

C R H

Bulletin

JULY 2014

CENTRE FOR RURAL HEALTH

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TML: HEALTHY FOOD ACCESS TASMANIA GRANT (\$350,000)

STUART AUCKLAND

Tasmania has long been regarded as a producer of some of Australia's finest and freshest foods.

Accessing Tasmania's fresh produce, such as fruit and vegetables, is easier for some members of the community than others. This may be due to a range of factors including difficulties in physically accessing healthy food, cost of produce or the fact that the fresh produce is in limited supply or not available. Researching the barriers to accessing fresh locally grown fruit and vegetables at a local level is the basis of a study known as the Healthy Food Access Tasmania project (HFAT) conducted by a research team from the UTAS School of Health Sciences in collaboration with the Heart Foundation, Tasmania. The project is part of Tasmania Medicare Local's broader Social Determinants of Health and Health Risk Factors Project and funded through the Australian Government's Tasmanian Health Assistance package. The research will contribute towards

addressing important health, economic and social objectives over the next three years.

The project design has been informed by recent research conducted by the Tasmanian Food Access Research Coalition and the Tasmanian Government's Food-For-All Tasmanians Strategy and comprises a number of distinct stages. The first stage, which commenced in January this year, involved the collection of important information about the availability and price of healthy food using the "healthy food basket" approach. This involves identifying 44 items that constitute a healthy food basket to help people understand if they have access to nutritious food in their local shops.

For the purposes of the HFAT study the healthy food basket approach involved the collection of information,



The Launceston Harvest Market 2014 – Photo courtesy Sandra Murray

using electronic data collection devices specifically designed for the study by trained data collectors, from a randomised selection of retail food outlets across the 29 Tasmanian local government areas. Specifically, information pertaining to availability and affordability of food items contained in a healthy food basket was collected from 144 shops across four shop categories, namely: large supermarkets, minor supermarkets, general stores and fruit and vegetable shops.

The collected information will provide vital data about the affordability and availability of healthy food at a community level, in particular fresh fruit and vegetables, over the whole of the state level in areas with different

levels of social disadvantage. Findings from this first stage of the study assist the development of projects, programs, policies and community activities that might influence what is available in local communities in the future.

Stage one of the project will be completed by August this year. The second stage of the project will involve mapping the production and supply of healthy food with a focus on linking the production of fresh fruit and vegetables to local distribution points within major fruit and vegetable growing areas across the state.

NEWS

TILT FELLOWSHIP

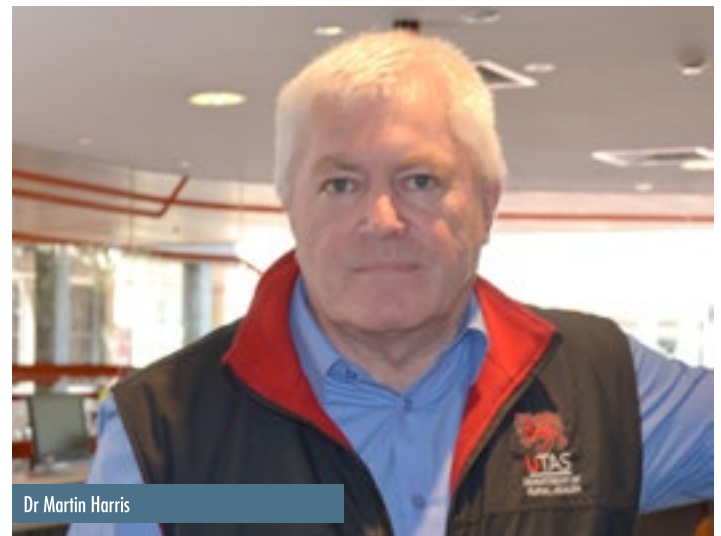
MARTIN HARRIS

Dr Martin Harris, Mental Health Academic at the Centre for Rural Health, has been appointed as the 2014 TILT Fellow. Martin's fellowship will inform an alternative vision (the Thriving Transition Cycle) for Culturally and Linguistically Diverse (CALD) student transition, and the nature and timing of support.

The Thriving Transition Cycle provides a template for institutional planning and for the dedication of attention to the cycle of transition. The application of the model to this particular cohort has implications for the pathways that these students take when they thrive, and offers concrete directions through attention to characteristics and processes that support thriving.

The transition to higher education has traditionally been seen as a linear journey, and the failure to thrive (reflected in retention rates) has not

been adequately explained. For students from CALD backgrounds, the transition is more acutely felt and retention rates have been disappointing. The Office of Learning and Teaching's (OLT) review described the Thriving Transition Cycle as a model that offers "... a systemic way of looking at transition issues, rather than the piecemeal approach often used". The TILT Fellowship provides an opportunity to show leadership by demonstrating enhanced learning outcomes through the improved capacity to thrive, and



Dr Martin Harris

an opportunity to build on the first-year experience by offering the model and training to student support staff responsible for the CALD cohort across the university.

