How are we travelling?

The Centre for Rural Health (CRH) has successfully undertaken a range of activities that has enabled it to meet the new RHMT core requirements and program parameters. It has developed and strengthened links with a number of health care and community organisations to support students and health care workers living and working in rural Tasmania.

Student placements

In 2016, the CRH provided support to a large number of Nursing, Medicine, Pharmacy and Allied Health students enrolled with the University of Tasmania and to smaller numbers of students from interstate universities who undertook their clinical placements in rural and remote Tasmania.

The CRH supported a total of 546 students on placements for two weeks or more. This represents a total of 2258 student placement weeks, an increase of over 100% from last year!

Student accommodation

The CRH manages bookings for accommodation facilities at a number of locations across rural and remote Tasmania where students can reside whilst undertaking their placement at the local hospital, pharmacy or GP practice. The number of locations in which support has been provided has grown from 16 in 2015 to 20 in 2017 and the number of accommodation facilities has increased to 23, with a total of 102 bedrooms.

The new accommodation at Perth, Huonville, New Norfolk and Burnie is ready for student occupancy. These properties are a welcome addition to the Centre’s portfolio of student accommodation and meet an increased demand from both University of Tasmania students and those studying at mainland universities.

Student Support Officer, Karla Peek, has been responsible for acquiring these properties and setting them up for students. She has ensured they meet students’ expectations in terms of proximity to health services, amenity and accessibility. “They look great,” Karla says. “It’s been a busy time getting everything ready but the feedback from students makes the effort worthwhile.”

The acquisition of these properties has been made possible by funds available through the Rural Health Multidisciplinary Training (RHMT) expansion program.

Continuation on Page 3
Engaging Youth in Mental Health Services Research Project

The Centre for Rural Health UTAS is collaborating with Cornerstone Youth Services Inc (headspace) and The Link Youth Health Service (headspace) to undertake research investigating youth engagement with mental health services.

This research project aims to examine the barriers and enablers for youth aged 12-25 to access mental health services from multiple perspectives including young people, parents/carers and service providers.

We are keen to speak with young people and their parents or carers about their experiences with Youth mental health services. We are wanting to speak to people that might have thought about accessing a service but have not, those that have accessed a service and stayed with the service or tried a service and left.

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Communicating research through art

Staff at the Centre for Rural Health tapped into their inner Andy Warhol as they created works of art to showcase their research at a recent exhibition.

Imagining food: art, aesthetics and design was presented as part of the Academy Gallery University Museum of Art and Science (UMAS) pilot exhibition program. Including work by Tasmanian artists, researchers and educators, the exhibition provided interpretations of food and its social, economic and environmental impacts through painting, sculpture, photography, furniture, craft, installation and mixed media.

Doctor Simone Lee from the University’s Centre for Rural Health said the brief was a challenge for all the researchers involved.

“Getting our heads around ‘what is art’ was quite difficult,” she said.

“None of us felt we were ‘artists’ and so coming up with ideas and feeling confident that they would be accepted as worthy exhibits was a bit of a stumbling block... but I think the end results are some really interesting visual interpretations of our health research.”

Simone is just one of four CRH researchers to take part in the exhibition. Her painting, Memories in the making, depicts the work of Dr Katherine Kent, who investigated the role of cherry flavonoids in memory and cognition in dementia patients.

Through her installation Truth – Omission – Distortion, Sharon Dennis portrays the colonial overlay of food introduced into Tasmania and her research into native food as a dietary choice in a contemporary context.

Stuart Auckland and Katherine Kent teamed up with fellow researcher Sandra Murray to create Food Desert – an installation that conveys the key messages of the Tasmanian Healthy Food Access Basket Survey using an empty fridge, overdue bills and a painted road sign.

According to Stuart, “Presenting our research through an artistic lens has enabled both us, as creators of the artwork, and those that view the work to engage with the subject matter at multiple levels that would perhaps otherwise not have been possible through the more traditional realms of academic discourse.”

The exhibition runs from 20 February to 7 April at the Academy Gallery, Inveresk campus, Launceston.

