From the Director’s Desk

This edition of the UDRH Bulletin contains some interesting reading together with a range of information updates. The main focus is on postgraduate research activities from students enrolled in or supported by the UDRH. The profile of our research higher degree students and the work they are doing to contribute to our understanding of rural health issues in Tasmania, demonstrate the diversity and potential benefits of their work not only during their study but also on completion.

The first of twice-yearly research higher degree retreats with these students was held in Hobart during the last week of April and I came away after two days of scholarly discussion and debate feeling very confident in the future capacity of the UDRH to contribute to serious rural academic endeavour. I hope you will find some of the short extracts about their work equally inspiring.

I would also draw your attention to the range of ‘UDRH at Work’ items in this Bulletin. These are centred on the major areas of our work in education and support, research and evaluation and a new area this year – rural community engagement. As you will see there is plenty happening out there in ‘rural-land’ with interprofessional student programs, career promotion, health expos, the AGFEST event, Indigenous health and a new Rural Health Teaching Site opening.

This will be my last opportunity to communicate with you through the UDRH Bulletin. I have resigned as Director of the UDRH, Tasmania effective 30th June 2004. The senior management of the University has positively acknowledged my achievements with the UDRH since August 2003. I have accepted the position of Professor and Chair of the Community Health Program in the College of Arts, Social and Health Sciences at the University of Northern British Columbia (UNBC), Prince George, Canada. I will take up this tenured position on the 1st July 2004 for a period of five years. The work I will be undertaking in Canada is primarily around rural health, nursing, interdisciplinary education and First Nations (Indigenous) health.

I have greatly appreciated the opportunity to lead the UDRH and have enjoyed working with the exceptional UDRH staff, and other University schools and their staff and students. In particular I have found working with the many external organisations and rural health service personnel throughout Tasmania a rewarding experience.

The collaborative work of improving rural health in Tasmania with key stakeholders and the UDRH will continue after my departure in June. There is a strong team of capable staff who are committed to achieving the objectives of improved rural health for Tasmanians.

Dr Rosalind Bull, the current Assistant Director, will become Acting Director of the UDRH from July 1st 2004.

During the period July to December 2004 the UDRH will undertake an internal review designed to guide the direction it takes over the next four-year period 2006-2009. As the UDRH approaches this task, it is important to reflect on the previous cycles of funding 1996-2000 and 2000-2005. The first of these was very much about establishing the UDRH presence in Tasmania; the second concentrated on consolidating and building partnerships to improve rural health. The third phase of the UDRH should build on the previous two phases, but must increasingly look to the future where academic rural health activities are firmly integrated into the University of Tasmania's core plans. Providing there is continued funding from the Australian Government Department of Health and Ageing, it seems wise to use this to firmly integrate academic rural health activities into the University of Tasmania's core plans. Providing there is continued funding from the Australian Government Department of Health and Ageing, it seems wise to use this to position academic rural health and those activities at its core – education, research and rural community engagement – firmly within the Faculty structure of the university.

I wish all those who will be involved with managing this change process every success. The mainstreaming of rural health issues at the political, educational professional practice and policy levels will depend on it.

Ian Blue
Associate Professor and Director

For further information about the UDRH or material contained in this Bulletin, please contact Caryl McQuestin, Media and Marketing Coordinator on 03 6324 4064 or email Caryl.McQuestin@utas.edu.au

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Resilience in transition, health service volunteering and undergraduate rural placements are just a few of the research topics that have captured the imagination of the rural health research higher degree students. Our Master of Medical Science and PhD candidates are enrolled either full- or part-time through the UDRH. They have diverse backgrounds including nursing, medicine, pharmacy, teaching and project management, a diversity that reflects the multidisciplinary nature of rural health.

The Rural Health RHD program draws registered supervisors from the UDRH, RCS and schools such as Nursing, Pharmacy and Education in the University of Tasmania. There is a robust scholar support program with monthly student activities and twice-yearly research retreats. Retreats are an opportunity for our students and their supervisors to gain critical insight into current work and to learn from research experts through a “Master Class”. The Rural Health RHD program is aligned to the central RHD program at the University and our students are encouraged to engage in the central support activities.

Focus on Research Higher Degrees

A Message from the Postgraduate Coordinator

The Rural Health Research Higher Degrees (RHD) Program

Our students have experienced great success in applying for and receiving scholarships and additional financial support is available through the UDRH.