The Thriving Transition Cycle is a recurrent process of four stages (preparation, encounter, adjustment and reflection), and 16 components where three guiding principles hold true. The transition has: (1) recursive qualities with one stage leading to the next through the cycle; (2) disjunctive qualities/ characteristics at each stage;

and (3) interdependent and dynamic antecedent qualities with the resolution of one stage defining the next. The fellowship's legacy will be practical support strategies and actionable interventions for support staff and faculty staff at UTAS that account for the successful negotiation of the stages of transition.

Further information

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The aim of stage 2 is to source and map data relating to the production and supply of locally grown produce that would assist in informing pathways to improve fruit and vegetables access to Tasmanian communities. It is anticipated that the benefits from the project will be seen at the production, distribution and consumer ends

of the supply chain through helping to identify opportunities for smaller and medium-size farming enterprises to sell their produce and providing more opportunities for local consumers to make healthy food choices.

A key deliverable from the second stage of the project will be the mapping of fruit and vegetable production in the

study sites. This information will be part of a resource kit which will be developed as part of the third and final stage of the HFAT study. The resource kit will contain information for future monitoring and surveillance of food access in Tasmania and ways to address local food security issues through partnerships and planning. The resource kit will act as a guide for communities wishing

to apply for grants to undertake further food security work within their community.

The HFAT project is expected to conclude at the end of 2015.

Further information

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YOGA DVD – MODERN SCIENCE IS NOW DISCOVERING THE BENEFITS OF YOGA

UTAS Centre for Rural Health research graduate Ms Annette Loudon has created a yoga DVD to complement the management of conditions such as lymphoedema from cancer treatment.

While completing her research degree with the UTAS' Centre for Rural Health, Ms Loudon investigated the application of yoga used in unison with modern scientific approaches to

manage Breast Cancer-Related Lymphoedema (BCRL). Ms Loudon conducted an eight-week trial involving 28 Tasmanian women suffering from BCRL. Participants in the trial attended

a weekly yoga session as well as daily sessions from home with a DVD.

**“It made me feel
I was better prepared
for the rest of
the day”**

Participants of the study found the practice on the DVD really helpful:

“I looked forward to it...I found it very relaxing, very calming, very balancing, and it made me feel I was better prepared for the rest of the day”

“When you go through the DVD, you can just lie there at the end, there's no heaviness (from the lymphoedema), the lightness is just absolutely wonderful, and you'd like to actually stay there.”

Ms Loudon decided to produce a DVD 'Yoga for secondary arm Lymphoedema' so that

more people could use yoga to complement their usual lymphoedema treatment. Generous donations made by Tasmanian and mainland businesses and individuals made it possible to film the DVD in Tasmania. Ms Loudon asked four local women to demonstrate the yoga practices in the DVD.

The DVD was released in the first week of March for Lymphoedema Awareness Week and will be available through the Australasian Lymphology Association (non-profit) at www.lymphoedema.org.au.

Further information

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INVESTIGATING THE USE OF MUSIC/MUSIC THERAPY FOR WOMEN WITH POSTNATAL DEPRESSION: A SUMMARY OF MEDIA ATTENTION

MELISSA TERRY

Around the middle of April, University Media Officer, Lana Best was contacted regarding assistance with media coverage to help promote my research. Mother's Day was coming up and it seemed an appropriate time to publicly launch my research as many mothers would be reflecting on their own experiences.

Lana was quite interested and scheduled an appointment for her to interview me. From the interview and previously

prepared statistical and background information she prepared a release that went to every media organisation in the state. She was overwhelmed by the response! I was interviewed on 8 May at City Park, with my children, by ABC News, ABC Online, ABC Radio and The Examiner. The interviews were then broadcast locally and nationally by ABC. Though the process was a bit daunting, I felt confident sharing the information that I had found



Melissa and her kids, L-R: David, Rachel and Hannah Terry – Photo courtesy Lana Best

regarding the use of music as a therapy as well as information about postnatal depression. Also, though very personal, sharing my own story gave an opportunity for me to let other mothers know that it's OK to share, there is help available and we are trying to make that help even better.

From the media coverage I have conducted a further seven

interviews with women who have postnatal depression. I have also had several health care providers and other professionals contact me expressing interest in my research.

