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From the Director's Desk

Rural Health staff have been researching over several years various aspects of ageing productively in rural Tasmania, and service models to support productive ageing.

A team led by Professor of Rural Health **Judi Walker**, including Dr **Peter Orpin** and **Kim Boyer** from Rural Health along with colleagues from UTAS and the Department of Health and Human Services and the Tasmanian Council of Social Services has been successful in winning a prestigious Australian Research Council Linkage Grant to research "Community Engagement for Productive Ageing: Models to Support Rural Healthy Ageing through the Maintenance of Community Involvement and Contribution". The grant is valued at approximately \$290,000 over three years.

This issue contains reports on the highly successful inaugural Rural Health Week. I was privileged to visit several rural communities during the week and saw people engaged in activities ranging from bike rides through to workshops on promoting healthy diet and exercise for children. There were some very colourful posters draped across health facilities around the state, while people in the North West sported colourful rainbow badges. The Awards Ceremony that launched the week was a true celebration of the good things about working in rural health, and the wonderful support that communities give to their health services. Congratulations to **Annette Barrett**, Manager of the Westbury Community Health Centre and **Mark Jones**, an active supporter of the Midlands Multi-Purpose Health Centre who were the winners of the Rural Health Week Worker and Rural Health Week Community Awards respectively for outstanding contributions in promoting health and wellbeing in their local communities.

There has been a lot of action in our



Associate Professor Sue Kilpatrick

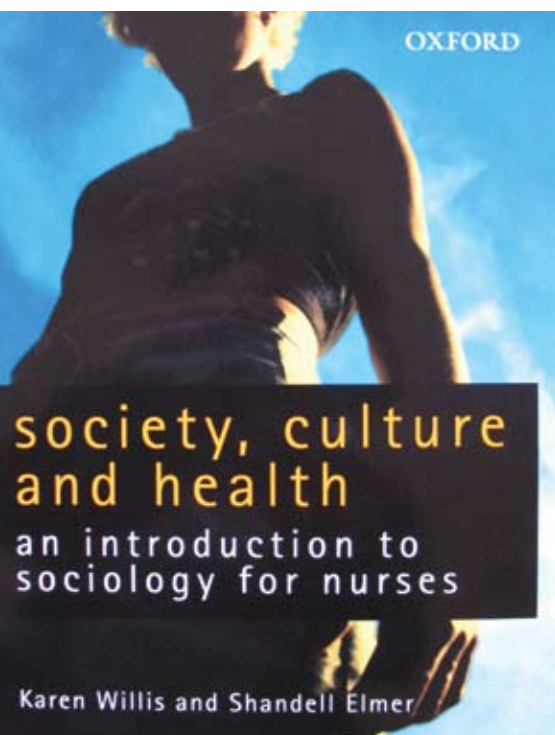
education and training programs. One is the successful Rural Inter-Professional Program Emergency Retreat (RIPPER) for nursing, medical and pharmacy students held at Scottsdale. I would like to thank all the health professionals from Scottsdale and the Launceston General Hospital who gave their time to make this such an authentic and valuable experience for the students.

Another highlight is the first in a new series of video conferenced clinical seminars on early recognition of the seriously ill child, which attracted participants from six sites around the state.

Check out the Rural Health Training Events website for more education and professional development opportunities.

Sue Kilpatrick
Associate Professor and Director

Shandell Elmer to publish a new book on sociology for nurses



Shandell Elmer's new book co-authored with Dr Karen Willis

Shandell Elmer, UDRH Lecturer, and Dr **Karen Willis** of the School of Sociology and Social Work have co-authored a book entitled *Society, culture and health: An introduction to sociology for nurses* designed to demonstrate the relevance of sociology for students of nursing. The book will be published by the Oxford University Press, South Melbourne.

The ideas for this book have arisen from many years of experience teaching students who may be resistant to incorporating sociological concepts into their worldview of nursing. The aim of

the text is not to produce "sociologists", but students who can engage with sociological content and see its relevance for them as practitioners. This text addresses the challenge of actively engaging students to explore the relevance of these concepts to nursing through the fictitious character of Julia who mirrors their own experience throughout the text as she grapples with sociological content in a practice-based discipline.

The text is divided into four parts, each with a distinct but interrelated focus. Following an introduction that outlines why a sociological approach is relevant to nurses, Part 1 explores ideas and meanings about health and illness. This includes the diversity of ideas that inform health and health actions, first by contrasting a sociological and biomedical approach, then by exploring lay perceptions of health (including cross cultural and indigenous health beliefs), and finally the portrayal of health in the media.

Part 2 examines social structure and health. It commences with a chapter about the social distribution of health and illness in contemporary Australia. This information is explored with reference to gender, class and ethnicity. Case studies include domestic violence, occupational health, and refugee health respectively. The impact of social structure is further explored in the next chapter which focuses on the health effects of marginalisation and exclusion. The health of Aboriginal and Torres Strait Islander peoples is examined in the final chapter of Part 2 with particular emphasis on the health impacts of

history, society and culture.

Part 3 focuses more closely on interactions between health professionals and their clients by exploring the experiences of illness. Informed by the sociology of the body, the first chapter in this part reflects on ideas about risk, lifestyle and healthy choices using case studies such as smoking, illicit drug use and obesity. Part 3 also investigates current debates about chronic illness using mental illness as a case study. New solutions to the experience of risk and illness are considered in the final chapter of Part 3 which examines contemporary debates about genetics, health technologies and pharmaceuticals.

Part 4 reviews nurses' position within the health care system in Australia, beginning with an exploration of the health care system and current health care workforce. The next chapter discusses the role of complementary and alternative healers – focusing particularly on those modalities adopted by nurses. The final chapter contemplates contemporary debates about nurses as agents in the current health care system.

This book addresses a major gap in coverage of other current texts by explicitly focusing on ideas about health and illness, in a way that is not restricted to simply sociological versus biomedical ideas. The range of topics covered reflects issues that are encountered in contemporary nursing practice. The coverage is sufficient to develop an understanding for beginning level practitioners and provides a firm foundation for further study.

Regeneration of a rural community – Bushfire and recovery

The UDRH through its Community Engagement program has been invited to contribute to a community bushfire recovery initiative "Re-Gener-8", to be held at St Marys and Scamander in December 2007 focusing on "resilience" in response to the bushfire on the East Coast in 2006. The initiative brings together a number of health and wellbeing community building activities running over two weeks. The UDRH has contributed to the initiative through the participation of Assistant Director **Stuart Auckland** and Junior Research Fellow Dr **Rosa McManamey** to provide support in kind and in a number of areas including input to project design,

management, sourcing project funds and documenting the overall project.

Dr McManamey is participating in a collaboration between community members, organised by **Jan Sparkes**, the Break O'Day Council and the UDRH to compile a book containing stories, interviews, poems, images, humour and hints from community and various organisations' experiences during the devastating three week fire. Funding for the book publication has just been awarded by the Tasmanian and Australian Government Bushfire Recovery Funds. The book launch of *regener8 - Stories and Impressions - East Coast Bushfire Tasmania, Christmas 2006*

will be held on Saturday 1 December at 2.30 pm at the St Marys Historic Railway Station.

The *regener8* book and the initiative come together through the vision and drive of a local member of the St Marys community, Jan Sparkes, and her strong belief in acknowledging both community resilience, and the importance of documenting local knowledge, stories and experiences from the bushfires at Christmas 2006 as part of an ongoing healing process. The events, planned to mark community resilience and regeneration, involve a number of activities including art exhibitions, book launch, music, and a mural painting.

News from the Rural Clinical School

ARC Linkage Grant to extend rural healthy ageing research

University of Tasmania research to ensure Australia's ageing population remain social assets and not burdens has received \$290,000 in Federal Government funding.

The prestigious Australian Research Council's Linkage Project scheme has awarded the grant to the University's Rural Healthy Ageing Research Team through the Rural Clinical School.

