer of the Waikato District Health Board and currently Chair of the New Zealand group of District Health Board Chief Executive Officers. She is a member of the DHBNZ Executive and has extensive experience in senior health sector reforms, positions and restructuring of health services in both Australia and New Zealand. She is a Trustee on the Waikato Health Trust, a Director of HealthShare Ltd, Mental Health Building Ltd and Director, Health Services Welfare Society.



Dr Paratene Ngata

(Rural General Practitioner)

Senior Medical Advisor and general practitioner working with Ngati Porou Hauora in Tolaga Bay. An experienced general practitioner, Dr Ngata spent four years in the Ministry of Health as the Community Medicine Registrar. Highly respected within his profession, he is a founding member of the Māori faculty of the Royal New Zealand College of General Practitioners. A major professional focus for many years has been involvement in designing programmes to stop violence and abuse. Dr Ngata is a Trustee on Hauora.com and the Tairāwhiti Community Trust.



Dr Tim Malloy

(New Zealand Rural GP Network nominee)

Chairman of the New Zealand Rural General Practice Network Inc which is the national organisation of rural doctors and primary care nurses. He has been a rural general practitioner in Northland for over 16 years and has recently been working with the Ministry of Health to implement a range of strategies to retain and return general practitioners to rural New Zealand. Dr Malloy is a member of the Northland District Health Board, Chairman of the Rural General Practice Consortium Inc (Northland), GP representative on the NZ Medical Association GP Council and Adviser to the Ministry of Health.



Associate Professor Judy Kilpatrick

(Appointed August 2003)

Head of School of Nursing Faculty of Medical & Health Sciences at the University of Auckland, Associate Professor Kilpatrick has experience through all branches of nursing and is immediate past Chairperson of the New Zealand Nursing Council. She is a Board member of the Centre for Evidence Based Nursing for both Counties Manukau and Auckland District Health Boards, a member of the Ministry of Health's New Prescribers Advisory Committee and a member of NZ Nursing Council's Nurse Practitioner Appeals Committee.



Sherrill Dackers

(Appointed February 2004)

National President of Rural Women New Zealand which has the mission statement "to strengthen rural communities". She lives in Whangarei and has represented the Kaurilands Regions - from Pukekohe to Cape Reinga - on the National Council of Rural Women New Zealand for five years, four years of which she has served as the National Health Convenor. As well as being a Trustee she is on the Consumer Reference Group for the Cervical Screening Programme and Breastscreen Aotearoa and was recently on the Expert Advisory Committee on the Implementation for the Extension of Breastscreening for the ages 49 to 65 years.



Professor A John Campbell

(Appointed February 2004)

Dean of the University of Otago Faculty of Medicine. He is a physician with a particular interest in geriatric medicine. He is consultant with the Otago District Health Board and involved also with clinical teaching and research. Professor Campbell is also the President of the Medical Council of New Zealand. He has extensive experience from working on a number of Government and WHO Committees and expert groups.

Chief Executive Officer's Report



It is my pleasure to present the Chief Executive Officer's report for 2003-2004.

The past year has seen much change in the Institute as staff support rural people in their environments as they respond to the demands of the health sector.

The Rural Directors were active in communities working with Primary Health Organisation's, District Health Board's and health professionals to problem solve and in implementing new models of health care delivery. It was disappointing that the Ministry of Health decided not to continue with the Rural Director contract beyond December 2003 as a valuable independent resource to rural communities was lost.

Through the support of corporate sponsor Gallagher Group and founding sponsors University of Auckland and Waikato District Health Board Institute staff have been able to carry on with a level of service support to rural communities - facilitating workshops and helping in the preparation of reports for various agencies.

As a small organisation the Institute has focused this year on strengthening its networking and in particular developing a joint work plan with the New Zealand Rural General Practice Network. The strengthening of the relationship between the two organisations provides rural communities and health professionals with a united representative voice in central forums. A formal Memorandum of Understanding is now in place between the Institute and the New Zealand Rural General Practice Network.