Further information

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ADA AWARD FOR A/PROF LEONARD CROCOMBE

A/Prof Leonard Crocombe was recently awarded a Service Medallion at the Australian Dental Association Tasmanian Branch (ADATB) dinner held in Hobart, on 1 March 2014. His award was presented to him by the Federal President of the Australian Dental Association, Dr Karin Alexander, for his

distinguished service to the dental professional over many years. A/Prof Crocombe, who has also recently been elected to serve as a Federal Councillor for the ADA, was particularly honoured that Karin travelled from Adelaide to present him with the award.



A/Prof Leonard Crocombe and Dr Karin Alexander (Federal President of the Australian Dental Association)



L-R: Judith Rose Thomas and Sharon Dennis



Sharon Dennis

TRADITIONAL ABORIGINAL CULTURAL FOOD DAY WITH THE RURAL CLINICAL SCHOOL

SHARON DENNIS

The introduction of Tasmanian Aboriginal culture into the Rural Clinical School for the medical students was delivered by Sharon Dennis from the Centre for Rural Health. Serving the medical students traditional Aboriginal food linked into nutrition, connection to country and the sea, and to the importance of the past practices of gathering food to the contemporary practices

of Aboriginal people. It also enabled conversations about Aboriginal health and the importance of food and cultural practices. Accessing food and considering the landscape and resources was also a discussion point as was the importance of significant sites and land areas of Tasmania. Consideration of access to food also opened up the discussion to the effects of colonisation, such as the

development and dispossession of land for Aboriginal people; all this could be related to the food being served to the medical students by Aboriginal people.

Further information

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STUDENT ALLOWANCES INCREASE

KARLA PEEK

Undertaking a clinical placement in a rural area can be a costly experience.

Affordable accommodation can be hard to find while the cost of travel can be prohibitive, especially to students on limited incomes. The Centre for Rural Health has a Student Support Program to assist health students undertaking rural clinical placements, which includes free accommodation in fifteen rural towns and a Rural Placement Allowance. Eligibility is determined by the length of placement, the distance a student travels, and whether or not the student receives financial support from their school. The Student Support Program guidelines were reviewed at the end of 2013 to ensure that the level of support provided met student needs and was equitable across all disciplines. Student payments were increased in 2014 and, as expected, feedback from students has been very favourable.

Further information

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CLINICAL PLACEMENTS BY AUSTRALIAN UNIVERSITY SCHOOLS OF PHARMACY

MARK KIRSCHBAUM

The Rural Pharmacy Liaison Officer at the Centre for Rural Health has commenced a number of research projects in conjunction with Monash University, the University of Western Australia and the University of Tasmania. This research group is actively looking at ways to improve rural clinical placements offered through the schools of pharmacy. One study 'Clinical placements by Australian university schools of pharmacy' was presented at the National Medicines Symposium in Brisbane in May 2014 as an abstract and poster. Mapping rural placement programs amongst the Australian universities could

enable stakeholders to have a thorough understanding of the contents and objectives of those programs. This study determined the content of the rural clinical placement programs that are currently being offered in the 18 Australian university schools of pharmacy.

A telephone survey was administered by one of the investigators to all the identified course coordinators or placement officers in order to obtain the required data from the nominated school of pharmacy representative. These data were validated through "member checking" where the collected data were sent back to the interviewee for review

and amendment if required. Descriptive statistics were used to analyse participants and courses demographics. Qualitative data was reviewed and common themes were extracted using Nvivo v10.

Of the 18 schools of pharmacy, 17 participated in the study. The number of placement days and type of placement sites varied considerably. Some universities prefer traditional placement sites in community or hospital pharmacies, whereas others are actively pursuing non-traditional placement sites such as aged care, interprofessional, simulated/virtual placements, medical publishing companies and drug dependence units.

Placement assessments are reasonably standard, including activities such as a reflective learning experience and workbooks, and are reasonably consistent across the schools.

Australian schools of pharmacy have substantial similarities in the assessment of placements, though vary considerably in their approach to placement duration, innovations, and in particular the emphasis on rural placements. Understanding the current mechanisms for placement has the potential to inform stakeholders to develop a gold standard model using Australian and international models to enhance the rural pharmacy placements, which will in turn help decrease the healthcare workforce maldistribution that occurs in Australia.

Further information

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RPLO REPORT – AGFEST 2014 ACTIVITY

MARK KIRSCHBAUM

AGFEST is the largest agricultural trade show in the southern hemisphere with 58,000 patrons and 600 exhibitors attending in 2013. It is a true representation of the rural population with most of the exhibitors focusing on rural equipment and rural issues. The purpose of this activity (conducted 1st-3rd May 2014) was to promote pharmacy to rural patrons and provide a positive message about what pharmacy can offer the rural population. It also allowed for inter-professional cooperation between medical, nursing and sports science students, allowing them to learn each other's role and to refer between disciplines as required. It is known



that the rural population generally has poor health with obesity, smoking, lack of interest in health and reduced physical activities translating into poor health outcomes. As a way of promoting health, health screening checks were provided to encourage dialogue between health professionals and the public.