The three-year study will focus on rural regions in Tasmania as the basis for national strategy development.

Chief Investigator, Professor **Judi Walker** said the project was innovative and highly significant because it brings together key agencies representing consumers, service providers and policy makers and researchers. The project has also secured funding and resources from the State Government's Department of Health and Human Services and the Tasmanian Council of Social Services.

Research will address the looming social and economic challenges flowing from an ageing population by addressing triggers to social disengagement and

design service frameworks that can be used before people become isolated and dependent.

It is projected that more than a quarter of the Australian population – about 7.2 million people – will be 65 or older by 2050. Based on projected figures, an older population will increase the national health bill from 1.4% of the population in 2000-01 to 8% by 2044-45.

Professor Walker said these trends will dominate rural regions where the outward migration of younger people and arrival of later life "sea changers" would exacerbate an already older population profile.

She said services are currently focused on caring for the frail, but to meet the ageing challenge, support strategies need to be developed to ensure older rural people are socially active to improve health and longevity.

"For almost one-third of people aged 65 and older who live in rural and remote areas, the challenges of ageing are compounded by poorer underlying health and mortality figures, rapid

change and the decline of an already inequitable service base," she said.

The research will build on work undertaken last year through the Cradle Coast Older Persons Pilot Project and further explore the triggers to disengagement in older rural people.



UTAS Rural Healthy Ageing Research Team (back from left) Dr Peter Orpin, Dr Andrew Robinson, Amanda Daly, (front from left) Pauline Marsh, Kim Boyer and Prof Judi Walker

2007 Census of Tasmanian General Practitioners

UDRH Lecturer Dr **Quynh Lê** and Assistant Director Dr **Christine Stirling** have been working with General Practice Tasmania to produce the annual *GP Census Report*.

The annual census collects information on a range of GP characteristics and their workforce participation. The report provides important information for health care planners and GPs and allowed Quynh and Christine to investigate the relationships between GP characteristics, location and workforce participation.

It is expected that future demand for health care services coupled with a situation of tightening labour supply will increase pressures on general practice as Australia's population ages. Workforce shortages in general practice have been addressed by increased intakes of medical students Australia wide. The particular problems for

rural recruitment and retention have also resulted in new rural scholarship programs.

This document presents the key characteristics of the Tasmanian GP workforce during 2007 census week including GP numbers, gender, age, workforce participation, place of qualification and factors influencing GP demand. Furthermore, for the first time, demographic factors that may influence the demand for GP services have been mapped against the GP census data which will allow planners to consider broader supply side issues.

The Census is undertaken by General Practice Tasmania Limited, which also provides funding for the data analysis done by the UDRH. The census report is expected to be launched within the year and will be available on the General Practice Tasmania website.

Tips on program evaluations

UDRH Assistant Director Dr **Christine Stirling** published some tips on evaluations in the recent *LGAT News*, the journal of the Local Government Association of Tasmania. The article titled "Program Logic – the key to effective evaluations" sets out key principles and steps of a program logic evaluation.

Because evaluation is increasingly important in understanding the value of programs at all levels of government, the information was seen as timely and useful for the local government audience.

Christine believes that the diversity of evaluation methods and evaluation terminology can make the thought of doing an evaluation very daunting indeed for practitioners. Christine uses a straightforward program logic approach which she finds useful for evaluating a broad range of programs.

The role of clinical placement programs in recruiting new dental graduates

UDRH Junior Research Fellow Dr **Rosemary Cane** recently presented a paper written with UDRH Director A/Prof **Sue Kilpatrick** "Evaluating the Role of Undergraduate Clinical Placement Programs as a Recruitment Strategy for New Dental Graduates" for the International Association of Dental Research, Australian and New Zealand Division 47th Annual Meeting, held in the Barossa Valley, South Australia.



Student Jason Michael (left) and supervisor Dr David Butler at Northern Dental Centre

This work is part of an ongoing program to evaluate the extent to which broad service and educational objectives were met during undergraduate dental clinical placement programs held in Tasmania.

Participating students from the School of Dentistry, University of Adelaide were selected from those expressing an interest to undertake the clinical placement at public dental clinics in Launceston and Hobart for six weeks during their final semester. Although the scale of the placement program has been small, the evaluations conducted

by the UDRH Tasmania have provided a practical opportunity to explore the relationship of education to rural workforce planning and the new dental graduate's career choice.

There is limited literature on the impact of undergraduate community experiences/ extramural placements on career choice in dentistry. Smith et al (2006) in the UK found a positive relationship between the degree of curriculum focus on the importance of treating patients from all aspects of society and students' alumni intentions to provide inclusive care to patients from diverse backgrounds. These findings showed "that access to oral health care for underserved patients could potentially be increased if dental students were more overtly educated about the importance of treating patients from all segments of society".

A "pipeline" metaphor has been applied to career choices in medical rural workforce initiatives. Norris (2005) in Australia describes the importance of a sequence of rurally orientated programs, coordinated through medical schools, to nurture and mentor students with an interest in rural health to become rural doctors, and which are based on both educational content and experience.

The value of the cadetship program is seen to be "the development of a vocational training program in rural areas to achieve vertical integration between undergraduate studies and vocational training" and to develop a "sense of place".

In this case, the likely influencing factors on recruitment of new graduates to Tasmania were related to work/ personal factors (personal lifestyle/ interest in relocating/ partner) and the students' perceived preparedness for clinical



Students Kitirat Jungpakdee (Jippy) (left) and Jade Phillips at Southern Dental Centre

practice (perceived need for mentoring and flexible working conditions).

Aspects of clinical placement programs that influenced career decisions included depth of clinical experiences encountered, which lead to an increased level of confidence in a range of more complex tasks. A significant feature of the clinical placement program included the high level of mentoring and engagement with clinical supervisors and support staff, which strongly enhanced the learning experience.

The evaluation concluded that clinical placement programs are more likely to be successful as recruitment strategies if close attention is paid to both the educational (curriculum, student selection) and service aspects (resources, support staff, flexible working arrangements, mentoring). In addition, it was clearly identified that "recruitment and retention (is) not only (important) for the students, I also think it is invaluable for our own staff in terms of their feeling of worth within an organisation that provides ongoing training". (A manager, Oral Health Services Tasmania, 2005)

Listening to listening . . .

UDRH Lecturer in Rural Mental Health **Andrew Harris** was guest speaker at the 2007 AGM for Lifelink Samaritans on 24 August. Andrew's lively speech was entitled "Listening to listening" and described a range of skills he had learned by attending to the ways that skilled listeners pay attention.

Among a core group of skills which he labelled "advanced keeping your mouth shut", was his personal favourite

"nodding and smiling", which was especially useful when having to listen to the prejudices of self-appointed experts. Many in the audience demonstrated competence in this skill during Andrew's presentation!

Andrew also gave examples of Aboriginal and African methods of listening that he had encountered in the process of his Masters study, and commended Lifelink for their primary

role in establishing a support group for people who have suffered a loss through suicide, which met for the first time on Wednesday 22 August. The UDRH, Association for the Relatives and Friends of the Mentally Ill (ARAFMI), and the Department of Health and Human Services have also contributed to the development of this group.

Andrew recently also talked to the ABC Breakfast program on listening skills.

UDRH researcher leads feature article for top-ranking international criminology journal

UDRH Research Fellow Dr **Erica Bell** and Lecturer at the Tasmanian Institute of Law Enforcement Studies Dr **Robert Hall** have just had their feature length article accepted by a leading international crime prevention journal.

Their 9,819 word paper, entitled "Dead in the Water: Is Rural Violent Crime Prevention Floating Face-down because Criminology can't Handle Context?", is due to appear in the final 2007 issue of *Crime Prevention & Community Safety*, a UK-based journal that is widely acknowledged as being at the forefront of its field. It "aims to facilitate the exchange of expertise and experience, to promote good practice and to help identify successful strategies for addressing issues of crime prevention and community safety".