The Institute has secured a number of new contracts and continues to deliver on the Professional Development Service contract. This contract provides education in rural locations for the rural health workforce. This close interaction with rural health professionals ensures that Institute staff are informed about issues, problems and opportunities identified by the workforce.

Most significant of the new contracts has been the securing from the Clinical Training Agency (a branch of the Ministry of Health) the contract to deliver a rural targeted Post Graduate Diploma in Primary Health Care Nursing for 60 students. The Institute, together with its academic partner, The University of Auckland, undertook promotion of this programme throughout New Zealand and the first students are to commence study in July 2004.

Research continues to be a focus for the Institute as the presence of New Zealand evidence based information becomes more and more significant in informing policy direction and funding decisions.

During the year Trustees resolved to extend the focus of the Institute beyond the North Island to be New Zealand wide. That development will occur during the next year.

Staff changes have occurred during the year with the former Rural Directors Mrs Gosman and Dr George Tripe being retained by the Institute to continue work with rural communities and the professional workforce. Office Manager Mrs Mhorag Turner resigned and was replaced by Miss Maree Wells while the Institute welcomed Dr Joyce Hendricks, a joint appointment with the University of Auckland to the Post of Senior Lecturer in Nursing.

I would like to acknowledge the work of all staff this year, as their commitment to and energy on behalf of rural communities and their rural professional health colleagues has indeed made a difference.

A handwritten signature in black ink, appearing to read 'Robin L Steed'. The signature is fluid and cursive.

Robin L Steed
Chief Executive Officer

Institute of Rural Health



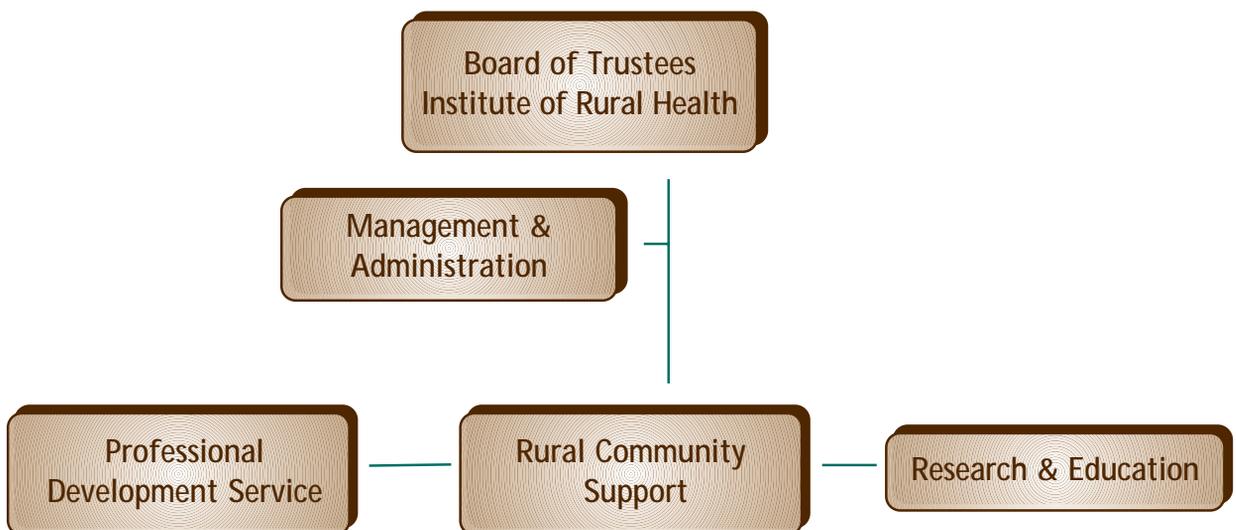
The artwork, pictured, hangs in the foyer of the Institute offices in Hamilton.