The health tent was divided into a number of distinct areas: blood pressure checks, Tasmania Medicare Local (diabetic educator, dietician, electronic health records), academics presenting new technologies in stroke rehabilitation, Active Launceston, simulations learning and cream making activities. These activities were monitored by senior medical, pharmacy and sports

science staff including the Rural Pharmacy Liaison Officer (RPLO) from CRH was one of the supervisors. A research question was addressed by the school of medicine (results to follow). A large percentage of the population were identified as being at high risk of a negative health event. Medical intervention was offered to those who required it. This activity is repeated every year. The pharmacy activities were well received by children and allowed for dialogue with the parents about health issues and how pharmacy can support them, particularly in a rural context. This is the largest event in Tasmania and so should continue to be supported by UTAS and the Pharmacy Society of Australia (PSA). Large numbers of patrons passed through the tent which would have numbered in the 1000s over the three days. There were 950 blood pressure checks taken and at least 10 required immediate medical referral. Twenty pharmacy students rotated through the tent over these days and most of these were able to interact with other disciplines and enhance inter-professional relationships.

Further information

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RESEARCH

LULLABIES FOR HEALTH AND WELL-BEING

MELISSA TERRY AND DR QUYNH LÊ



L-R: Melissa Terry and Dr Quynh Lê – Photo courtesy Lana Best

Mrs Melissa Terry, Dr Quynh Lê and Mr Daniel Terry of the Centre for Rural Health successfully obtained a Tasmanian Early Years Foundation grant of \$15,528 to undertake a project entitled Rock-a-bye baby: an online lullaby education program for mothers and their infants' health and wellbeing.

Postnatal depression (PND) is the most prevalent 'complication' following childbirth among women. The prevalence of PND is as high as 10%-25% among postnatal women and occurs more often among rural women.

Problems with infant crying and sleeping in the first three months of life are the most challenging to mothers. In these circumstances music therapy, actively participating in music or listening to music to incorporate

relaxation, meditation and movement, has been accepted to be beneficial. One method, particularly for mothers with PND and their babies, is singing lullabies. Lullabies play an important role in comforting

The prevalence of PND is as high as 10%-25% among postnatal women and occurs more often among rural women.

infants and providing a critical bonding experience between mother and infant. The purpose of the project is to improve the well-being of mothers with PND and their babies by using music and lullabies. The project will provide workshops and an online program to help promote attachment and bonding between mother and baby; encourage sleep and soothe methods; and provide understanding about PND and how to manage its symptoms.

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RHCEs 2: MINDFULNESS & YOUNG PEOPLE WORKSHOPS

DR HEATHER BRIDGMAN

In February 2014, two one-day workshops titled 'Mindfulness-based Interventions with Children and Youth with Dr Angela Dixon (Clinical Psychologist)' were held in Burnie and Launceston, Tasmania, and video, linked to Queenstown, King Island and Smithton. The aim of these workshops was to provide low-cost, easily accessible training for health care professionals. The topic was chosen based on an identified need for professional development focusing on young people. These workshops were funded by a Rural Health Continuing Education Grant (RHCE-2) as a result of collaboration among the North and North West branches of the Australian Psychological Society

(APS), the Tasmanian branch of the Australian Association of Social Work (AASW) and the University of Tasmania. We initially sought to attract 40 participants at each site and, due to an overwhelming response, the face-to-face workshops were capped at 50 per site. In total, 109 rural and remote mental health care professionals from 16 different professions accessed the workshop, with over half of participants identifying as either a psychologist or social worker. Participants also identified working across a broad range of work settings and varying levels of experience, indicating broad appeal for the topic. Feedback from participants was extremely positive. Over 90% of participants felt a sense of commitment to



L-R: Dr Angela Dixon (Clinical Psychologist and presenter), Jacqui Russell (AASW), Heather Bridgman (CRH) Olivia Boer (APS),

using mindfulness, felt engaged during the workshop, felt the topic was relevant to their workplace and overall were very satisfied with the training. Other positive comments related to the speaker – 'Just loved Dr Angela Dixon', the resources given '... great information, thank you for the worksheets, references etc. I will use all of this in my work'; the helpfulness of the training – 'This training was fantastic' 'Thank you it was useful & practical – which is of

benefit to me'; and, the low cost – 'great price too!' As a result of this successful collaboration, all organisations have discussed ongoing ways to collaborate into the future to support members and local mental health clinicians in rural Tasmania.