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Health Practitioner Research Development Program Report 2016

Each year the University of Tasmania Centre for Rural Health (CRH) offers a small number of project-based research training opportunities linked to CRH research projects. These involve primary health care (PHC) professionals working in short-term, remunerated, casual placements. These placements provide an opportunity for primary health care professionals with an interest in research to build their research skills, experience and track record through hands-on involvement under the guidance of an experienced researcher.

In 2016, nine scholars participated in the program and completed projects listed in the table below. The CRH is proud to have provided these interesting opportunities and looks forward to assisting new batch of scholars for 2017.

### Scholar | Project Title | Supervisors
--- | --- | ---
Jerildene Cane | The life support program | A/P Tony Barnett
Stephen Hopkinson | Allied health retention project | A/P Tony Barnett
Sabina Brennan | Great and Good Gardening: Exploring Informal Supports in Community Gardens in Rural Tasmania | Dr Pauline Marsh
Christabel Alliston | The mental health art roadshow | Dr Heather Bridgman
Mandy Cooper | Bowel cancer screening in rural Tasmania | Dr Simone Lee
Yi Chao Foong | Dental problems as a cause of hospital admissions and emergency presentations | Dr Leonard Crocombe
Shahrukh Khan | Prevention, detection and management of caries in children: A systematic review of clinical practice guidelines | Dr Ha Hoang
Rita Wong | Rural pharmacists and oral health | Dr Ha Hoang
Rosy Green | Clinical education in the rural areas | Dr Merylin Cross

### Close the Gap day

Sharon Dennis participated in an event for Close the Gap Day at No 34 Aboriginal Health Service. Close the Gap Day is to share information and to make a pledge to empower Aboriginal People, Organisations and Communities to improve health, services, housing, and education, and to reduce incarceration rates of Aboriginal and Torres Strait Islander Peoples. Participants were involved in a healthy discussion about native food, nutrition, health and links with the local environments.

### Grants and Publications

Staff at the CRH have had great success in securing 13 grants with a total value of $710,446 which helped to build their rural health research capacity and profile. These funds were received from different sources including Autism CRC Ltd; Department of Health and Human Services Tasmania, headspace and the Tasmanian Community Fund.

A total of 63 publications was generated by CRH staff and student over the 2016 period. Of these 36 were international refereed journal articles, contributing to rural health research on both national and an international scene. Notably, there has been a growth in the number of papers published in higher impact factor journals, for example, the Medical Journal of Australia, BMC Oral health and BMC Complementary & Alternative Medicine.

Staff and students presented at conferences a total of 22 oral presentations, also produced papers and reports and worked with a range of health care providers to translate research findings into practical outcomes.

Our graduate research students published a total of 7 journal articles and presented at 3 local and national conferences.
2016 PUBLICATIONS


Brett, A and Terry, D and Le, Q and Hoang, Ha, “Factors influencing community nursing roles and health service provision in rural areas: A review of literature”, Contemporary Nurse, 52 (1) pp. 119-135. ISSN 1839-3535 (2016)


Cox, T, “Caregivers reflecting on the early days of childhood cancer”, European Journal of Cancer Care pp. 1-10. ISSN 0961-5423 (2016)


Godwin, D and Hoang, Ha and Crocombe, LA, “Views of Australian dental practitioners towards rural recruitment and retention: a descriptive study”, BMC Oral Health, 16 (63) ISSN 1472-6831 (2016)


Harris, MW and Barnett, T and Bridgman, H, “Rural Art Roadshow: a travelling art exhibition to promote mental health in rural and remote communities”, Arts & Health ISSN 1753-3015 (2016)


Kirschbaum, M and Peterson, GM and Bridgman, H, “Mental health first aid training needs of Australian community pharmacists”, Currents in Pharmacy Teaching and Learning, 8 (3) pp. 279-288. ISSN 1877-1297 (2016)


Loudon, A and Barnett, T and Piller, N and Imminkn, MA and Visentin, D and Williams, AD, “The effects of yoga on shoulder and spinal actions for women with breast cancer-related lymphoedema of the arm: A randomised controlled pilot study”, BMC Complementary and Alternative Medicine, 16 Article 343. ISSN 1472-6882 (2016)


Marsh, P, “Postcolonial longing on the Australian cinematic frontier”, Ilha do Descenso, 69 (2) ISSN 0101-4846 (2016)