It depicts Taupiri bathing in the healing waters of Tongariro. Water was plucked from Tongariro in the calabash and poured down the mountain to enable every living creature to benefit from its healing powers.

The calabash thus symbolises the source of life and when the Institute draws information from its pool of rural communities it is in effect identifying and validating meaningful and appropriate strategies that will benefit rural areas in pursuit of improved health initiatives, support and services.

Artwork concept and meaning by Mrs Nancy Turner.

Structure



Services



Professor Gregor Coster, Dr Iain Hague, Dr Ron Jones and Dr Joyce Hendricks at work in Wairoa.

The Institute has maintained a range of activity through the year.

Supporting rural communities, the principle focus of the Ministry of Health funded Directors of Rural Health contract, which terminated in December 2003 was able to be maintained through 2004 with all Institute staff becoming involved in supporting rural communities.

Communities of Coromandel, Wairoa, Taihape, and Taumarunui in particular saw Institute staff working closely with local representatives and health professionals on such issues as workforce retention and recruitment, development of sustainable models of care and strategic and operational planning for newly formed health organisations.



Dr George Tripe
Associate of Institute
of Rural Health, former
Director of Rural Health



Mrs Kim Gosman
Associate of Institute of
Rural Health, former Director
of Rural Health

Developing the future health workforce continued as a priority for the Institute with 'Grassroots', the Rural Student club, holding two professional/social events after its launch and now having a contact list of approximately 60 health science students of rural origin. A representative of this group attended the Australian Rural Student Conference in Perth in late 2003.

Work was carried out to gain understanding about what influences students' career decisions and what could be put in place in rural schools to positively influence students towards health science careers. This implementation is ongoing.

The Institute continues to administer the Waikato District Health Board scholarship programme and the 2003/2004 year saw the awarding of \$70,000 of scholarships to support Waikato origin undergraduate students in their study programmes and post graduate practitioners to access ongoing professional development.



Rural Students Casey Smith & Chris Hill at the Flannel Quiz Night organised by 'Grassroots' the Rural Student Club



Ms Robin Steed
Chief Executive Officer
Ms Jullaine Vernal
Administration Support
Miss Maree Wells
Personal Assistant/Office Manager

Administration and Management staff supported Trustees and Professional staff in the work of the Institute. The Trust Deed was formally reviewed following a workshop which involved Trustees and staff. During the year a new financial system was implemented and scoping completed for a new Information system. The Professional Development Service delivered to rural based health professionals with upskilling and ongoing education provided close to home. The service maintained a high profile having face to face contact with at least 80% of the rural health teams in the contract area.

A series of six regional workshops were well attended by rural health professionals and their families while support for Māori health providers was targeted with a trauma/emergency workshop (in conjunction with Maori Faculty of Royal New Zealand College of General Practitioners) at the Waikato Clinical School being attended by eight Māori general practitioners and a two day trauma exercise being facilitated at Te Puia Springs Hospital for Ngati Porou Hauora.



Dr Iain Hague
Professional
Development
Facilitator



Post Graduate
Students working
at the offices of
The Institute of
Rural Health

Academic Achievements

The academic focus of the Institute has continued.

Research

- LEARNING AT A DISTANCE (Janes, Arroll, Buetow, Coster, McCormick, Hague)
- BARRIERS TO NATIONAL SCREENING PROGRAMMES (Janes, Buetow, Elley, Ihimaera, Steed).
- GENERAL PRACTITIONER ATTITUDE, REPORTED CONFIDENCE AND BEHAVIOUR QUESTIONNAIRE (ARCBQ) (Khin, Arroll, Janes).
- INDICATORS TO MEASURE A 'HEALTHY COMMUNITY' (Hendricks, Janes, Coster, Steed)