"My interest in crime prevention emerges from the substance abuse research I have done with youth, as well as my domestic violence research here in Tasmania," said Dr Bell. "Many studies show that those most at risk of committing crimes, including violent crimes, disproportionately include clients with a history of family violence, with special learning needs, and with substance abuse issues."

"This paper aimed to develop better methods for designing and evaluating

crime prevention interventions for rural communities. The criminology literature is very methodologically advanced, which made writing in this discipline great fun because there are so many good minds to learn from. However, like many health and allied health fields, criminology struggles to develop research methods that engage with the local and contextual needs of rural communities.

"Since I have been asked to do youth rural crime prevention evaluations for The Salvation Army in Tasmania in the future, I wanted to expose my ideas to a community of international experts in criminology. I can't see the value in mechanically reproducing the same old methods for designing and evaluating local community interventions when so many researchers, policy-makers, and practitioners are calling for new research methods that better meet the complex holistic health and social challenges we face today. Violent crime prevention crystallises many of the issues of practice, policy, and research methods found in the complex health challenges we face in rural health.

"I'm delighted that these ideas from Tasmania are going to be showcased at such length, especially given the status of this journal and the fact that it is read by many leading-edge figures in crime prevention. Community engagement

work is really about a dialogue not only with local stakeholders, but also with an international community of leading researchers who can help us develop new methods and approaches for making a difference to our local communities," said Dr Bell.



Dr Erica Bell

Demonisation, politics and religion: Influences on mental health

UDRH Associate Professor in Rural Mental Health **Peg LeVine** presented a paper in a seminar series on "Demonisation, Politics and Religion" held at Monash University (as sponsored by Monash Asia Institute and the Department of Religion and Politics) on 22 September 2007. The sessions stimulated discussion on the ways that political leaders have simplified world dynamics by polarising nations and religions into good or evil.

Peg's presentation provocatively pointed to influences on mental health research and practice in underdeveloped countries. Such paranoid-endorsing worldviews place mental health development at risk, particularly in regions (Southeast Asia, Africa) where NGO assistance (if not dependency) can

determine which priority groups receive assistance. This ripples down into refugee settlement policy as well. The "good" aid organisations do not always account for the spirit-based influences and connections in countries that have daily protective rituals or for refugees that settle into western contexts.

Peg calls for an increase in:

- (1) incorporation of illness categories that are meaningful to local people and landscapes that refugees and asylum seekers leave through forced migration;
- (2) power distribution between healers and medical practitioners; and
- (3) attention to the physical and metaphysical realms simultaneously in mental health care delivery.

Rural health researchers joining the prestigious ARC/NHMRC network

Rural Health Professor **Judi Walker**, and UDRH Senior Research Fellows Dr **Peter Orpin** and **Kim Boyer** have been invited to join the prestigious Australian Research Council/ National Health and Medical Research Council (ARC/NHMRC) Research Network in Ageing Well. The network membership recognises the contributions of Judi, Peter and Kim (and the UDRH and the Rural Clinical School) in policy and research work in rural ageing.

The membership will assist in Tasmanian-based leadership for a national research proposal on healthy and productive ageing in rural and regional Australia.

Sharing excellence in research

UDRH Lecturer in Rural Mental Health and graduate research student **Andrew Harris** was expecting a low key opportunity to rehearse his presentation on "Developing Culturally Appropriate Counselling for African Men in Tasmania: Conclusions from Initial Interviews" at the Sharing Excellence in Research conference - the first (hopefully annual) UTAS Postgraduate Research Conference organised as part of Graduate Research Week 2007. Instead he found that there were a number of very penetrating qualitative cross cultural studies being done within UTAS, including a few on the African population.

The conference was held at the Sandy Bay campus on 21 September. New researchers from across the university gave many wonderful presentations that were an enormous credit to them and their supervisors.

Thanks to some active last-minute publicity by **Deb van Velzen** from the Department of Health and Human Services, the "African" forum included many people attending from the settlement sector including several Africans, who provided some wonderful insider expert feedback.

The crossover this achieved between UTAS and the settlement service delivery sector is unprecedented, providing a warm context for our attempts to encourage the development of cross cultural expertise in the state. It was especially delightful that one of the Africans in attendance was actually a presenter at the conference and won the people's choice award for poster presentation: a highly technical piece on more efficient prediction of milk production.

UDRH Graduate Research Coordinator Dr **Quynh Lê** was there to support Andrew with his presentation and provide induction for new UDRH Hobart student **Diep Thi-Le**. UDRH Research Fellow **Dr Erica Bell** judged the Population and Health stream, and was treated to cutting-edge perspectives in multidisciplinary health research. Without a doubt, the conference was equal to the most interesting international conferences they have attended.

Quynh and Erica encourage supervisors to attend the UTAS Postgraduate Research Conference to gain an understanding of their student's work in the context of their peers, and reflect



Andrew Harris presenting his research

on how to support their learning. Furthermore, they think that this event is also a great opportunity for postgraduate students to showcase their work in front of some very bright new researchers from different departments. Researchers feeling a little jaded by other academic forums will be inspired by the passion, verve, and fine scholarship of new researchers of every stage, culture, and discipline.

In a sentence - keep an eye out for this terrific event in 2008!

Graduate Research news

The arrival of October has brought with it good stories to be shared about the Graduate Research program in the UDRH.

The first UTAS Postgraduate Research Conference with the theme "Sharing Excellence in Research" was held at the Sandy Bay campus on 21 September as part of Graduate Research Week 2007. New researchers from across the university gave many wonderful presentations and one of these inspiring researchers is UDRH Masters student **Andrew Harris**. Andrew presented a paper derived from his current research entitled "Developing Culturally Appropriate Counselling for African Men in Tasmania: Conclusions from Initial Interviews". His presentation was very well received by the participants.

The Collaborative Graduate Research Conference will take place on 27-28 November in Launceston. This will be a joint event involving the UDRH, School of Nursing & Midwifery, School

of Human Life Sciences and the Rural Clinical School. The conference includes PhD and research Masters presentations, a key note address, workshops and a provocation. There are currently 20 sessions of 30 minutes each for student presentations with 20 minutes allocated for each presentation to be followed by ten minutes of question time. An Expression of Interest has been sent to all students inviting them to present their research progress at the conference.

SPSS always attracts the interest of researchers at all levels as it is a widely used statistics package in quantitative research. The UDRH would like to express its appreciation to **Phil Patman** for conducting two SPSS workshops: one in Launceston and one in Hobart.

We at the UDRH would like to extend a warm welcome to **Chona Hannah**, our new PhD student and to Dr **Christine Stirling**, our newly registered supervisor. Masters student **Ha Hoang**'s preliminary research plan has been approved and she has been accepted for presentation at the World Congress of Health Professions in 2008.

More good news to share is that our current student **Shandell Elmer** recently had her book *Society, culture and health: An introduction to sociology for nurses*, which is co-authored with Dr **Karen Willis** of the School of Sociology and Social Work, published by the Oxford University Press, South Melbourne. Congratulations to Shandell.

The discourse of our UDRH Graduate Research has been enriched by the many contributions from the students and staff members. We would like to thank Dr **Gerard Gill** for conducting a workshop on an interesting and catchy topic "So What? Determining the Contribution that your Research will Make to the Field" and Dr **Peter Orpin** for his workshop on "Developing Interviewing Skills".

Furthermore, the UDRH has received positive feedback from research students and supervisors about the forthcoming publication *Graduate Research Papers in Rural Health*. In addition to an e-book version, there will be a small number of print copies for the chapter authors and the UDRH to showcase.