If you would like further information about our program, please contact the Postgraduate Coordinator Dr Rosalind Bull at Rosalind.Bull@utas.edu.au

Filling the gap in oral health and public dental care

As Junior Research Fellow (Oral Health), Rosemary Cane’s role is to undertake research on accessibility and equity in oral health and public dental care. Her additional role is to provide research support on issues related to improving education and training opportunities for the rural oral health workforce through the Partners in Health project. Both roles take into account Tasmania’s position within the national and international context.

Rosemary’s major research project is titled ‘Filling the gap: improving accessibility and equity in oral health and dental care in rural public dental services in Tasmania’. The project is one of 18 oral health projects in Australia to receive a strategic research grant from the NHMRC Strategic Research Development Committee. The grant is for the period November 2002 to November 2005.

During this time, two different models of services and programs provided at public dental clinics in Tasmania will be compared and evaluated. The evaluation will focus on aspects of access, equity, oral health outcomes, staff and patient experiences,” explained Rosemary.

Firstly, the processes and impact of the existing public oral health care system will be studied in four areas that serve Tasmania’s dispersed population (Devonport, Burnie, Launceston and Hobart). This research commenced in 2003 and will include clinicians and a large sample of public patients at initial contact and again at 12 month recall.

‘The second model will be established during a trial workforce period where clinical teams (dentists and dental therapists who have completed additional training in primary oral health care) provide public dental care.

‘Once the pilot model is fully established, data collection, using a similar methodology to that applied to the existing model of care, will take place,’ said Rosemary.

The project has formed links with the AIHW Dental Statistics Unit at the University of Adelaide for the use of optical scanning forms and data analysis on oral health status. Rosemary sees the NHMRC research program as an important milestone for Tasmanian oral health research, given the historical absence of a dental school and oral health research programs in Tasmania.

‘I see it as a way to highlight significant issues within public dental care in Tasmania (and indeed in Australia), to establish a pathway for innovative strategies to be considered.

‘On a personal and professional level, overcoming the isolation and dealing with the conflict arising when changes are introduced have been the biggest challenges,’ she added.

Rosemary’s aims include the publication of several papers in academic dental journals.

‘I would like to highlight the oral health issues in Tasmania, to stimulate dialogue amongst my profession and other health professionals and to provide evidence for change.’

Rosemary is keen to place oral health within the broader general and rural health context.

‘Oral health, disease and general health share determinants and occur together. The longstanding omission of oral health from the national agenda has substantially affected the progression of public oral health programs, particularly for people living in rural and remote communities.

‘Realistically, it is a significant challenge to improve access to oral health care for people who seek public dental services in Tasmania. Most of the barriers are similar to those faced in the delivery of health services in rural Australia.

‘They include the dispersed population, levels of socio-economic disadvantage, health status and co-morbidity, the longstanding difficulties in recruitment and retention of dentists, lack of access to specialist services for complex treatment needs and financial constraints,’ she explained.

Rosemary is very conscious of the political, social and cultural influences on health service delivery, and is aware that a natural resistance to change in clinical approaches will present further barriers.

The ‘Filling the gap’ project represents the first step in addressing methods to improve access to equitable health care and provide evidence for introducing the restructuring of public oral health services and practices on a larger scale in Australia.
Faculty of Health Science Academic Rural Health Reference Group formed

At meetings in November 2003 of the UDRH Executive Committee (Advisory Group) and the North West Rural Clinical School Steering Committee, it was unanimously agreed that it was in the interests of the Faculty of Health Science (FHS) to have one overarching body to provide direction to the development of academic rural health.

Professor Judi Walker successfully sought endorsement by the FHS Executive Committee. The following recommendations were endorsed:

1. That the University Department of Rural Health Executive Committee and the North West Rural Clinical School Steering Committee be disbanded.
2. That the Faculty of Health Science establish a Reference Group for Academic Rural Health with the following membership and Terms of Reference.

Membership

• Dean, FHS or nominee (Chair)
• Head, School of Human Life Sciences or nominee
• Head, School of Medicine or nominee
• Head, School of Nursing or nominee
• Head, School of Pharmacy or nominee
• Professor of Rural Health
• Director, UDRH
• Rural Clinical School staff nominee
• Rustica (rural health student club) nominee
• Director, Community Population & Rural Health Division, DHHS or nominee
• Director, Hospital & Ambulance Services Division, DHHS or nominee
• State Manager, Australian Government Department of Health and Ageing or nominee
• Rural local government representative
• Rural community representative
• Allied Health Professional Council nominee

Terms of Reference

1. Review the achievement of performance indicators/outcomes for academic rural health.
2. Provide and consider information from key stakeholders.
3. Provide advice for academic rural health policy decisions.