Publications

- JANES RD, Elley R, Dowell A. New Zealand Rural General Practitioners 1999 Survey – Part 2: Gender Issues. NZ Med J 117 (1191); 8 pages, 2004.
URL: <http://www.nzma.org.nz/journal/117-1191/814/>
- JANES RD, Dowell A. New Zealand Rural General Practitioners 1999 Survey – Part 3: rural general practitioners speak out. NZ Med J 117 (1191); 9 pages, 2004.
URL: <http://www.nzma.org.nz/journal/117-1191/815/>
- JANES RD, Arroll B, Buetow S, Coster G, McCormick R, Hague I. Websites for pharmacists. NZ Pharmacy 24 (5): 14-5, 2004.
- JANES RD, Arroll B, Buetow S, Coster G, McCormick R, Hague I. Few rural nurses using internet for health information. Kaitiaki Nursing NZ 10 (4): 8, 2004.
- JANES RD, Arroll B, Buetow S, Coster G, McCormick R, Hague I. Many North Island rural general practitioners appear not to use internet websites as a frequent source of health information. NZ Fam Physician 31 (4): 239-44, 2004.

Presentations



Dr Ron Janes
Associate Professor
Rural Health (Medicine)



Dr Joyce Hendricks
Senior Lecturer in Rural
Health (Nursing)

Staff have maintained a high profile within the sector with over 30 presentations at conferences, professional forums or as part of academic programmes.

Financial Statements

STATEMENT OF FINANCIAL PERFORMANCE for the year ended 30 June 2004

	<i>Notes</i>	<i>30/06/04</i>	<i>30/06/03</i>
Revenue		621,732	610,149
Expenses		616,360	444,523
Surplus	1	5,372	165,626

STATEMENT OF MOVEMENT IN EQUITY for the year ended 30 June 2004

	<i>Notes</i>	<i>30/06/04</i>	<i>30/06/03</i>
Total Trust Funds at the beginning of the period		364,809	199,183
Net Surplus for the year		5,372	165,626
Total Recognised Revenue and Expenses for the period		5,372	165,626
Total Trust Funds at the end of the period		370,181	364,809

The accompanying accounting policies and notes form an integral part of these financial statements.

Financial Statements

STATEMENT OF FINANCIAL POSITION as at 30 June 2004

	Notes	30/06/04	30/06/03
Funds			
- Trust Capital	2	200	200
- Retained Surplus		369,981	364,609
Total Funds		370,181	364,809
Represented by :			
Current Assets			
- Cash Deposits		379,365	288,149
- Receivables and Pre-payments	3	642,191	106,735
Total Current Assets		1,021,556	394,884
Current Liabilities			
- Accounts Payable	4	666,418	48,814
Total Current Liabilities		666,418	48,814
Net Working Capital		355,138	346,070
Non Current Assets			
- Fixed Assets	5	15,043	18,739
Total Non Current Assets		15,043	18,739
Net Assets		370,181	364,809



Chairman of the Board of Trustees
Institute of Rural Health

Date: 1 October 2004



Trustee of the Institute of the
Rural Health

Date: 1 October 2004

The accompanying accounting policies and notes form an integral part of these financial statements.

STATEMENT OF ACCOUNTING POLICIES

for the Year Ended 30 June 2004

Reporting Entity

The Institute of Rural Health is incorporated under the Charitable Trusts Act 1957. The Institute's financial statements are presented in accordance with the Financial Reporting Standards issued by the Institute of Chartered Accountants of New Zealand and as required by the Trust Deed.

Measurement Base

The general accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on an historical cost basis have been followed. The Institute qualifies for differential reporting as it is not publicly accountable and it is not large as defined in the framework for differential reporting. The Institute has taken advantage of all available differential reporting exemptions.

a) Recognition of Income

Interest and donations are recognised on an accrual basis.

b) Investments

Investments are stated at the lower of cost and net realisable value

c) Goods & Service Tax

The financial statements have been prepared exclusive of goods and services tax except for receivables and payables which include goods and services tax.

d) Taxation

The Institute is deemed to be a Charitable Trust and therefore is not subject to income tax.

e) Depreciation

Depreciation has been calculated to allocate the cost or valuation of assets over their estimated useful lives at the following rates: Plant and Equipment 12% to 40%.