Journal article other

Pierce, D and Little, F and Bennett-Levy, J and Isaacs, AN and Bridgman, H and Lutkin, SJ and Carey, TA and Schlicht, KG and McCabe-Gusta, ZP and Martin, E and Martinez, LA, “Mental health academics in rural and remote Australia”, Rural and Remote Health, 16 (3) Article 3793. ISSN 1445-6534 (2016)


Book Chapter


Conference Publications

Auckland, SRJ, “Building the capacity of Practitioners to support people impacted by inter- generational poverty - An evaluative study of the Bridges Out of Poverty Workshop program in Tasmania”, Australian Long-Term Unemployment Conference, 1-2 December, 2016, Brisbane, Australia (2016)


Godwin, D, “Key factors that influence the Australian rural dental workforce”, 5th Rural and Remote Health Scientific Symposium, 6-7 September, Canberra, Old Parliament House (2016)


Kent, K and Charton, KE, "Development and relative validation of a food frequency questionnaire to measure flavonoid intake in older adults", Nutrition Society of Australia Annual Scientific Meeting, 29 November - 2 December, 2016, Melbourne, Australia (2016)


Contract report


Cox, TD, “Shedding light on Aboriginal men’s health - Final Report”, Centre for Rural Health (University of Tasmania) and Circular Head Aboriginal Corporation, Australia, pp. 1-13. (2016)


Crocombe, L and Godwin, D and Hoang, H and Bell, E and Blizzard, L, “Dental practitioners: Rural work movements”, Centre of Research Excellence in Primary Oral Health Care (2016)

Lee, SM and Byrne, LK, Royal Flying Doctors Service - Right as Rain Community Health Survey Report, University of Tasmania and Active Tasmania, Australia (2016)


Owen, C and McCann, D and Rayner, C and Devereaux, C and Sheehan, F and Quarmby, L, Supporting students with autism spectrum disorder in higher education, National Centre for Student Equity in Higher Education, Curtin University, Hobart, TAS (2016)


We have started the first quarter of the year with many great news and achievements of our Higher Degree by Research (HDR) students at CRH.

New candidates

We welcome two new PhD candidates, Sangeeta Khadka and Jacki Goode.

Sangeeta is under the supervision of A/Prof Len Crocombe and Dr Silvana Bettiol and investigating “the Effect of Oral Health Care Program in Staff Attending Aged Care Facility Dwellers for Prevention and Treatment of Oral Candidiasis (Oral Thrush)”. Dr Jacki Goode’s study title is “Improving Oral Health and Breaking Down the Barriers to Accessing Oral Health Services in Vulnerable Rural Populations in Victoria”. A/Prof Len Crocombe and Dr Ha Hoang are Jacki’s supervisors.

Candidate Completion

Thao Doan (PhD Candidate) has passed her thesis examination with good results. Thao investigated the relationship between health literacy and social support and the self-management of health in community dwelling rural older adults. Thao was supervised by A/Prof Tony Barnett, Dr Quynh Le (former CRH senior lecturer) and Dr Simone Lee. Congratulations to Thao and the supervisory team!

Diana Godwin (PhD Candidate) has passed her thesis examination. Diana’s study identified the factors that influence the rural recruitment and retention of dental practitioners. Diana was supervised by A/Prof Len Crocombe (CRH), Dr Ha Hoang (CRH) and A/Prof Leigh Blizzard (Menzies Research Institute). During her candidature, Diana and her supervisory team have published 6 journal articles based on her thesis. Congratulations to Diana and the supervisory team.

Candidate Progress

Our PhD candidate, Dr Shahrukh Khan has passed the confirmation of candidature. Shah’s study aims to identify the relationship between obesity, diet and periodontitis. Shah’s supervisory team are A/Profs Len Crocombe, Tony Barnett and Dr Silvana Bettiol.

Scholarships

Shahrukh Khan is a successful recipient of the Public Health Association Australia Tasmanian Branch Scholarship for registration to attend the World Congress on Public Health! Congratulations Shahrukh!

Further Information

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In response to concerns surrounding the gambling behaviour of young people in rural areas, the Tasmanian Department of Health and Human Services (DHHS) has commissioned research to investigate the attitudes and behaviours of UTAS students toward gambling participation. The research will be conducted by a multidisciplinary team comprising researchers from the UTAS Faculties of Health and Education.