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TAS COMMUNITY FUND: BRIDGE BETWEEN DEAF PEOPLE, LOCAL COMMUNITIES AND ORGANISATIONS IN TASMANIA

DR QUYNH LÊ AND MR DANIEL TERRY

Dr Quynh Lê and Mr Daniel Terry of the Centre for Rural Health have been awarded a Tasmanian Community Fund grant, round 27 of \$20,252 in collaboration with the Tasmanian Deaf Society (TasDeaf) to conduct a project on 'Building an inclusive and interactive bridge between deaf people, local communities and organisations in Tasmania'.

People with hearing disability (deafness) can be particularly susceptible to social isolation

and poor health. Due to expressive and receptive communication problems, deaf people tend to communicate and interact among themselves in a socially restricted environment. This social isolation marginalises deaf people and puts them at great disadvantage. Suffering communication problems and social isolation, deaf people face barriers to health care even before they reach the consultation room.

The aim of the project is to enhance the well-being and life skills within the Tasmanian deaf community through activities and programs on deaf awareness and interactive engagement with the community and organisations. Computer technologies will be used in this project to enhance the interaction and networking between deaf people and the wider community, particularly with regard to health literacy, access to health information and services. For example, deaf people participating in

this project will be shown how to use computer technologies innovatively to safeguard their personal security, increase their health literacy, build social networks, and participate safely in social media.

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THE EVOLUTION OF DIVISIONS OF GENERAL PRACTICE INTO THE TASMANIAN MEDICARE LOCAL: LESSONS AND OPPORTUNITIES

KIM BOYER AND DR CLARISSA HUGHES

The past two decades have seen remarkable changes in the health landscape in Tasmania. The Tasmanian Medicare Local (TML) has become a major player, emerging from the Divisional movement (three regional Divisions, the Rural Workforce Agency and the State-Based Organisation). The narrative of this journey has not yet been told but is now being addressed in a collaborative project by the TML and two researchers from the Centre for Rural Health, Kim Boyer and Dr Clarissa Hughes.

The project aims to provide a comprehensive narrative of the transition from Divisions to TML, based on the contributions of key stakeholders, including former and current Board members, partners and employees.

Kim and Clarissa have begun interviewing some of these key stakeholders, and will continue interviews over the next three months. Karen Herne has been employed as a casual research assistant for the project. The project also has a steering group comprising deputy chair of the TML, Mary

Bent, TML CEO Phil Edmondson, Annaliese Caney from the TML, and Kim and Clarissa.

The project is due for completion early in 2015.

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EVALUATION: RAVENSWOOD NEIGHBOURHOOD HOUSE GROWING TOGETHER PROJECT

STUART AUCKLAND

Many backyards and residents in the Launceston northern suburbs of Ravenswood, Waverly and St Leonards are reaping the rewards of a successful grant submission put in by the Ravenswood Neighbourhood House aimed at establishing vegetable plots or boxes in the backyards of local residences.

The grant, established under the Department of Premier and Cabinet (DPAC) Food for All Tasmanians funding initiative, has seen the establishment of in excess of 25 vegetable gardens in and around the Ravenswood community. The project, into its second funding year, has seen the harvesting of a variety of different types of vegetables by participants in the project, many of whom had not had any previous experience in growing their own vegetables. Assisted by staff and volunteers at the

Ravenswood Neighbourhood House the project participants have learnt new skills around developing and tending to the vegetable plots, shared produce with other residents in the community and have explored new ways of cooking and preparing the produce.

The evaluation aims to collect stories from participants, staff, volunteers and residents, about their experience at the commencement of their involvement in the project and again at the end of the project. Using the Most Significant Change (MSC) technique stories

in the project across a range of domains including quality of life, understanding and knowledge, and sustainability.

Findings from the evaluation will contribute to an existing body of knowledge around the development and implementation of policy relating to the delivery of community based food security projects. The findings may also assist in the identification and development of future local food initiatives. The evaluation will conclude with a presentation of findings to be given at the end of 2014.

“The evaluation aims to collect stories from participants, staff, volunteers and residents, about their experience at the commencement of their involvement in the project and again at the end of the project.”

A project team from the School of Health Science has been engaged by the Ravenswood Neighbourhood House to undertake an evaluation of the Growing Together initiative.

and narratives will be collected from participants at the two project points; these data will provide an insight into any changes that may have occurred as a result of their involvement

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CAREER DEVELOPMENT SCHOLARSHIPS

DR HEATHER BRIDGMAN AND DR LYNDSAY QUARMBY

Dr Heather Bridgman was recently successful in gaining a UTAS career development scholarship to further her research into online therapies for rural youth experiencing depression.