The Reference Group will meet twice a year in Launceston and in Burnie.
Helen Howarth, UDRH pharmacy academic, is a walking, talking advertisement for the topic of her Master of Medical Science (Rural Health) degree research – ‘Facilitators and Barriers for Pharmacists in Health Promotion’.

Helen can always be relied upon to promote health and professional issues positively to people with an interest in rural health issues – whether they be health professionals, members of the international Country Women’s Association, rural high school children or university student pharmacists of the future.

At Agfest 2004 Helen coordinated Pharmacy Guild and Pharmaceutical Society activity in the Rural Health Tent, managing qualified practitioners and pharmacy students in health promotional activities. This included supervision of the mixing of 720 pots of Mothers’ Day hand cream by school children, and the dispensing of valuable information on issues ranging from the UTas Pharmacy degree course through to periodic reviews of medications administered at home.

In undertaking her research study, Helen will be asking a number of questions.

- Do pharmacists know what health promotion is?
- Why do some pharmacists participate in community health promotion and others do not?
- Does the way pharmacy students are trained affect their involvement in health promotion activities?
- What is the effect of the rural context?

‘I am wondering whether the environment in which the pharmacist is practising impacts on the pharmacist’s decision to undertake health promotion. I am also looking at the effect of such factors as the pharmacist’s hours of work, their gender and whether they are practising in a community pharmacy or a hospital,’ said Helen.

‘These questions are crucial ones to ask from the point of view of academic rural health,’ she concluded.

Stars away from home

Martin Harris, Research Fellow at UDRH, combines his interest in the welfare of young adults with his love of Australia’s national game, to develop a fascinating research project.
Melinda Minstrell, a University of Tasmania student who is converting her Masters by Research program to a PhD will use a scholarship provided by The Cancer Council of Tasmania (TCCT).

This will support her doctoral study for the next three years. Her study will address the prevention and management of cancer and chronic disease in the rural setting.

UDRH Director, Associate Professor Ian Blue, said that Melinda’s research would be of great interest to the Department and would benefit rural communities and health services.

TCCT CEO Lawson Ride said the collaborative nature of the Scholarship framework was very pleasing.

‘Melinda’s research program will be administered and supervised within the University Department of Rural Health. At the same time she will work closely with The Cancer Council and members of the Tasmanian Chronic Disease Prevention Alliance.’

Mr Ride added that the Council wanted to encourage research processes and outcomes that were community based and applied results.

We also see the research as focusing on primary health care outcomes that have cross-relevance to the prevention and management of major chronic diseases other than cancer, such as diabetes and kidney disease,’ he said.

Ms Minstrell’s first degree is a Bachelor of Arts in Human Biology from Stanford University in California. Professional roles with TCCT and with Diabetes Australia, coupled with her Masters research into specialist nursing for women with breast cancer, have also given Melinda a special insight into chronic disease issues.

‘This scholarship provides me with the opportunity to explore health service interventions aimed at decreasing mortality or negative experiences associated with the diagnosis, treatment and management of chronic disease in Tasmania and in other low population and rural areas across Australia and beyond,’ said Ms Minstrell.
A change in emphasis

In late 2003 the UDRH sought to align itself strongly to the Vice-Chancellor’s recent change in the E.D.G.E. agenda – the change from ‘Enterprise’ to ‘Engagement’. With regard to its community activity, this presented a real opportunity to harness this shift and to re-develop the former Collaboration and Partnerships Program Area into the Rural Community Engagement Program Area. This move not only assisted the UDRH in defining an increasingly important aspect of its work, but also paid particular attention to the V-C’s call to ‘do more in community based and continuing education, more community project work, being more vocal in our communities and attracting support and recognition for that work’.

The newly created core area of UDRH activity, Rural Community Engagement, is aimed at providing direct support for rural health professionals, consumers and rural communities. A major focus is to develop innovative education, research and service collaborations with rural health services, health professionals working in rural areas and rural community based organisations. Building closer links by engagement with the University of Tasmania through the UDRH to effect positive change outcomes for rural communities is a priority for this program area.

The shift in focus meant bringing those UDRH activities which have strong rural community components, under this new area. These include: Rural Health Teaching Sites, Falls Prevention, Sharing Health Care, GP-Hospital Integration (local Launceston pilot), the National Suicide Prevention Strategy – Tele-check, Interprofessional Education (community engagement/involvement section), high school career promotion, Aboriginal health career promotion and support, Tasmanian Partners in Health, the John Flynn Scholarship Scheme, allied health support and other developing links with community based agencies and organisations.

The appointment of Stuart Auckland as Lecturer – Rural Community Engagement and Program Manager, as well as the movement of some staff into this new area, has facilitated a smooth introduction of the new program area.