With the support of the UTAS Student Centre, the research team will examine currently enrolled students’ experiences, attitudes, and beliefs of gambling behaviour, including the types of gambling most commonly engaged in by students, how frequently students engage in gambling, the financial and psycho-social consequences of gambling behaviour, and factors that may increase the likelihood of problem gambling among certain students.

The project will involve a combination of quantitative (survey) and qualitative (interview) methods. All currently enrolled international students and a random sample of approximately 10 percent of all currently enrolled domestic students will be approached to complete the (anonymous) survey component. The research will be conducted from May 2017 to July 2017 with a view to the findings being available by September 2017.

The research will help to inform health promotion programs designed to reduce potential adverse effects of gambling behaviour among young people in rural areas as well as the conduct of future research in this field. Key study findings will be communicated to organisations supporting the health and wellbeing of young people and study participants will receive a detailed summary of the study findings upon completion of the project.

Further Information
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Factors influencing use of rural health services for undergraduate work-integrated learning

Australian universities are required to increase work-integrated learning for undergraduate health science students in rural and remote areas as part of a national strategy to address projected rural health workforce shortages.

The aims of this study were to identify the factors that enable and constrain undergraduate placements in rural Tasmania from the perspectives of rural health services and staff in the UTas Faculty of Health. We undertook 23 semi-structured interviews. While Tasmania’s smaller rural health services vary, most provide a mix of 2-20 sub-acute rural beds, residential aged care and community-based health services. Many rural health professionals practice solo or in small groups of 2-3.

Placement enablers included:

- the quality and diversity of rural placement experiences
- promoting rural placements to students and staff
- providing material, financial and educational support to students
- flexibility and willingness of clinicians to support and optimise student learning
- support for clinical supervisors and
- good communication between the university, students and health service providers.

For health service providers, capacity to provide placements varies according to structural factors such as staffing and skill mix of staff, the type and volume of learning opportunities available, supervisory factors and support provided by the university.

For faculty, rural placements are constrained by systemic issues such as regulatory and curricula requirements, process concerns about supervision, students’ ability to achieve learning objectives and demonstrate competencies and attitudes towards rural practice.

Several participants attributed differences in the utilisation of some rural health services to distance, isolation, lack of public transport, road conditions, weather and winter.

Participants suggested a range of strategies to build rural placement capacity and strengthen the quality of students’ rural placement experiences. Placement providers suggested increasing the length of placements, having students over more weeks of the year and offering placements to other students such as allied health and social work. However, none indicated any capacity to take more students at the one time.

Education and placement providers considered positive rural placement experiences an investment in the future rural workforce and there was already evidence to this effect.

These findings have significant implications for faculty and placement providers. To attract more students from more disciplines to rural work-integrated learning, faculty need to:

- actively promote rural placements to staff and students
- facilitate student-to-student feedback about the rural placement experience and
- work closely with industry to devise new placement models suited to the local context.

To consolidate the enablers and alleviate the obstacles that constrain the use of rural health services, it is important that we strengthen university/health service partnerships and invest strategically in an alternative placement model and supportive infrastructure.

The project team includes: Dr Merylin Cross, project leader, Dr Pauline Marsh, Ms Rosy Green, Dr Terry Cox and Associate Professor Tony Barnett.

Further Information

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Bereavement Care Network Project

Department of Health and Human Services (DHHS) Better Access to Palliative Care, with the Centre for Rural Health is working with palliative care service providers, volunteers, community organisations and carers to establish a Bereavement Care Network (BCN). Bereavement encompasses the entire experience of family members, carers and friends in the anticipation, death, and subsequent adjustment to living following a death. Bereavement care is a continuum of care from informal and formal approaches to care provided by health and community care practitioners.

As follow-up to well over 100 positive responses and interest in the project from individuals and organisations across Tasmania, a series of seven workshops were held to discuss the functions, membership and organisation of the network. This were followed up by three regional meetings held in Hobart, Launceston and Burnie. A summary of the outcomes from this work follows:

Vision of the BCN

That all members of the Tasmanian community are able to access and receive appropriate, compassionate bereavement care when needed.