In 2013 she and her colleague Colleen Cheek (e-health fellow, Rural Clinical School) undertook a collaborative research project to assess the cultural acceptability of 'SPARX' an evidence-based, online therapeutic computer 'gaming' program for alleviating symptoms of depression in young people, originally developed for New Zealand Youth, by the Werry Centre, University of Auckland. Evidence from focus groups with rural Tasmania youth demonstrates high acceptability and usefulness of such a program in the rural Tasmanian context. Results of this work have been published in the *Journal of Medical Internet Research*. In August 2014, she and Colleen will be travelling to Auckland to further collaborations with researchers at the Werry Centre regarding 'SPARX'. They will also visit Black Dog Institute in Sydney to discuss potential future collaborative activities.

Dr Heather Bridgman was also successful in gaining a SARRAH (Services for Australian Rural and Remote Allied Health) scholarship to undertake professional development. Heather, a Clinical Health Psychologist, will attend a two-day Schema Therapy training workshop in Sydney in September. Schema Therapy was derived from traditional Cognitive Behaviour Therapy (CBT) and incorporates practices from other psychotherapies, including psychodynamic, emotional focused therapy, and Gestalt. It differs from traditional CBT in five substantive ways. Compared to traditional short-term cognitive therapy, it places more emphasis on: childhood origins of problems and working directly with associated memories; use of identified core schemas to drive formulation and treatment; the

use of experiential or affect-based techniques; use of the therapy relationship to assess psychological themes and provide corrective experiences; and use of 'mode' theory. Schema Therapy has good evidence for the treatment of personality disorders, chronic depression or anxiety, and "borderline" conditions. Attending the training will not only benefit Heather's clinical practice, but also add breadth to her clinical skills in supervising provisional psychologists undertaking the Masters of Clinical Psychology course.

In 2013 Dr Heather Bridgman and her colleague Colleen Cheek (e-health fellow, Rural Clinical School) undertook a collaborative research project to assess the cultural acceptability of 'SPARX' an evidence-based, online therapeutic computer 'gaming' program for alleviating symptoms of depression in young people

Dr Lyndsay Quarmby was awarded a career development scholarship totalling \$1440 to travel to the University of Western Australia and La Trobe University to foster and enhance relationships with key academics and essential partners for the Autism Collaborative Research Centre. The National Autism CRC involves eight essential partners and 56 participating organisations across Australia. This eight year Commonwealth funded CRC will target three objectives: improving precision and reliability of diagnosis; empowering staff to respond more effectively to the learning needs of students

with ASD; and transition from school to further education and employment.

In July 2014–15, Lyndsay will be partnering with representatives from most states and territories in Australia on an Autism CRC strategic project investigating the diagnostic practices and reliability of Autism Spectrum Disorder in Australia. The first part of this study will canvas clinicians currently involved in ASD diagnosis, including psychiatrists, paediatricians, clinical psychologists, speech pathologists and



L-R: Heather Bridgman (CRH), Colleen Cheek (RCS) and Terry Fleming (UoA)

Dr Lyndsay Quarmby was also awarded a SARRAH scholarship (\$1500) to attend the Unique International Trauma conference in Melbourne from 5-8 August. The neurobiology of childhood trauma and attachment is now integral to practice approaches of professionals from education, child protection, mental health, family support, drug and alcohol, police, out-of-home care and criminal justice services. In this unique event, the Australian Childhood Foundation has assembled thought leaders in interpersonal neurobiology, trauma and therapy in a conference format that promises to engage, challenge and integrate perspectives about working with children, young people and families. Following this three day conference Lyndsay will also be attending a full-day master class with one of the keynote speakers. Lyndsay looks forward to bringing back her learnings to enhance her clinical practice and research involving children and their families.

Further information

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PROJECTS

VIRTUAL ORIENTATION TOURS OF PRACTICE SETTINGS

DR MERYLIN CROSS

PROJECT OVERVIEW:

The Virtual Tour project undertaken by a team in the Centre for Rural Health, University of Tasmania, aimed to develop Virtual Orientation Tours (VTs) of rural and remote practice settings, have them hosted on the TCEN website and evaluate their merit as a strategy to:

- › attract students from a range of health disciplines and education sectors to rural and remote placements;
- › allay students' pre-placement anxiety by demystifying the rural/remote context; and
- › prepare students for rural and remote practice by increasing their awareness of the facilities, services, learning opportunities and resources available.

OUTCOMES:

- › A 360-degree panoramic tour of ten rural health teaching facilities
- › A floor plan to orientate students to the physical layout of the building
- › Visual images of the accommodation and facilities available to students
- › A short welcome video by the Director of Nursing/Site Manager, Nurse Unit Manager and/or the person responsible for student supervision or accommodation at each facility.



Virtual tours have been developed for Campbell Town, George Town, Scottsdale, Nubeena, Deloraine, St Helens, Dover, King Island and Smithton. The online tours were presented at the Tasmanian Clinical Education Network Project Reporting Symposium at the Grange in Campbell Town in February and also at the University of Tasmania Tech Ex e-learning expo in June. These generated interest in translating the idea to other health services and faculties. Evaluation is ongoing.

