

UDRH

Bulletin

DECEMBER 2012



UNIVERSITY DEPARTMENT OF RURAL HEALTH

NEWS	02
PROJECTS	05
STAFF	09
EVENTS	10
DIRECTOR'S NOTE	12

In this Issue:

04

NATIONAL
POLICY IMPACT

Innovative approaches
to behaviour change

07

GETTING NATIONAL
POLICY RIGHT

Oral health policy is a much
neglected research area

APHCRI CENTRE OF RESEARCH EXCELLENCE IN PRIMARY ORAL HEALTH CARE

DR LEN CROCOMBE / DR TONY BARNETT / ASSOC PROF ERICA BELL

The impact of oral disease on people's everyday lives is subtle and persuasive. The prevalence and recurrence of these impacts constitutes a silent epidemic (National Oral Health Plan 2004–2013).

Over 90% of Australians born before 1970 have some experience of tooth decay (Slade et al. 2007), and a quarter of adults have untreated coronal decay. Additionally 6.7% of Australian adults have untreated decay on tooth root surfaces and one in five adults has moderate or severe gum disease. Expenditure on dental health is large: \$7.69 billion in 2009–10, representing 7.5% of total health funding (AIHW, 2012). However, the ravages of oral disease are felt more by certain Australian groups than others. People who miss out on gaining access

to primary oral health care include frail and older people, rural residents, Indigenous Australians, and physically and intellectually disabled Australians (National Oral Health Plan, 2004–2013; National Advisory Committee on Dental Health, 2012). The APHCRI Centre of Research Excellence in Primary Oral Health Care will focus its program of research to improve primary oral health care for these disadvantaged Australians.

The APHCRI Centre of Research Excellence in Primary Oral



Dr Len Crocombe

Health Care is a collaboration of eminent researchers from four universities (Adelaide, Tasmania, Western Australia and Monash), eight research institutions (Australian Research Centre for Population Oral Health, Tasmanian University Department of Rural Health, Western Australian School of Dentistry, Menzies Research Institute Tasmania, Telethon Institute for Child Health Research, the School of Dentistry, the Department of Public Health of the Faculty of Health Sciences at the University of Adelaide and Centre for Health Economics

at Monash University) and a government department (South Australian Dental Service). Half of the Chief Investigators for the CRE project are staff from the UDRH, Dr Len Crocombe, A/Prof Tony Barnett, and A/Prof Erica Bell.

Theme 1: Successful ageing and oral health: The Australian population is ageing (National Strategy for Ageing Australia) and people tend to keep their teeth into old age.

NEWS

UDRH RESEARCHER WINS VC AWARD

ASSOCIATE PROFESSOR ERICA BELL HAS RECEIVED A PRESTIGIOUS 2012 VICE CHANCELLOR'S AWARD FOR COMMUNITY ENGAGEMENT.

To date, Associate Professor Erica Bell has been involved in nine separate research projects with the Salvation Army (Tasmania) over an eight-year period, with some ongoing. This nomination acknowledges the deep, long-term relationship that she has formed with a prominent community organisation – The Salvation Army – that has a strong social inclusion mission. Erica has created a model for community engagement where valuable community organisations are able to receive high quality, evidence-based project outcomes that are also published in international academic forums. By working hard to develop a mutually beneficial model for overcoming the community engagement – academic publication divide, Erica has been able to continue to work with the local community on these high-impact projects in ways that have a yield

for her university's research quantum. Her work for The Salvation Army has led to 10 international journal papers; 4 conference papers; 2 book chapters; 2 books, one edited and one a scholarly research book published by Oxford University Press in 2009. Many of these publications have involved development of the theory and practice of translational research for health and allied health services and policy.

At the Tasmanian level, these projects often make the biggest difference in the local community, yet traditionally academics struggle to focus on smaller project work while maintaining academic performance. By contributing her own time to develop more academically rigorous projects that allow academic publication, Erica has made smaller community research projects affordable for the University, academically 'profitable' and has increased benefits in the community sector. Each of the projects that Erica has undertaken has benefitted vulnerable groups in the local community, but her nomination was strongly based on the project which has far exceeded expectations and continued to expand in impact particularly during 2011 – 'Safe



Dr Erica Bell with Professor Sue Kilpatrick, Acting Deputy Vice Chancellor (Students & Education)

from the Start'. Safe from the Start is an innovative and highly successful, evidence-based, early intervention project that aims to work therapeutically with children aged 0–5 who have been exposed to family violence, abuse or trauma. Safe from the Start was developed by The Salvation Army in partnership with two universities (UTAS/Swinburne) where Dr Erica Bell and Dr Angela Spinney conducted research into the impact on children exposed to domestic violence. It has been used to develop a unique, skills-based Training Program and Resource Tool Kit designed to address the potential negative impact that exposure to violence has had on the cognitive, emotional and social development of children. Safe from the Start continues to have particular success in 2012, resource kits continue to be sold on a cost-recovery basis and interest has been building overseas. To date over 1000 workers nationally have attended train-the-trainer training sessions and 600 Safe from

the Start resource kits distributed nationally in NZ, Canada and Singapore. TAFEs have conducted 3 specific train-the-trainer programs for teachers and the training continues to attract international interest – training will be held in NZ this year with The Salvation Army in NZ facilitating future train-the-trainer programs.