Mission

To value, connect and support both formal and informal providers of bereavement care who live and work in our communities.

Aim and Functions of the BCN

To improve co-ordination and strengthen partnerships to support the delivery of bereavement care by connecting people; identifying services; and promoting education and support for people involved in bereavement care. The specific functions of the bereavement care network will be to:

1. Collate and maintain a directory of services on a regional and state-wide level.

This will include up-to-date information such as the service location, contact details, and service parameters including client restrictions and costs.

2. Manage an accessible list of members and organisations comprising the bereavement care network. Inclusion of a description of their background, credentials, expertise and service/s offered will facilitate ‘warm’ referrals.

3. Provide a listing of relevant educational resources that are accessible to formal and informal bereavement care providers.

4. Distribute relevant information on current news and events. This may include upcoming forums, workshops, conferences, CPD events, grants, tenders and job opportunities.

Values and principles

BCN members will offer services that are safe, person-centred and delivered within an individual’s scope of practice and capabilities; informed by an understanding of referral pathways for clients who need additional or specialist services.

Our members subscribe to the following values and principles in the care they deliver:

Accountability: we are accountable to our clients, caregiver/s, families and the community.

Respect: our care will be non-discriminatory and delivered without prejudice. We will treat people as individuals – with empathy, compassion and respect for their culture, values, and beliefs, in ways that value diversity and are sensitive to their particular situation.

Person-centred care: our clients will be at the centre of care at all times, with support to make their own decisions without pressure from providers to take a particular path.

Communication: we will communicate honestly and in ways most likely to be understood by the client

Informed choice: clients will be informed about the options available to them. We will assist them to manage their own situation according to their preferences.

Awareness and access: We understand our boundaries and limitations. We will refer clients to more specialist services as appropriate.

Evidence based care: we draw on current best evidence in providing care to clients.

Safe and ethical practice: we adhere to the codes of practice and ethics of our profession and our organisation. We welcome feedback and reflect on what we do.

Advocacy: we advocate for our clients, their families and communities

The network will be state-wide though supported by strong, well-connected regional or local community-based groups. A network ‘management-working group’ has been established to guide development of the network, to ensure connections are maintained within regions and local communities, and to determine the ongoing functions and membership of the network.

The network created a dedicated website to provide information and resources on bereavement care for health practitioners, community service providers and the general public.

The aim is for the network to be self-sustaining. Initially, the network will be supported by the DHHS, Better Access to Palliative care (BAPC) program and the Centre for Rural Health.

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Healthy Regions, Healthy Students (CE Grant)

In 2016, the Tasmanian State Government launched the Healthy Tasmania Five Year Strategic Plan, with the aim of making Tasmania the healthiest State by 2025. A Community Consultative Draft preceded the release of the final draft of the Strategic Plan. The consultative draft posed a series of questions about the governments proposed new approach to preventive health, including reforms relating to systems and governance, the Government’s priority action on health risk factors and other potential future initiatives. Interested individuals, groups and communities were invited to comment on the consultative draft. The Government subsequently received 114 written submissions from individuals, organisations, groups/alliances and businesses in Tasmania, as well as some from interstate and overseas.

The release of the consultative draft and subsequent drafting of the Healthy Tasmania Five Year Strategic Plan occurred during a period of significant change within the tertiary education sector in Tasmania with the proposed development of an Associate Degree program at the UTAS Inveresk campus. With the impending changes to the number and nature of the student cohort, funding was received through the University’s Community Engagement Grant Scheme to undertake a thematic analysis of the 114 written submissions to the consultative draft. This study is particularly interested in how the priorities identified in the community submissions and final draft of the Strategic Plan may have relevance to, or impact upon, the health and wellbeing of the expanded student cohort.

Building a Local Food System Literacy education framework in Tasmania (RIGs Grant)

Tasmania has a reputation for growing the best quality food in Australia, but paradoxically has some of the worst health outcomes in the country. A recent study suggests that ready and reliable physical access to affordable, locally-grown, healthy food may be difficult to access, depending on geographical location. The project aims to build a Local Food System Literacy education framework, informed by engagement with key stakeholder groups, that contributes to the community’s understanding and capacity to respond to the challenges associated with developing a more systematic and focussed approach to food security in Tasmania. Of particular interest to the study are the factors, including economic, social, political and environmental, that drive and influence the Tasmanian ‘paddock through to the plate’ food system as well as the broader impacts of food systems on the sustainability of our local food supply and its impact on health and wellbeing.