GETTING THE E.D.G.E. THROUGH RURAL COMMUNITY ENGAGEMENT

STUDENTS SAMPLE SPECIAL TREATS OF COUNTRY PRACTICE

University of Tasmania students participating in the Faculty of Health Science Inter-professional Rural Program (IRP) enjoyed a real treat when separate two-week IRP programs were run in April in Scottsdale and in Smithton. This was the fifth year such programs had been run in collaboration with the Faculty of Health Science.

The medical, nursing and pharmacy students discovered at first hand that the local rural economies are more than milking cows and shearing sheep, they include forestry and wood craft, eco-tourism, the growing of crops as diverse as potatoes, grape vines and lavender, mining and the farming of exotic animals such as alpacas.

This “community immersion” aspect of the program aims to help students gain a better understanding of the economic and lifestyle issues that shape the local communities in which they will be living and working,” said Susan Rasmussen, IRP Project Officer with the University Department of Rural Health (UDRH).

UDRH Lecturer in Rural Health, Lisa Dalton, said that attracting suitably prepared health professionals to rural and remote areas is an ongoing problem that programs like this seek to address. Participants in the programs worked in community based health care settings under the guidance of health professionals drawn from various health disciplines.

‘Health professionals in rural and remote communities work in close cooperation, but despite sharing the common goal of health care delivery, the education of nurses, doctors and pharmacists in Tasmania occurs separately. It is important that we provide students with education opportunities that reflect the reality of professional practice in rural communities,’ she said.

Realising that it is important to engage the interest of secondary school students, the groups spoke with students from the local high schools about university life and the subjects that are needed to enter health science courses. This was an informative activity for the tertiary students, as they learned even more about what it is to live and grow up in a rural community.

The students stayed at the Scottsdale and Smithton Rural Health Teaching Sites. These facilities enable students and visiting health professionals to experience rural practice ‘first hand’ in comfortable, typical surroundings whilst enjoying the latest in information and communication technology through links to the University of Tasmania’s system.

The importance of ICT was very apparent when the Scottsdale IRP group joined the Smithton group, which was hosted by the Rural Clinical School, to conference academic rural health issues. UDRH Director Associate Professor Ian Blue facilitated discussion with students and Maree Gleeson (RCS) and Susan Rasmussen (UDRH) contributed. The two IRP groups used a video link to interact from their separate locations as a combined group.

An exercise in multi-skilling - Stuart Auckland’s hole for the George Town RHTS sign, supervised by Maree Fish, a Principal Project Officer at UDRH.
UDRH at work in the Community

New facility supports rural health practice in country areas

In 2004 the UDRH extended its network of Rural Health Teaching Sites (RHTS) with the official opening of the George Town site at 78 Anne Street on Tuesday 2nd March. The ceremony was performed by His Excellency, Mr Richard Butler AC, Governor of Tasmania, in the presence of invited guests, including senior representatives of the University of Tasmania and government officials.

George Town was identified by UDRH Tasmania as a suitable community in which to establish a RHTS. A working party was formed, comprising representatives of the Department of Health and Human Services, the George Town Council, the Anne Street Medical Centre and the University. A model for purchase, lease and maintenance of the site was developed. The arrangement was conditional on the property being leased back to the University for 25 years. Funding was provided by UDRH through its Australian Department of Health and Ageing grant.

The facility will be a valuable asset to support students and postgraduate medical staff undertaking rural placement experience in George Town. George Town Mayor, Lawrence Archer, expressed his support for the development in these terms.

‘George Town Council aims to make this area a wonderful place to live and part of that is providing quality health and welfare services in our community. Council has worked to achieve this with the George Town Health and Welfare Committee, the hospital and the local doctors over a number of years.

‘The partnership with the University Department of Rural Health in providing the RHTS will further enhance the capacity of health services in this community,’ said Mayor Archer.

Rural Health Teaching Site Coordinator at UDRH, Karla Peek, is delighted with the Anne Street property.

‘This is a really pleasant brick and tile home, complete with thriving fruit trees set in a delightful garden. Best of all, the house is just about diagonally opposite the Anne Street Medical Centre and very close to the George Town Hospital.

‘With ready access to health professionals, and with the latest IT facilities providing access to University networks, people using the Teaching Site will have ideal conditions in which to live, work and learn,’ she said.

Karla reports that forward bookings for the George Town RHTS are already strong, and are drawn from across the range of health fields. The three bedroom house is capable of accommodating five residents at a time and offers a well equipped kitchen as well as a full suite of electricals, furnishings and linen.