Ensuring a sustainable volunteer force in regional Tasmania

The UDRH in partnership with Volunteering Tasmania Inc is undertaking a project that aims to highlight the work that volunteers do in Tasmanian communities and also to understand how this work can be better supported.

Volunteering is an integral part of Australian life with 34% of Australians over the age of 18 working voluntarily with not for profit organisations during 2006. For regional and rural Australia, volunteering occurs in an environment affected by issues such as an ageing population, lagging education levels and the loss of public and private sector organisations. At the same time government policies are including a concept of volunteering as part of its solution to social problems.

The anecdotal evidence indicates that concepts of volunteering can be contradictory: volunteerism is decreasing and/or volunteerism is increasing. Some think young people do not volunteer but older people do.

Volunteerism is often more prevalent in higher income groups.

“A Sustainable Volunteer Workforce” is a small research project which aims to explore some of these assumptions about volunteering. But more importantly we aim to add to our understanding of the nature of volunteer labour in regional and rural Tasmania and how this may be changing.



Suzanne Crowley

Three important trends will be explored within the project:

- an ageing volunteer base,
- emerging trends in volunteer education and training, and
- the role of corporate volunteering.

The research will include interviews from three locations and a Tasmania wide survey. The interview locations will include:

- a small rural community,
- a large rural community, and
- a suburban community within a large regional centre.

The project will be launched on 5 December, International Day of the Volunteer, at New Norfolk Community House. The Project team includes UDRH researchers Dr **Christine Stirling**, **Suzanne Crowley**, Dr **Peter Orpin** and Associate Professor **Sue Kilpatrick**.

If you would like to contribute to the research project or wish to contact the research team, please contact Suzanne Crowley at 6226 7375 or email: Suzanne.Crowley@utas.edu.au.

Building effective community partnerships for rural health service provision

The most recent issue of *Rural Society* (volume 17, number 1, August 2007, pp. 50-65) features an article by UDRH Junior Research Fellow **Susan Johns**, Director A/Prof **Sue Kilpatrick** and Lecturer **Jess Whelan**. The article, titled “Our Health in our Hands: Building Effective Community Partnerships for Rural Health Service Provision”, reports findings from a pilot study conducted in late 2005 in two small Tasmanian rural sites, Oatlands and Deloraine.

The purpose of the study was to examine the process of developing and sustaining partnerships between health services and their communities. Data were collected from three sources: individual and group interviews with relevant health service staff and community representatives, written documentation, and observation.

Included in the article is a generic framework for partnership development, comprising ten predictors or indicators of effectiveness. These include the commitment of health service managers to fostering increased integration between health services and the community, access to and utilisation of

extensive internal and external networks by the health service and community, and a strong sense of community ownership of the health service as a community hub.

The article also presents a sequential nine-stage partnership development process, beginning with identification of a problem or opportunity, identification of local champions, and community consultation. Later stages included formalisation of partnership processes and articulation of strategies, implementation and management of partnership initiatives, and evaluation of partnership purpose, roles, performance and sustainability. The study found that later stages build upon earlier stages.

Social capital and the leadership practices of health service and community leaders are integral to the partnership development framework. The study also explored the influence of context on the partnership development process, including historical precedent, age or maturity of the partnership, and community readiness.

It found that the development of new partnerships is facilitated by

building on existing precedents for community collaboration, and that newer partnerships require more direct leadership input from the health service manager.

Community readiness describes the skills and capacity of community representation in the partnership. More mature partnerships reflect a greater level of community readiness. The article provides examples to show how community readiness derives from individual community members' experiences in other contexts (eg workplaces outside the community), as well as from experience gained through working in community partnerships.

The article concludes by recommending further exploration and refinement of the predictors and processes across a range of different health service and community partnerships. This includes the need for further research into how rural health services and other organisations, such as the UDRH, can develop, support and resource skill development in capacity building, evaluation and reflective learning.

Peg LeVine presented at the International Morita Therapy Congress

Dr **Peg LeVine**, Associate Professor in Rural Mental Health presented a workshop and paper at the International Morita Therapy Congress which was held at the University of British Columbia, Vancouver Canada from 23-26 August 2007.



(From left) Profs C Richard Spates, Natalia Semeneva, Brian Ogawa and Peg LeVine

Peg's paper was entitled "The Meaning of Silence in Morita Therapy in Treating Trauma" (the title of her book chapter soon to be released in a French text on *Language and Indigenous Therapies*). She demonstrated how Morita therapy breaks down an anxiety-dissociation cycle in people with traumatic history, including those who have been diagnosed with borderline character structures.

In Morita therapy, insight is not the goal. During the course of the 4-stage treatment, meaning arises as judgment decreases. In addition, one's capacity to endure contradiction increases; anxious rituals are replaced with constructive behaviours; childhood fears decrease; and past trauma recedes into its previous context.

With regard to dissociation, as active participation in the natural and social environments increase, and one's capacity to observe the rise and fall of awareness (rather than focusing on awareness), integration of one's relationship to time, place, self and other increases.

Associate Professor Peg LeVine is also honoured to be sponsoring the International Congress of Morita Therapy in March 2010 in Australia. Peg is an international scholar and practitioner of Morita therapy which was developed by **Shoma Morita**, MD, a contemporary of **Freud**. She received her training and supervision across a 15-year period in Tokyo, Japan by the late **Akihisa Kondo**, MD.

Sue Whetton presented at the prestigious MedInfo World Congress

Sue Whetton from the UDRH, and **Jon Hilton** from Project Net Pty Ltd presented a Poster/PowerPoint at the 2007 MedInfo World Congress held in Brisbane in August. The refereed article accompanying the presentation was published in the Conference proceedings.

The presentation explored risks of function creep associated with the collection of electronic health information. The authors argued that, as the electronic health record becomes more comprehensive and more accessible, there will be increasing pressure from a range of non-health care organisations for access to the information.

They suggest that the proposed uses of this information may not always be in the interest of the consumer. There have already been instances that support their view. Health informatics professionals should be aware of this possibility, should contribute to any discussion around potential future use of health information and be aware that the systems they help to build may be used in ways that may be detrimental to some individuals or groups.

Experience sharing between Tasmania and Scotland

UDRH Assistant Director Dr **Christine Stirling** recently visited the Centre for Rural Health, University of Aberdeen in Inverness, Scotland.

Christine shared the Tasmanian UDRH experiences with researchers in Inverness at a one day seminar co-organised by the Centre for Rural Health, Inverness, and the National Health Service for Scotland.

In turn, the researchers at the Centre for Rural Health, and members of the National Health Service shared information about their research programs. Scottish initiatives include workforce planning, community capital and the relationship to rural health services, and the service changes emerging from new policies on out of hours medical services.

While many of the issues and strategies in Australia and Scotland are surprisingly similar, there are also interesting areas of difference that will be further explored in future work.

International collaborations provide an invaluable network for UTAS academics, and this vital sharing of information with our Scottish colleagues will no doubt continue.

Social capital, third sector organisations and health policy

A submission by UDRH Junior Research Fellow Dr **Rosa McManamey**, UDRH Assistant Director **Stuart Auckland** and **Jan Sparkes** has been accepted for the Institute of Public Administration and Health Care Management Conference at Bocconi University Milan, 22-23 November 2007.

The conference title is the Benefits and Risks of Social Capital for the Third Sector. The aim of the conference is to consider the benefits and risks associated with intended and unintended consequences of social capital in policy and practice. The paper being presented, "The Third Sector: Social Capital, Health and Government Policy in Small Town Tasmania", focuses on the background and establishment of the St Marys Lymphoedema Clinic in 2000, set up as the then second Lymphoedema Clinic in Australia, in relation to health policy.