Outputs from the study will assist UTAS curriculum development staff and educators by providing an educational framework, including content and format options, to incorporate food systems education into the broader Associate Degree program offered through UTAS in collaboration with the Department of Education and VET sectors as well as enhanced executive courses offered by UTAS.

The study is funded through the UTAS Regional Innovation Grants Scheme (RIGs) and is due for completion in early 2018.

Evaluation of Circular Head Learn for Life Community Literacy Plan 2014 - 2019

The Circular Head region faces a number of challenges that impact on the regions capability to fulfil its social, cultural and economic development goals. One such challenge is the comparatively low levels of literacy and learning amongst residents of the Circular Head region. In an effort to address this challenge the Circular Head Council has initiated, with its community partners, the development of a whole-of-community Learn for Life Community Literacy Plan (the Plan). The plan is supported by two key reports, the first, a community literacy audit of the Circular Head community and the second, a report on various research and consultations with key stakeholder groups. The Plan is to be implemented over a five year period 2014 – 2019.

Auspiced by a special committee of council, namely the Circular Head Education and Training Consultative Committee (CHETCC), the Plan is structured around five goals focusing on improving lifelong learning opportunities in the region including a goal relating to the establishment of an evaluative framework to support the Plan. Funding was made available through the Circular Head Council to the Centre for Rural Health (CRH) who worked in partnership with the University Of Tasmania School of Education to establish indicators to assist with measuring progress towards achieving the key targets set out within the Plan. Evaluative strategies adopted by the study included identifying key baseline data, methods for measuring change in community attitudes towards learning, and the capture and update of relevant data to monitor progress towards the Plan’s objective.

Findings from the evaluative study will be incorporated into the Learn for Life Community Literacy Plan and will assist in undertaking an evaluation at the conclusion of the life of the Plan.

Further Information

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What’s new?

Existing virtual tours have been updated, some with new images to capture capital works, others with new welcome videoclips and more information. To date there are:

- 14 online virtual orientation tours of rural and remote health services
- three of Aboriginal health services and
- one aged care health service.

The revised tours have been uploaded to the UTAS Faculty of Health Professional Experience Placement website http://www.utas.edu.au/health/professional-experience-placement OR http://www.utas.edu.au/health/virtual-tour/rural-health/

We are continuing to develop virtual orientation tours of rural health services including rural aged care. The most recent additions to the VT suite have been for New Norfolk: http://www.utas.edu.au/health/virtual-tour/rural-health/new-norfolk/


Collectively, the tours have been viewed over 23,000 times from March 2015 to March 2017 (Table 1). Please note the results should not be considered comparable as the tours were developed at different times and some have been online longer than others have. The tours may be accessed more now the University has received additional funding through the Multidisciplinary Health Training Framework to double the number of students that do rural placements.

<table>
<thead>
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<th>Webpage Views</th>
<th>Frequency of views</th>
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<tr>
<td>West Coast District Hospital, Queenstown</td>
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<tr>
<td>King Island Hospital and Health Centre</td>
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<td>Tasmanian Aboriginal Centre Health Services</td>
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<td>George Town District Hospital and Community Health Centre</td>
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<td>Virtual tour webpage</td>
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<td>Tasman Health and Community Service</td>
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<td>Deloraine District Hospital</td>
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<td>Smithton District Hospital and Community Health Service</td>
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<tr>
<td>Tasmanian Aboriginal Centre Health Service Burnie</td>
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</tr>
</tbody>
</table>

Table 1 - Frequency virtual tour webpages viewed

Figure 1 - Front page view outside New Norfolk District Hospital and Community Health Centre
Feedback to date

The virtual tours have been consistently functionally reliable with very few exceptions.