In addition to use by health science students, Tasmanian RHTS are utilised by visiting health professionals such as dentists and dental therapists, nurses, ambulance officers, locums and academic staff from the University of Tasmania. Though student users are predominantly from the University of Tasmania, John Flynn Scholarship holders from interstate medical schools stay at various Tasmanian RHTS during holiday periods, as do allied health students studying at interstate universities and undertaking rural clinical placements in Tasmania.

Health checked out at our ONE STOP HOT SPOT!

At Agfest 2004 red spots were a sign of good health!

A visit to the ‘spotty tent’, centrally located just off Main Street at Site 817, was guaranteed to raise awareness about health and lifestyle issues.

‘We knew that people liked to participate in an interactive way, so the rural health tent was a hive of “hands on” activity, with something of interest for every member of the family,’ said the University Department of Rural Health’s Jenny Barns, coordinator of the event.

Rural students with an eye to future work and study options sought out information from Rosalie Maynard, UDRH Health Careers Program Coordinator, and her team of health science students. As well, rural health academics from the Rural Clinical School gave ‘mock tutorials’ in medicine and nursing. Simulated emergency drills, provided by volunteer ambulance officers, briefly alarmed some passers by, but they were a real winner with school children.

The same applied to such supervised activities as arm plastering, ointment making and face painting.

The serious purpose of the Rural Health Tent was underlined by the provision of health awareness raising activities such as blood pressure and cholesterol testing, as well as testing for diabetes.

‘To run such a varied program we relied heavily on the involvement of health administrators and health professionals, such as general practitioners, nurses

University to the fore at Deloraine Health Expo

The University Department of Rural Health (UDRH) set up shop at the Health and Wellbeing Expo, held by the Meander Valley Centre for Health and Wellbeing at the Deloraine Community Complex on Saturday April 3.

UDRH’s presence at the Deloraine expo was hard to miss. The work of the Department was portrayed on four two metre banners made up almost entirely of pictures of UDRH staff, health professionals and health science students at work around the state.

A well-stocked UDRH stall provided free information about academic rural health and health career options under the enthusiastic and well-informed eye of Jenny Barns, UDRH Special Projects Officer.

We see engagement with rural communities as one of the most important aspects of our work in promoting academic rural health and awareness about health issues, including the need to attract suitably qualified health professionals to rural areas,’ said Jenny.

Visitors were invited to answer questions in a Community Survey. This entitled them to enter a competition to win a basket of healthy Tasmanian produce, valued at over $150.

Nursing student Jo Hogan plasters the arm of a young visitor to the Agfest Rural Health Tent

His Excellency Mr Richard Butler AC, Governor of Tasmania, opens the UDRH’s George Town Rural Health Teaching Site

Jenny Barns provides an inviting presence for people visiting the UDRH’s display at the Deloraine Expo.
Sharon Dennis, Burnie based Indigenous Health Science/Higher Education Officer with the University Department of Rural Health, Tasmania, attended a conference in Geraldton, Western Australia for rural academic Indigenous staff from the national network of University Departments of Rural Health (UDRH). The gathering brought together ten participants from Traralgon, Shepparton, Whyalla, Geraldton, Port Hedland, Alice Springs, Tamworth and Burnie. Four others participated by video link.

The conference heard that because Indigenous identified academic positions are a recent development for Rural Health, strategies are being developed to meet local needs, which differ across individual UDRHs.

‘There was great diversity around what our roles actually covered - things like community liaison, support services, research, evaluation - and where we fit in as a whole to the broad UDRH picture. We also discussed cultural awareness, safety, and respect, and establishing a national voice whilst recognising regional difference,’ said Sharon.

‘For example, different parts of Australia have different Aboriginal cultures, even within the same state. The UDRH Indigenous Staff Network will seek to encourage a climate of respect for the different cultures. They will be working to identify people to represent particular areas appropriately, rather than assuming that one voice represents a collective view.’

One of Sharon's favorite mementos of the conference is a photo of the group of network members sitting on some stone steps (above). The location is an old school that had formerly included a number of church buildings in its grounds. The only surviving structure is now used as an Aboriginal Centre for the local community of Mooniemia.

Sharon feels that she has gained much from the conference.

‘I learned that there is a great UDRH Indigenous Staff Network support structure forming a vast pool of knowledge. All the staff members are committed to what they do, though they do have issues with what is happening in their state and with the differences in Indigenous policy directions across state and federal boundaries. However, I learned that academic rural health on a national level is very committed to delivering better health for Aboriginal people,’ she said.

For further information on programs for Indigenous students, please contact UDRH Tasmania’s Indigenous Health Science/Higher Education Officer, Sharon Dennis, on 03 6430 4506 or email Sharon.Dennis@utas.edu.au