Subscribing to Rural Health eBulletin

Please complete the online subscription form on <http://www.ruralhealth.utas.edu.au/news/index.php> and click [[Subscribe to Rural Health eBulletins](#)]

Rural health partner: Shaun Probert

Being admitted to an accident and emergency ward is not a pleasant experience for anyone. Nevertheless, to many who attend the A&E unit at the Launceston General Hospital (LGH), registered nurse **Shaun Probert** provides the needed comforts. Many remember Shaun's competent skills and professionalism and are grateful to his care and help.

Coming from a family of health professionals – Shaun's mum was a nurse and his dad a physiotherapist – a career in health is thus a choice that came naturally. He has always wanted a job that cares for people and works with people and, as Shaun said, nursing is the career for him.

He enjoys the scope of the profession from paediatric, geriatric, disability, and general to acute care, and the range of people he meets from newborns to the aged and people of many different backgrounds.

The flexibility in terms of working time and the mobility the profession offers are also attractive factors. It is a profession in demand Australia wide and around the world.

Most important of all, Shaun's satisfaction comes from being able to give patients quality care and treat them with dignity. Seeing a good outcome and recovery of the patient is most rewarding, as is supporting patients and



Shaun Probert

their families after an acute tragedy, and offering palliation in their final hours within an emergency environment.

Other than clinical duties, Shaun is also the Postgraduate Clinical Development & Graduate Certificate Course (Emergency) Facilitator of LGH's Department of Emergency Medicine, teaching pre/post registration students, and is involved in the skill development of medical student interns, Resident Medical Officers and Emergency Registrars. He was recently successful in becoming a faculty member of the Advanced Paediatric Life Support

Australian and New Zealand teaching program.

Last year Shaun was briefly employed as an aged rural and community health educator with an aim of teaching emergency nursing skills in rural areas.

Through listening to and observing rural nurses, Shaun shares the ups and downs of being a rural nurse: "the hardest thing is consistent and reliable access to service providers. There is a limit at times to what you can do yourself. Very often rural nurses have to rely on large hospitals for theoretical and practical support, and follow up is often difficult when the patients are separated by over a hundred kilometres."

"However, it offers a challenge and an opportunity for you to be an exceptional nurse. Rural nurses are required to develop good assessment and time management across a diverse range of skills. In an urban setting, one can often end up being an average nurse, getting lost in big hospitals.

"As a rural nurse, you are part of the community and are embraced by the community. You gain your reputation and are recognised through delivering good services. All my experiences listening to and observing rural nurses have filled me with inspiration as they have an amazing skill set that some acute care nurses would envy."

Community development for health professionals short course

The UDRH is pleased to offer the Short Course in Community Development for Health Professionals by Jim Cavaye from 21-23 November 2007. The Community Development Short Course is a comprehensive 3 day professional development program for health workers, community development practitioners and those interested in learning more about community development.

It provides a practical understanding and "real world" skills in working with communities with a health focus including community engagement, fostering community participation, methods of working with communities, economic analysis, supporting community action and offers the opportunity to share experience, knowledge and networks with fellow workers.

The presenter, Jim Cavaye, is one of Australia's leading community development practitioners and educators. Jim has assisted a wide range of local communities across Australia. He has a PhD from the United States in community development and is an international speaker and author.

Date: 21 – 23 November 2007

Venue: Sir Raymond Ferrall Centre, University of Tasmania, Newnham Campus, Launceston

Cost: \$790 (GST incl) (This includes comprehensive notes, excellent venue, lunch, morning and afternoon tea each day.)

Registration: Tel: 6324 4000 or visit www.ruralhealth.utas.edu.au/events/

Information:

(Registration) tel: 6324 4000
email: Rural.Health@utas.edu.au
(Course) Jim Cavaye, tel: (07) 4638 7722
or 0428 387 772
email: cavaye@bigpond.com



Dr Jim Cavaye

Intercultural issues in conducting healthcare qualitative research

UDRH Lecturer Dr **Quynh Lê** has had her full refereed paper accepted for presentation and publication at the 2007 Association for Qualitative Research (AQR) Conference: Qualitative Research and the Professions on 12-14 November in Melbourne. The topic of her paper is "Intercultural Issues in Conducting Healthcare Qualitative Research".

Traditionally healthcare research has often valued an evidence-based approach which is dominated by statistically motivated quantitative research. However, the increasingly popular use of qualitative methods in general and health research in particular has provided a different kind of research evidence, which reflects real life issues

in social contexts.

In her paper, Dr Lê examines some intercultural issues which need to be considered in the conduction of healthcare qualitative research and some potential problems in the treatment of health qualitative data. Attention is given to the Vietnamese health discourse.

The AQR 2007 is a biennial international conference organised by the Association for Qualitative Research. The conference focuses on the broader community of qualitative researchers and aims to bring together academic qualitative researchers and those who now work in other professional roles.



Dr Quynh Lê

An investigation into the allied health workforce in Tasmania

A key to improving the health of Australian communities is well planned and integrated health services. Allied health professionals are essential members of the health team serving these communities. Planning successful health services that meet the needs of disparate metropolitan, rural and remote communities is improved by accurate, detailed and contemporary workforce information enabling a match of health need to workforce supply.

However, in the case of the allied health professions, the ability to plan services is hampered by the quality and availability of allied health workforce information.

The UDRH Tasmania has commenced a new project to produce accurate, detailed and contemporary information on the allied health workforce in Tasmania.

The project aims to provide data for Tasmanian public and private allied health workforce planning and reform, including recruitment and retention strategies. Information will be collected on the background of the individuals who choose to work in Tasmania and their current employment practices. Data relating to access to professional development and training opportunities, information technology and the ability to provide student clinical placements is important to ensure the quality of allied health services.

The Tasmanian Government and Department of Health and Human Services Tasmania's Health Plan

(May 2007) identifies improved health outcomes as a result of well planned and integrated health services. Both the Clinical Services and Primary Health Services Plans which underpin the Health Plan identify allied health as a critical component of the health workforce. Currently however, allied health services, together with palliative care and health promotion, account for only 15% of the Tasmanian Health budget expended in the primary health sector. Workforce planning, education and training, recruitment and retention are identified as an enabler to the implementation of the Health Plan.

Workforce planning is required that incorporates allied health services funded by State, Australian Government and from the private sector. No current workforce reports provide the necessary contemporary data on the allied health workforce across all sectors to enable workforce planning to deliver such collaborative and integrated acute and primary health care services. The findings from the project will provide the contemporary data for allied health workforce planning necessary to implement the Tasmanian Health Plan.

The investigators on the project, UDRH Associate Lecturer in Rural Allied Health **Shelagh Lowe** and Director A/Prof **Sue Kilpatrick**, will be working in collaboration with investigators using the same survey in Northern NSW. This will enable allied health workforce comparative studies across disciplines included in the Tasmanian and NSW

study and contribute towards a national picture of the rural allied health workforce.

The survey will be distributed by hard copy, email and online. Participants will be able to complete the survey either online or by returning a hard copy.

Participants will be recruited through Department of Health and Human Services, Registration Boards, Professional Associations, Yellow Pages, word of mouth and publicity through media and websites. The project investigators would like to encourage all private and public sector allied health professionals to participate in the project to ensure the data collected is as comprehensive and complete as possible. For details, please contact Shelagh Lowe on 6324 4000 or email: Shelagh.Lowe@utas.edu.au.

Pay a Visit to the Rural Health Training Events Home Page

The UDRH Rural Health Training Events (www.ruralhealth.utas.edu.au/events/) home page is a central repository of information about rural health training events for rural Tasmanian health professionals, health students, community organisations and consumers.

We welcome your visit to check out training information or to include your events.

PHCRED conference travel scholarships awarded

The UDRH would like to congratulate the following awardees for receiving UDRH PHCRED conference travel scholarships in 2007:

- **Anthea Goslin** was awarded \$1,500 to attend the 5th Health Services and Policy Research Conference in Auckland, and
- **Sally Bennett** was awarded \$420 towards attendance at the 2007 4th Biennial NSW Primary Health Care Research and Evaluation Conference in Sydney.