To see tours go to www.tcen.com.au

Further information

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King Island Hospital and Health Care Centre



St Marys Community Health Centre



St Helens District Hospital



West Coast District Hospital, Queenstown



Deloraine District Hospital



Esperance Multi-Purpose Centre, Dover

RPLO ACTIVITY UPDATE

MARK KIRSCHBAUM

The Rural Pharmacy Liaison officer (RPLO) positions are funded through the Pharmacy Guild of Australia and provide an additional level of support to rural pharmacists through education and access to rural support packages. These RPLOs are located in every UDRH in Australia.

In the last few months, Mark has travelled the state promoting rural pharmacy as a career choice and supporting rural pharmacy practice. This year at Agfest, Mark was a co-supervisor for the UTAS health promotions tent which hosted students from Medicine, Pharmacy, Nursing and Exercise Science and was a good opportunity to explore interprofessional learning within the disciplines.

The students gained an invaluable insight into health promotions and the importance of easily accessible healthcare. Mark has also travelled to many rural and metropolitan areas promoting UTAS health courses at schools and community groups throughout Tasmania.

These opportunities are important in providing the public with an appreciation of how improving their own health literacy can positively influence their health.

Further information

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Dr Ha Hoang with CRE Poster

ORAL HEALTH CRE EVENTS & PROJECT UPDATE

A/PROF LEONARD CROCOMBE, A/PROF TONY BARNETT AND DR HA HOANG

The National Centre of Research Excellence in Primary Oral Health Care (CRE) is funded by the Australian Primary Health Care Research Institute across the Universities of Tasmania, Adelaide and Western Australia and Monash.

Initially, the CRE arm based in Tasmania is responsible for three rural oral health projects under the rural oral health theme: Dental practitioners: rural work movements, the relationship of dental practitioners to rural primary care networks and oral health policy: international policy implications for Australia. Within almost two years of operation, the CRE from Tasmania has significantly increased the number of projects and has engaged a number of oral health practitioners around the state in oral health research.

Five more projects have been conducted and two are in the planning stage. The topics have broadened to include oral cancer, the Australian Chronic Disease Dental Scheme, oral health services in residential aged care facilities, readability characteristics of oral health information and the oral health of older people with culturally and linguistically diverse backgrounds. The Centre has collaborated with staff from the Oral Health Services Tasmania (Sally Page, Jennifer Kraatz and Ashlea Furlan), Migrant Resource

Centre (Suzanne Feike), Hobart Orofacial Pain and Special Needs Clinic (Tony Eldridge), and UTAS School of Nursing (Steve Campbell and Janice Brault).

From early this year, the CRE work from Tasmania has been disseminated locally, nationally and internationally. The Tasmanian CRE contributed four oral presentations and a poster to the 6th Dental Biostats International Meeting on Methodological Issues in Oral Health Research held 1-3 April, 2014 in Adelaide. Three posters showcasing the CRE work from

Tasmania were presented in the International Primary Health Care Reform Conference (17-19 March 2014) in Brisbane. The Centre was also involved in a local event where we contributed one presentation and two posters to the health service improvement research seminar, held 7 May 2014 in Hobart at the Clinical School.

Further information

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E-HEALTH UPDATE

Milestones for the E-Health (Health Informatics) program

The Centre for Rural Health is about to celebrate the first anniversary of the Bachelor of E-Health (Health Informatics) (Professional Honours) course. The course was introduced in second semester, 2013 and has proven to be a popular addition to the E-Health program. Current enrolments in the Professional Honours course represent 32% of total enrolments across the program. This anniversary is an important milestone in the evolution of the E-Health (Health Informatics) program, providing staff with an opportunity to reflect on the program's successes, challenges and standing within the broader E-Health landscape in Australia. The UTAS program has been a strong performer, showing consistent growth over the past decade. This has been achieved by ensuring that the structure, content and delivery of the program meet the needs of both students and industry.

A significant national milestone for the health informatics profession was also achieved in 2013 with the introduction of the Certified

Health Informatician, Australasia (CHIA) program. The CHIA program was developed to address the lack of formal recognition for health informatics skills in the Australian health workforce. Eligibility for certification is linked to tertiary qualifications and work experience. To ensure that our program is aligned with the core competencies specified within the CHIA program the E-Health team will conduct an internal review of the curriculum.

Yet another milestone for the E-Health program is the successful completion of the CHIA certification program by former UTAS E-Health student, Brendon Wickham. Brendon completed the Master of Health (E-Health) and is currently the eHealth Portfolio Manager at Bayside Medicare Local. Brendon is one of only 23 health informaticians in Australia to be currently certified. Congratulations Brendon!