- The tours were made more mobile friendly following student feedback
- Students value the google maps function, finding it useful to locate their placement venue

From students:

- Visual and informational content helped attract students to these settings and prepare for placement by giving them a realistic sense of what the health service and accommodation were like, knowing where to go, who to report to on arrival and whom to contact in the event of issues arising. However not all students were attracted by the tours.
- Access to virtual tours helped allay students’ pre-placement concerns. In the words of one student: “the tours meant there was one less thing to stress about.”

From placement providers:

- The virtual tours provide a baseline framework to help orientate students.
- They value knowing and having input into the information that students have access to about the service before they arrive.
- They also use the virtual tours to field enquiries, brief and recruit prospective employees, casual and locum staff and attract new graduates.

The tours of Aboriginal Health Services have also attracted interest and collectively, account for approximately 3,000 views. An article has been published in the Australian Indigenous Health Bulletin on the development of the Aboriginal health service virtual tours: http://healthbulletin.org.au/articles/preparing-students-for-placement-in-aboriginal-health-services-using-online-virtual-orientation-tours-a-participatory-action-approach

home as a patient. It explores individual experiences of palliation at home in a rural area of Tasmania with a view to understanding the strengths and weaknesses of the palliative care system.

This study aims to identify and understand factors that enable, sustain, modify and/or oppose access to adequate and appropriate palliative care in a rural area of Tasmania. This research adopts an appreciative inquiry approach and asks:

- What are the human experiences of dying at home on the Tasman Peninsula?
- What roles have, and do, formal and informal care providers play/ed throughout the dying and grieving period?
- What needs and gaps are evident in formal and informal caring supports?
- What are the key enablers of and barriers to palliation at home on the Tasman Peninsula?

Dr Stephanie Thompson and I will be interviewing Tasman peninsula residents during the winter months. In addition to a face-to-face interview, we will be inviting people to record themselves with their own device (ipad, phone) at other times, to capture their thoughts and feelings when the researchers are not present.

This research has ethics approval from the HREC, and is a joint project with local Nubeena GP, Dr Craig Brown. For any queries or to express interest in being involved, please get in touch.

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Living, Loving, Dying: Experiences of caring and palliation on the Tasman Peninsula

This is a qualitative study that invites residents of the Tasman Peninsula to talk about their physical, psychological and spiritual experiences of either caring for a family member or friend until their death at home, or of receiving community palliative care at

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Views within Australia

<table>
<thead>
<tr>
<th>Views within Australia</th>
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Figure 2 - Views of Virtual tours from within Australia
DIGnity is a wellbeing project that aims to build the therapeutic capacity of three established community gardens. This is an initiative of The Centre for Rural Health in partnership with two neighbourhood houses in rural South East Tasmania: Dodges Ferry and Dunalley/Tasman. Funded by the Tasmanian Community Fund ($83,000), DIGnity enables health workers, artists and researchers to work alongside community members, garden coordinators and volunteers to create a safe and inclusive gardening space. We aim to provide an environment for people to feel safe, welcome and able to participate with other members of the community, particularly for people who have lost the confidence or their physical or cognitive capacity to garden. The team includes an Occupational Therapist and mental health counsellor who are liaising closely with local service providers, GPs, carer organisations and community groups.

DIGnity is an innovation in health care. It is a simple idea, but with enormous potential to improve health and wellbeing in rural communities. Gardening in a community setting provides not only opportunities for exercise, but also for socialising and mental rejuvenation. Combining garden activities with art and craft caters for a broader range of interests and abilities. Having health staff on site can reassure carers that participants will be well looked after – while at the same time the outdoor setting affords people a certain dignity of risk, which benefits physical and mental health as well as self-esteem. Community gardens are intergenerational spaces too, allowing older gardeners to teach children from the local schools. From a research perspective, it is an absolute privilege to be able to extend our earlier participatory action research work, which started in Dodges Ferry (with Walking Each Other Home), to the Tasman Peninsula.

In addition to journal publications, one of the research outputs will be a video training resource for community health care providers, in which participants talk about how DIGnity has affected their lives.

For more information, please do not hesitate to get in touch. Please feel free to drop in to any of our DIGnity session throughout the year. More information is available on the Facebook page: facebook.com/DIGnitygardening

Further Information
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**14th National Rural Health Conference**

26-29 April 2017, Cairns

In April this year, I had the privilege of presenting my work on Epilepsy Connect at the 14th National Rural Health Conference in Cairns. The theme – A World of Rural Health in Australia – reflected the diversity of health care settings and challenges in rural and remote Australia.