A UDRH PHCRED conference travel grant was also awarded to **Gudrun Peacock**, Speech Pathologist, and **Leonie Steindl**, Allied Health - Professional Development and Research Manager at the Royal Hobart Hospital, to underwrite a visit by Dr **Susan Block** to present a research seminar to Tasmanian speech pathologists in October/November 2007.

(From left) Dr Peter Orpin and Prof Mark Nelson presenting the grant to Gudrun Peacock and Leonie Steindl



What research can make a difference to rural health policy?

This question lies at the heart of a paper entitled "Influencing Holistic Health Policy" by UDRH researcher Dr **Erica Bell**, which has just been published in *TSW Holistic Health and Medicine* (2007, 7, DOI 10.1100/tsw.2007.205).

"There is a vast amount of international literature to support the idea that research-transfer into policy and practice is not happening to anywhere near the extent needed for strong evidence-based decision making," said Dr Bell. "This paper aims to make a contribution to the field of policy studies by defining the generic features of policy-relevant research."

"Macro-policy decisions have a major role to play in shaping the nature of the health services that our rural communities experience on the ground. Including a focus on policy in our rural health work allows us to ensure that we build expertise in, and contribute to, complex policy decision making processes at a time when we rightly expect the work of researchers to have social impact.

"This paper departs from the approach taken in much health policy research coming from the UK and USA in that it uses discourse theory to elaborate a genre – called 'policy-relevant research' in the paper – that has emerged in response to the distinctive historical conditions and contexts of late 20th century public policy making.

"First, the paper offers a conceptual definition of holistic health policy making, as well as research evidence for this kind of policy making, identifying some of the generic features of policy-

relevant research. Many of the health challenges we face in rural and remote communities are holistic ones: healthy ageing and falls prevention, chronic disease, substance abuse, crime prevention, domestic violence, and so on, with related health services and workforce development implications.

"Second, the paper outlines some of the key writerly as well as social practices for delivering sound evidence for health policy, in ways that highlight the salient differences between doing research for holistic health policy and more scholarly styles of research. The paper concludes with directions for developing better evidence for holistic health policy making that question the assumptions of quality informing academic research funding and preferment, calling for their diversification.

"The paper grows out of my history as a public sector research manager and consultant," said Dr Bell. "Such positions involved the production of cabinet reports, ministerial reviews and statewide evaluations using not only particular ways of writing but also particular social practices such as highly participative styles of community consensus making.

"In this work I travelled to many rural and remote communities for consultations, which taught me just how distinctive the needs of these communities are. This paper tries to respond to some of the deeper questioning that went on at the last Rural Health Alliance conference about 'What can research do to make a difference to policy frameworks?'

"The health policy literature shows that

many different kinds of evidence can be used in policy making at different levels in different ways. What it doesn't do is describe the kind of research that is done in public sector policy units.

"Discourse theory offers a helpful way of understanding this kind of research because it focuses attention not simply on language as written text, but also the whole range of social practices attached to evidence making for policy, such as the negotiation, networking, and consultation that goes on. Rural and remote communities want and need different consultative styles from researchers and they have different things to say to policy makers.

"Since much of the research we do in rural health contains strong elements of the kind of applied research described in this paper, I was keen to publish these ideas in an international forum. Such papers can help develop understandings of research practices for rural and remote communities that position this research as having its own gold standard rather than being a poor relation of bio-medical research. Without a climate of reflection on what defines rural and remote research we cannot hope to develop a powerful evidence base for making a difference.

"I am very excited by the possibility of doing more work in this area in the future. The fact that the world's biggest health research funding agency – America's National Institutes of Health – has recently made issues of research-policy-practice translation a top funding priority should tell us something about the value of getting this focus in our work now," said Dr Bell.

A new dimension for rural health



Annette Barrett at the Westbury Rural Health Week activity

Celebrating the health and wellbeing of rural and regional Tasmanians took on a new dimension last month with Tasmania's first Rural Health Week (RHW). The successful event was staged from 3-9 September.

The Rural Health Week initiative was developed as a partnership between the UDRH and the Department of Health and Human Services and in collaboration with the Local Government Association of Tasmania, the Department of Health and Ageing, General Practice Workforce and the Department of Education.

RHW builds on successful regional health promotional initiatives such as the annual Deloraine Health Expo and the Rural Health Week staged in Huonville in 2004.

The aim of RHW was to showcase the diverse ways in which rural communities

in health are working together. It provided a forum for rural communities to tell their stories in the way that best reflects their communities' interests and aspirations about health and wellbeing. It was also an opportunity for local health service providers and their respective communities to come together and take action on priority health issues impacting on their communities. At a broader level, RHW aimed to:

- promote primary health care as an integral component of state-wide health priority areas;
- increase awareness about rural health issues and the importance of preventative care in addressing chronic illness and maintenance of good health and wellbeing; and
- acknowledge the achievements of individuals and rural communities in enhancing the health and wellness of their communities.

Within the RHW community partnership model, regional planning groups were able to access seeding grants of up to \$2,000 to support health and wellness activities in their region. A total of 28 groups staged a variety of activities including health expos, rural health forums, healthy eating promotional activities, healthy mind and body exercises, school fun and fitness days, family activity days, seminars and workshops for farmers, women, young people and the elderly.

A highlight of RHW was the presentation of the inaugural Tasmanian Rural Health

Week Awards at an Award Ceremony attended by 130 guests in Launceston on Sunday 2 September 2007. The Minister for Health and Human Services, the Hon **Lara Giddings** and Senator **Guy Barnett**, presented awards to **Annette Barrett**, winner of the Rural Health Week Worker Award and **Mark Jones**, winner of the Rural Health Week Community Award. The Awards were presented to the winners in recognition of the commitment made by both individuals to the health and wellbeing of their respective communities. Both winners received cheques to the value of \$1,000 to support further community health initiatives in their localities.

An evaluation of RHW is currently underway. A report together with recommendations for future events will be presented to funding agencies at the end of the year.



Community Award winner Mark Jones at the Rural Health Week Award gala presentation

Internet forum for Early Years Network

After the UDRH seminar on supporting vulnerable children in their first five years of life in March this year, an Early Years Network has been formed among the seminar participants to share resources, information and experience. An internet forum is also set up to facilitate communication. We encourage the network members to check regularly what is new on the forum and contribute their ideas.

Website: <http://www.ruralhealth.utas.edu.au/forum>

Health outsourcing in a rural context

UDRH Lecturer Dr **Quynh Lê** and Junior Research Fellow Dr **Rosa McManamey** have had an article accepted for publication in Volume 93, 2007 of the *Journal of Health Issues*. The topic of the article is "Health Outsourcing in a Rural Context".

Outsourcing is a widely applied concept and practice in many areas especially in the business and information technology sectors. It has received some consideration in health services due to skill shortages and lack of resources. This article reports on insights gained from a study on outsourcing in health services in rural Tasmania, which could have wider implications beyond the Tasmanian context. The researchers

examined the views, principles and rationales on which outsourcing is based and identified related issues in the rural health context. Special attention was given to the types and reasons for outsourcing, and the management of outsourcing by health services.

The *Journal of Health Issues* is published by the Health Issues Centre, an independent, non-profit organisation that for over 20 years has promoted consumer perspectives in the Australian health system. It aims to analyse and report on the latest developments in health policy, research and practice, with particular focus on how these developments affect consumers.

What I think?

Professor Jane Farmer, Professor of Rural Health Policy & Management, University of the Highlands & Islands Millennium Institute, Scotland, visited the UDRH from August to October 2007. Upon her departure, she shared what she thinks about the past two months she spent in Tasmania.

Seven and a bit weeks has absolutely flown past. I have had a fantastic time and so has my daughter, **Kim**. It's all been great, but what's been especially great?