Changes in Accounting Policy

There have been no changes in the accounting policies. These policies have been applied consistently during the year.

Financial Statements

NOTES TO THE FINANCIAL STATEMENTS

For the Year Ended 30 June 2004

1 Net Operating Surplus

	2004	2003
After Charging :		
- Audit Fees	3,525	5,025
- Depreciation on Plant and Equipment	5,759	8,466
- Board of Trustees Remuneration	7,083	15,299
- Rental & Operating Lease costs	10,441	11,255
After Crediting :		
- Interest	21,464	14,050
- Donations	25,000	26,866

2 Trust Funds

Opening Trust Capital Balance	200	200
Closing Trust Capital Balance	200	200

3 Receivables & Pre-payments

Accounts Receivable	642,191	106,735
	642,191	106,735

4 Accounts Payable

Accounts Payable	592,414	32,420
GST Payable	74,004	16,394
	666,418	48,814

5 Fixed Assets

	2004	2003
At Cost		
- Plant & Equipment	31,777	30,641
Less Accumulated Depreciation		
- Plant & Equipment	16,734	11,902
Net Book Value	15,043	18,739

6 Statement of Commitments as at 30 June 2004

Capital and other commitments approved and contracted as at 30 June 2004 - nil (2003 - nil).

7 Statement of Contingent Liabilities as at 30 June 2004

Contingent Liabilities as at 30 June 2004 - nil (2003 - nil).

8 Related Parties

The Institute receives grants from the Waikato District Health Board and the University of Auckland.

The following related party transactions occurred during the year :

- Some administration costs of the Institute were borne by the Waikato District Health Board
- Some cash surpluses are invested with the Waikato District Health Board during the year and at 30 June 2004 the balance was \$376,670 (2003 - \$262,818).
- Interest on the cash advance to Waikato Distract Health Board for the year totalled \$21,464 (2003 - \$14,050)
- Grants and other revenue received from Waikato District Health Board totalled \$33,658 (2003 - \$30,000)
- Grants and other revenue from the University of Auckland totalled \$25,000 (2003 - \$28,998)

9 Board of Trustees Remuneration

Remuneration paid to the Board members during the year totalled \$7,083 (2003 -\$15,299) plus other expenses of \$1,312 (2003 -\$1,148)

The Board of Trustees' fees were apportioned as follows :

	30/06/04 \$	30/06/03 \$
Sir Ross Jansen	-	10,000
Dr Tim Malloy	5,000	5,299
Mrs Sherrill Dackers	2,083	-
	7,083	15,299

REPORT OF THE AUDIT OFFICE**To the Readers of the Financial Statement of the
Institute of Rural Health
For the Year Ended 30 June 2004**

The Auditor-General is the auditor of The Institute of Rural Health (the Trust) under section 14 of the Public Audit Act 2001. The Auditor-General has appointed me, M G Taris, using the staff and resources of Audit New Zealand to carry out the audit of the financial statements of the Trust, on his behalf, for the year ended 30 June 2004.

Unqualified opinion

In our opinion:

- the financial statements of the Trust on pages 12 to 16:
 - comply with generally accepted accounting practice in New Zealand; and
 - fairly reflect:
 - the Trust's financial position as at 30 June 2004; and
 - the results of its operations for the year ended on that date.

The audit was completed on 28 October 2004, and is the date at which our opinion is expressed.

The basis of the opinion is explained below. In addition, we outline the responsibilities of the Trustees and the Auditor, and explain our independence.

Basis of opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed our audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in the opinion.

Our audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Trustees;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all required disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support the opinion above.

Responsibilities of the Trustees and the Auditor

The Trustees are responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Trust as at 30 June 2004. They must also fairly reflect the results of its operations for the year ended on that date.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Trust.



M G Taris
Audit New Zealand
On behalf of the Auditor-General
Tauranga, New Zealand