More than 1100 people attended the conference representing health professionals, health care services, researchers, community organisations, communities and more. The diversity and quality of presentations was apparent from day 1 and the opportunity to network with others was abundant.

One of the strengths of the conference was its capacity to generate recommendations for action to improve policies and programs for rural and remote health. The recommendations play a key part in setting the rural and remote health sector's agenda for subsequent years.

At the conference, delegates were able to propose recommendations for action through the Sharing Shed; an on-line forum in which they could also make comments on existing proposals and vote for their favourites.

Priority recommendations were subsequently produced and presented to the Assistant Minister for Health on the final day.

The complete list of recommendations can be found at www.ruralhealth.org.au

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**Cultivating Fresh Evidence**

**DAA 2017 Conference**

Katherine Kent attended the Dietitians Association of Australia (DAA) 34th National Conference in Hobart from 18 – 20 May 2017. The DAA conference was entitled “Cultivating Fresh Evidence” and offered an exciting and rigorous scientific program regarding the latest advancements in nutrition and dietetics. Katherine presented a poster entitled “A Systematic Literature Review of Biomarker Methods Used To Measure Total Flavonoid Intake and Intake Of Flavonoid Subclasses”, representing a collaboration between Katherine and Yasmine C Probst, Karen E Charlton and Vivienne X Guan from the University of Wollongong. The DAA conference is the highlight of the national nutrition conferences in Australia and provided an invaluable occasion for networking and reconnecting with peers in the nutrition field.

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**Evaluating Interventions, Services or Improvements Workshop**

Katherine Kent attended a workshop ‘Evaluating Interventions, Services or Improvements’ at the Medical Sciences Precinct in Hobart on the 15-16th March 2017.

The workshop was presented by Professor John Ovretveit, who is the Director of Research and Professor of Health Innovation Implementation and Evaluation at the Karolinska Institutet, Sweden. Professor Ovretveit, ran a two-day workshop on the methodologies and theories underpinning evaluation studies for interventions or improvements for health services. A multi-disciplinary team from the CRH, led by Heather Bridgeman, has been approached to conduct research evaluations of the success of service and program delivery for the Rural Alive and Well (RAW) HaRC program. The HaRC program is a community resilience building program running state-wide in rural areas of Tasmania. This workshop provided an opportunity to brush up on the tools and skills to do a successful evaluation and assess whether the one we have proposed will actually deliver the goods. The workshop was also a good networking opportunity with a wide variety of academics and health-service employees attending.

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**Further Information**

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**The Songs of Murray Street with Roz Pappalardo and Will Kepa**  
Source: Kirkland Photography

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**Further Information**

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We were very pleased to submit our first annual report under the new Rural Health Multidisciplinary Training (RHMT) Program. For the first time, the report was a combined report from the CRH and the Rural Clinical School. The primary focus of the program remains on supporting student placements in rural areas during their course of study, the recruitment and retention of health care professionals and on improving health outcomes for people living in rural and remote areas. We were able to report major progress against all five ‘core requirements’ of the program including a significant growth in student placement numbers and also reported positively on activities undertaken across all seven program ‘parameters’ with significant achievements being made in rural health research.

Across 2016, we attracted over $700,000 in competitive grants and produced well over 37 research publications in international peer-reviewed journals – a wonderful achievement by CRH staff and their industry partners.

The CRH-Health research Practitioner Program provides busy practitioners some time out from their mainstream job to learn new skills and to work with CRH staff on research, student learning and quality improvement projects. In 2016, 9 practitioners participated in the scheme, representing a broad range of health care disciplines. The program will continue across 2017 and benefits practitioners as they return to their clinical roles in various rural health services.

Rural Health Research Symposium

The Centre for Rural Health will be hosting a one-day free, fully catered Rural Health and Collaborative Research Symposium at Tailrace Centre in Launceston on Wednesday 7 June 2017.

The symposium will bring together our school research students, staff and collaborative partners to present and share their research projects in an open and friendly environment. The symposium will also provide a great opportunity for research students, school staff and stakeholders to meet, network and collaborate.

To register, please visit the link below.

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