I have conducted approaching 20 interviews for **Sue** and my project on rural health professionals as social entrepreneurs. This has taken me to diverse Tasmanian locations and included chatting to a group of nonagenarians at Beaconsfield Hospital! I have had great conversations with health service managers and government officials about rural health care change! I've learned loads about community engagement from UDRH's fantastically enthusiastic staff and the people I have met out and about! Your research themes have caused me to reflect on what we should be researching back in Scotland. I have even bonded with my 13 year old who has learned lots about Tassie teen-culture (some of which has been mildly hair-raising for me to hear about!). Hmmm – after this time in Tassie, you may want to know my Tassie top 12 (apologies if this offends anyone – it is intended in the best possible taste!).

Top 6 fabulous things about Tassie

1. The wine – now I know why you keep it in Tas;
2. The coffee – so many great places to choose from and a whole Australian coffee language to learn (flat white?);
3. The people (yay – I have to say that don't I... EVERYONE in Tassie has been nice to me and only Wayne the taxi driver could not understand me – if – I – speak – slowly...);
4. Binalong Bay (I confess I stole a shell!);
5. The architecture in Launie and the way houses are painted bright colours (why don't we have this at home!);
6. The wildlife (four visits to Oz and this is the first time I saw a platypus! The Tassie devils are wacky – nice teeth!).

Top 6 slightly bizarre things about Tassie



Jane donned in a UDRH t-shirt at the farewell party

1. Pies, pies, pies (Starbucks in Hobart is the only Starbucks I've been in across the world that sells pies!);
2. Blockies (apparently they are called this?) – people with incredibly noisy cars that drive very fast at night round Cimitiere Street;
3. The newspapers (they need to get out more);
4. That no-one has set a series of cult detective novels here (don't steal this idea – I want to do it);
5. The beards (linked to the Blockies? Strange long/short goatees that men (mainly) seem to have that I have only experienced in Tas);
6. The lady taxi driver who told me she had learned all about Scottish history from reading the bible (interesting new interpretation?).

Apart from this, I have been asked to write about work!!! I think there are lots of similarities between Tas and the Highlands – we are both experiencing health care change. We both have “blueprints” of how to get there. Your plan is much more explicit and that makes it bolder and more visionary. Ours is vaguer and therefore more prone to nifty political manipulation. You have a lot more government than we do and things are a lot more local. We are working with a “one size fits all” for Scotland health service while you potentially seem to be able to have more local solutions. Both countries have major health issues – weight, diet and exercise are the most obvious issues that can be seen “on the street”! We both

have lots of sea changers, tree changers with the consequent mix of opportunities and challenges that brings. I think there is much variability within Tas and within Scotland and I don't want to make any more generalisations without a sound evidence base (more research needed...!) Which leads me to... I think there are lots of opportunities for further work with UDRH. Particular areas that strike me are – community involvement, ageing, year 0-5, diet/obesity/exercise, mental health, management of chronic conditions...for a start. I think we have a particular opportunity in revealing differences about the context that affect health conditions and their management if we do cross cultural comparative work, but it is difficult to get funding. It's a risk that, when I go back to Scotland, I get sucked back into the day-to-day and the imperatives of Scottish national work. **SO DON'T LET ME!!!!** Keep in touch. Let's keep international comparative on our horizon. There's a lot you need to discover that's lurking back in Scotland and I'd love your perspective on that. After all, we share hills, lakes, unpredictable weather, nice people and a love of pies.

Finally I would really, really like to thank you all for making my visit to the UDRH and Tasmania so amazing, but especially to **Sue** for hosting me and to **Susan Johns** for looking after Kim when I have disappeared off to “the mainland” from time to time. It has been an absolute pleasure. I feel very lucky. I have learned a lot.

It's never too late to be a cyber opsimath



Dr June Hazzlewood attends the conference with her husband Burt

UDRH Honorary Associate Dr **June Hazzlewood** presented at the Australian Seniors Computer Clubs Association 9th National Conference: Computing for Seniors in Sydney on 27 – 28 August. June's presentation is titled "You're Never too Old to be a Cyber Opsimath".

Opsimath comes from the Greek opsimatein, meaning "to learn late". The word "cyber" has been added to describe all those who have acquired or are acquiring computer literacy in later life. Historically, this word was most often used in a derogatory sense – a sort of put down suggesting that the opsimath had been lazy or uninterested in learning until only recently. It is perhaps time to reclaim this word and instead use it to commend any older adult who is determined to continue to acquire new information and to learn new skills in the third age of active retirement.

In June's presentation, she dispelled the myths about ageism as negative unfounded stereotypes and pointed out

that chronological age is not seen as a limiting factor in positive ageing.

Older adults come to ICT (information and communications technology) for a variety of reasons, the main trigger being the C for communication by email with distant family and friends. Four types of cyber opsimaths are identified by June and UDRH Director A/Prof **Sue Kilpatrick**: window shoppers, emailers, searchers and eSeniors.

June also introduced OPEN and VICTOR to the conference. OPEN is short for the "Older Persons Electronic Network" seniors computer club in Launceston. It is a computer club run by seniors to equip other seniors with the skills and confidence to experience the wonders of computing and the Internet. It allows individuals to explore the aspects of information and communication technology which interest them at their own pace in a comfortable environment among peers. OPEN enables participants to make informed choices for further actual or

virtual training or support options within or outside this seniors special interest group.

VICTOR, a "Volunteer ICT OutReach" home visit program, was established in conjunction with OPEN. This service, run by OPEN volunteers who meet skills and experience criteria, is for members who may experience difficulties using their home computer or who are temporarily incapacitated and confined to barracks. VICTOR is coordinated and staffed by volunteers, who receive travel and phone call reimbursement and training in adult learning, hardware and software updates and technical troubleshooting and the ethics issues involved when visiting people in their own homes.

At the end of her presentation, June described cyber opsimaths as platinum nomads travelling along the information super highway at different speeds, alone or in groups with L-Plates proudly displayed.

June is Vice Chair of the Launceston OPEN seniors computer club. June returned to formal study following retirement "into" rather than "out of" the community and is a co-founder and rostered volunteer tutor at Launceston's OPEN seniors computer club.

June's interests are centred around research into education, ageing and technology issues and their practical application in relation to third age learners in retirement. The promotion of health and wellbeing by facilitating the uptake of ICT, is seen as a means of alleviating loneliness as people's work life and social networks shrink as they age.

Smiles alive: A carer's perspective

On 12 October 2007, the UDRH Professional Development and Continuing Education program hosted a very successful workshop by Dr **Peter King**, a dental specialist at the Special Needs Dentistry Clinic in the Hunter and New England Area Health Service, New South Wales. Dr King has extensive experience in special needs dentistry and in caring for people with disabilities. He was instrumental in establishing the Australian Society of Special Needs Dentistry and is on the editorial board of the International Journal of Disability and Oral Health.

Dr King presented a highly informative and practical workshop titled Smiles Alive: A Carer's Perspective, that focussed on treating and managing a range of common dental problems in people with disabilities. The workshop was very well attended with over 25 participants from a range of backgrounds including dentists, dental assistants, carers, support workers, speech pathologists and occupational therapists. Dr King also presented the Smiles Alive presentation via videoconference, to nurses at Smithton and Queenstown District Hospitals.



Dr Peter King

Rural social capital and networks forum

Visiting scholar from Scotland Professor **Jane Farmer** led a discussion at the Rural Social Capital and Networks Forum on 21 August. Scotland has also established a Social Networks and Social Capital Forum, consisting largely of academics from different disciplines at this stage. Jane wanted to find out if the Tasmanian perspectives on social capital were similar to Scotland's and to identify if there were issues within the concept of social capital that were of relevance to policy makers.

The forum in Hobart considered these questions:

- What is social capital (SC)? Do we have a shared understanding?
- What do you see as the trends and challenges with SC in relation to rural communities?
- How can SC contribute to the policy arena and regional development?