Congratulations also to the six E-Health students who are finishing their final units before they graduate in August. We hope you've enjoyed your studies.

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MEET DR MING WONG – LECTURER IN E-HEALTH

SUE WHETTON

Dr Ming Chao Wong completed her PhD in 2011. Her thesis is titled "An exploration of shift-to-shift clinical handover and clinical handover improvement using a user-centred approach at the Royal Hobart Hospital, Tasmania, Australia."

Dr Ming Chao is a Research Fellow in the eHealth Services Research



Dr Ming Chao Wong – Lecturer in eHealth

Group (eHSRG) at the School of Engineering and ICT and joined the Centre for Rural Health as a lecturer in Semester 1, 2014.

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BENCH-MARKING OUTCOMES/ FINAL REPORT

A/PROF TONY BARNETT

Highly successful benchmarking workshops took place in Tasmania and at the Warrnambool campus of Deakin University in order to systematically compare the inputs, systems, processes and outputs for purposes of quality assurance and improvement.



Benchmarking team at Warrnambool

These structured workshops involved a total of 20 staff and took place on 21-23 October 2013 and 3-4 February 2014. At the workshops, strategies and activities related to nine Key Performance Indicators (KPIs) were interrogated. In preparation, extensive documentation on each KPI was shared freely by both organisations.

Discussion at each workshop was then structured around a framework provided by Sara Booth (SERRU) and included a critical review of evidence related to: shared practices, different practices, good practice, areas for improvement, review and rating.

Following the workshops, a summary "outcomes and actions" list was developed, circulated and discussed at staff meetings. As a consequence, a number of quality improvement initiatives have been proposed for each KPI. Activities currently underway include actions

related to: the collection and collation of staff activity data required for bi-annual reports the Department of Health, student clinical placements (KPI1), research (KPI3) and public health/population health outcomes (KPI5).

The exercise has been highly beneficial to the Centre for Rural Health (UDRH) and the GGT UDRH. It was a very positive learning experience for the staff involved. We thank the University of Tasmania for encouraging and supporting this work which we hope to extend by benchmarking with an international partner at some time in the future.

Further information

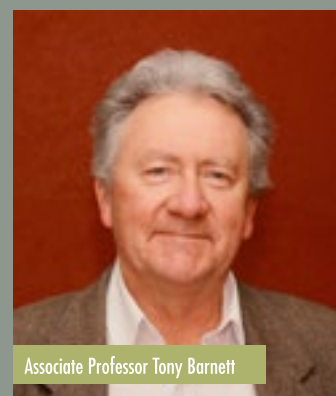
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DIRECTOR'S REPORT

JULY 2014

I was very pleased to attend the annual meeting of the Advisory Board for the Centre of Research Excellence in Primary Oral Health Care. The Board received updates on the oral health research projects currently underway through the CRE, including the three led by UTAS (rural oral health workforce, oral health primary care networks, and international oral health policy). Members of the Board provided support and constructive comment on the projects undertaken, noting their relevance for improving oral health services.



Associate Professor Tony Barnett

Our benchmarking exercise with friends and colleagues from the Greater Green Triangle (Flinders/Deakin) UDRH has concluded with a "return match" workshop hosted at Warrambool. The exercise has led to a number of ideas for quality improvement initiatives across many of our KPIs which will be implemented over the remainder of this year.

2013 was another strong year for research publications for the CRH, with over 30 papers published in journals, as well as a number of book chapters, conference papers and presentations. Amongst the journal articles, it was great to see four were published in the *Australian Journal of Rural Health*.

Our Primary Health Care Practitioner Scholarship Scheme, now managed by **Dr Martin**

Harris, has continued this year with a number of scholars being appointed in the oral health area and others soon to come on board across a number of other projects in rural health. These scholars or "mentees" are appointed to work on a part-time basis with CRH staff to gain skills in research that they can apply within their local community and work environments. The scheme provides busy practitioners some time out from their mainstream job and underlies the commitment we have to rural health research supervision and training at all levels.

We have welcomed a number of new faces to the CRH this year. **Dr Ming Chao Wong** has joined **Dr Sue Whetton** and the health informatics group, and **Dr Lyndsay Quarmby** has joined

our mental health team. In oral health, we have welcomed:

Dr Nargish Sultana, Sally Page, Ashlea Furlan and Suzanne Feike.

We are also very pleased to see **Dr Chona Hannah** who has "re-joined" the CRH but this time in an administrative role. Sadly, we have farewelled **Amanda Feely**, who has moved to the larger "super school" of health sciences as a senior administrative officer and **Associate Professor Erica Bell** – who has moved over to the Wicking Centre. Both of these long-timers will be greatly missed and we wish them every success and happiness in their new roles.

Further information

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