What is social capital? Do we have a shared understanding?: There is not really a shared understanding, but perhaps this does not matter. There are methods and frameworks for measuring SC that can be used. The "dark side" of social capital was mentioned and the potential for it to be manifested where the community is in a situation

of conflict. There were broad ideas that SC consists of identity and knowledge assets. To develop and be nurtured, it needs "interactional infrastructure". The deployment of SC as "social energy" was discussed, that is a resource that can be harnessed and focused for a particular purpose. SC is thought to be "a thing and a process" – you can only see SC when it is being used.

What do you see as the trends and challenges with social capital in relation to rural communities?: Generating community leadership is a key trend. Research findings about community leadership and consistent processes by which it can be deployed to create community activity exist. Using SC in managing and progressing change provides an area for development. The role of government is viewed as creating the right conditions for SC to develop. Recognition of the role of community identity in capacity building is also being recognised.

How can social capital contribute to the policy arena and regional development?: Some "take-home" messages for policy makers were identified as follows:

- While "measuring" social capital is not a precise science, the concept

and frameworks describing its components can provide good "diagnostic" and analytical tools for understanding communities – what they have and what they lack.

- Community leaders and "boundary crossers" might be identified and nurtured; as research has shown, these people generate and support social capital.
- Policy makers and public services need to work to build trusted connections with communities as this develops social capital.
- Policy makers need to support the concept of "spaces for interaction", that is, spaces, places and opportunities for people to meet, network and carry out activities together. This is not just actual places and spaces, but the feeling that there is freedom to converse between people of all types and at all levels.
- Policy makers should avoid seeing social capital as something that is generated solely locally. Opportunities require to be generated for people to network outside their communities, thereby nurturing "bridging" social capital (this involves useful exchanges of knowledge).

UDRH seminar – Care and wellbeing: Creating a better future for Tasmania's children

Tasmania is engaged in redeveloping all aspects of its child protection system. As this system operates alongside acute and primary health care services and other human services, there is value in exploring the connections and implications across the service spectrum.

Dr **Meredith Hodgson**, Manager, Program Development and Statewide Services, Children and Family Services, Department of Health and Human Services, presented a seminar on Care and Wellbeing: Creating a Better Future for Tasmania's Children to about 60 participants in six locations across the state.

This seminar highlighted some of the recent drivers of change for the child protection system within a context of improving wellbeing for all Tasmanian children.

Reform of child protection will see a concentration of focus on the needs

of the child, on establishing strong partnerships with other agencies, and ensuring measurably improved outcomes for children and families.

A key element of the reform agenda is to ensure early intervention to support families and carers, to facilitate diversion from child protection where appropriate, and to strengthen early childhood services.

This seminar provided an overview of the changes and set out the implications for partnerships and practice in rural and regional areas.

It also highlighted some of the issues and priorities presented through the review process by practitioners and clinicians working in more isolated communities.

Meredith Hodgson

Dr Meredith Hodgson was appointed Manager, Program Development and

Statewide Services in Tasmania's Children and Family Services in March 2007.

In this role Meredith leads the strategic and operational planning and program development team. Their work covers the service continuum from primary level early intervention and support to tertiary level child protection. She also oversees two statewide services: the child protection intake service and the adoption service.

Previously she was part of the health reform team in the South Australian Department of Health with a particular interest in developing the partnership between health, education and community services to support integration and improved outcomes for early childhood services.

Meredith's career has also seen her manage health and human service programs in rural South Australia.

Sharing Tassie experiences

In August, UDRH Lecturer **Jess Whelan** presented a lecture at the Department of Health and Ageing and Australian Rural Health Education Network seminar series in Canberra. Jess reported on the development and outcomes of health and wellbeing/community engagement projects within the UDRH such as the Meander Valley Health and Wellbeing Map and Flinders Island Needs Analysis. Of particular interest to the audience were the ways in which this type of work and stakeholder/community partnerships can be translated and built within other parts of rural Australia in order to contribute to improved health outcomes.

Jess also presented a paper co-written with **Stuart Auckland** at the Australian Universities Community Engagement Alliance in Alice Springs on 2-4 July. The conference was based around examining the scholarship and practice of community engagement within Australian universities. Stuart and Jess' paper was entitled "Mapping Community Health Needs and Priorities: Lessons of Engagement from the University Department of Rural Health and Meander Valley Community". It reported on the use of health needs assessment and mapping as an effective tool by which regional university campuses can collaborate with communities around health and wellbeing, as well as building the capacity and skills of community members in the research process.

Briefs . . .

UDRH System Administrator **Chris McKay** attended the annual Microsoft TechEd conference which was held at the Gold Coast on 6-10 August. Whilst there he was able to learn about various new developments from Microsoft and other vendors, as well as attend technical demonstrations and hands-on tutorials. He also had the opportunity to sit for an examination that would formally acknowledge his Windows XP administration proficiency. Chris passed the exam and is now officially an MCP (Microsoft Certified Professional). He hopes to be able to sit for some server-related examinations as part of his continuing staff development.



Chris McKay

The UDRH would like to welcome four new staff members:

Shelagh Lowe has begun work on an allied health workforce study in Tasmania. The project is a workforce profiling one which will provide data for Tasmanian allied health workforce planning and reform. The project is run in collaboration with our UDRH partners in Northern NSW and the Tasmanian Department of Health and Human Services.

Suzanne Crowley has just been appointed as Research Fellow – Volunteer Workforce. Suzanne will look at the sustainability of a volunteer workforce in rural and regional Tasmania. Volunteering Tasmania is supporting this work. Suzanne is based in our Hobart office at the CML Building.

Sally Bennett is our new Research Assistant for the Primary Health Care Research, Evaluation and Development (PHCRED) program. Sally will look at the social roles and social identities in healthy ageing in rural and regional areas.

Penni Rendell has joined the team as an administrative assistant in Hobart for one day a week. Penni brings with her considerable skill and experience and we are pleased to have her with us in Hobart.

Upcoming training opportunities

UDRH Seminar Series

Presenter: Gillian Long, Huon Project Officer, Social Norms Analysis Project, Tasmanian Institute of Law Enforcement Studies, UTAS

Subject: SNAP - A Positive Approach to Reducing Alcohol-related Harm amongst Rural Tasmanian High School Students

Date: 20 November (Tuesday)

Time: 12:15 – 1:30pm

Venue: Telehealth Studios in Burnie, Hobart, Latrobe and Launceston (Other locations by arrangement)

For details, please contact **Cecilia Chiu** (tel: 6324 4028, email: Cecilia.Chiu@utas.edu.au)

UDRH Professional Development & Continuing Education Workshops

For details, please contact **Georgie Routley** (tel: 6324 4047, email: Georgina.Earles@utas.edu.au)

Subject: Professional Development Short Course for Community Practitioners

Presenter: Dr Jim Cavaye

Dates: 21 – 23 November

Venue: Sir Raymond Ferrall Centre, Newnham Campus, University of Tasmania

Subject: A Primary Health Care Focus – What does it Mean for Rural Health Services? (2-day workshop)

Dates: 4 December 2007 (Tuesday) & 26 February 2008 (Tuesday)

Venue: Rural Clinical School, Burnie

Subject: More than Lights and Sirens: The Role of the Rural Paramedic in Tasmania

Date: 29 November (Thursday)

Time: 2 - 3pm

Venue: Video conference venues around the state

PHCRED Research Capacity Building Initiative (RCBI) Workshops

For details, please contact **Sally Thurley** (tel: 6226 4767, email: Sally.Thurley@utas.edu.au)

Subject: Conducting Rigorous Evaluations

Date: 12 November (Monday)

Venue: To be advised

Subject: Writing Skills

Date: 23 November (Friday)

Time: 12 – 3pm

Venue: Hobart