'Safe from the Start' was given a 2011 national Australian Crime and Violence Prevention Award [The annual Australian Crime and Violence Prevention Awards are sponsored by the heads of Australian governments and members of the Ministerial Council for Police and Emergency Management – Police as a joint Australian Government, state and territory initiative]. The project also received a child protection award in 2010 from Tasmania's Department of Health and Human Services (Children and Young Persons Division).



Maria Yue outside Beijing University, China

RURAL HEALTH GRADUATE RESEARCH STUDENTS: OUTSTANDING ACHIEVEMENT

The Rural Health Graduate Research Program has been enriched by the arrival of new students: Deborah Zwolsman and Thao Doan. Deborah is supervised by A/Professors Erica Bell and Tony Barnett. Thao is supervised by A/Professor Tony Barnett and Dr Quynh Lê. Thao Doan was awarded the Elite Research Scholarship in second semester 2012. Thao's research will investigate the significance of health literacy in self-management of older people's chronic illness in rural areas.

This year we had six PhD graduands in August 2012. Congratulations to Drs Chona Hannah, Ha Hoang, Sharon Hetherington, Melinda Minstrell, Winifred vanDeploeg, and Yun Yue for their wonderful achievement. Annette Loudon, a Masters Candidate, has submitted a thesis for examination. Annette is working on publications under a rural health graduate research write-up scholarship.

“
The good news does not stop there as all our Rural Health graduands have employment just before or immediately after graduation



Maria Yue

POSTCARD FROM MARIA YUE AT BEIJING UNIVERSITY, CHINA

I would like share my good news with you. I have just received a job offer from Beijing University as a research fellow. Beijing University is the top university in China. It is excellent and precious opportunity for me to start my career as a professional researcher. The interview committee members were impressed by my good understanding of research, highly developed research data analysis skills, and excellent presentation and expression etc. All these knowledge and skills are attributed to my 3-year study in UDRH at UTAS. Therefore, I would like to express my most sincere gratitude to my dear colleagues in UDRH. It is your outstanding academic support that opens a new career development window for me. Thank you very much, my UDRH!

Our students participated enthusiastically and creatively in the UTAS Post Graduate Research Student Conference (SEiR) in Hobart on 6-7 September 2012, and it is a mark of important success in their research journey.

The good news does not stop there as all our Rural Health graduands have employment just before or immediately after graduation: Melinda was successful in securing a postdoctoral research fellow position at the Wicking Dementia Research and Education Centre; Winifred was successful in securing an academic position in the Rural Clinical School at the University of Tasmania; Ha Hoang and Chona Hannah are working at the UDRH as Associate Lecturers; Sharon is the HEAL Project Officer at the Exercise & Sports Science Australia (ESSA); and Maria Yue, international student, is a Research Fellow at the Beijing University, one of the top three universities in China.

NATIONAL POLICY IMPACT OF YOUTH RESEARCH

UDRH Senior Research Fellow Dr Clarissa Hughes is well known for her research on innovative approaches to behaviour change – and in particular on normative approaches to reducing risky drinking among young people.

She conducted the flagship Social Norms Analysis Project (SNAP) in 2005–2006 and since that time has worked on a number of related projects and consultancies, including a National Scoping Study on the Role of Schools in Alcohol Education (funded by DEEWR) with the National Centre for Education and Training on Addiction (NCETA) at Flinders University in 2009–2010.

Researchers aim to undertake high quality work that will be translated into policy and practice – but unfortunately this takes time! Dr Hughes' work has recently received solid endorsement through its inclusion in a policy brief on reducing alcohol-related harm among

children and young people, produced by the Commissioner for Children and Young People in Western Australia. The policy brief, available from www.ccyp.wa.gov.au, cites key findings of the NCETA study and the Final Report on SNAP, and specifically mentions programs based on the “social influence” model as a key priority for school-based alcohol education in WA. Dr Hughes is proud to have had her work cited in an important policy brief: “When you're committed to a program of research, it can be frustrating that findings take so long to 'trickle through' to policy and practice. I'm really pleased that the Commissioner for Children and Young People regards my work as worthy of inclusion in



Dr Clarissa Hughes participating in a mosaic workshop at a rural community health event

their policy brief. Importantly, this work is relevant not only to alcohol education but also other health topics including bullying, nutrition, physical activity and sexual health”.

Dr Hughes' expertise has recently been recognised locally, with an invitation to serve on the Tasmanian Early Intervention Pilot Project Steering Committee being coordinated

by Tasmania Police. Her most recent publication “All beer and skittles?: a qualitative pilot study on the role of alcohol in university college life” in *Australian Universities' Review* (54 (2): 22-28) may be accessed at www.aur.org.au.

Further information

Dr Clarissa Hughes
03 6226 7797
Clarissa.Hughes@utas.edu.au



Sarah Brinckman

The four scholarship holders have had the valuable opportunity to experience a wide variety of research

PHCRED SCHOLARSHIPS

After an exciting 6 months, the 2012 primary health care practitioner scholarship projects are now drawing to a close.

“bread and butter” such as designing questionnaires, interviewing, running focus groups, writing for publication, analysing data and grant writing. With the support of their academic mentors, the projects have looked at diverse areas including primary oral health care,

‘Eating with Friends’ social and nutritional support groups for older people, rural volunteering trends and the challenges of an allied health career.

Already some of our scholarship holders have chosen their next step towards a research career with one en-

rolling in a PhD for next year and another commencing casual work with our Centre for Research Excellence in Primary Oral Health Care.

These scholarships really provide a glimpse into the life of a researcher and have acted as a catalyst for many primary health care prac-

tioners pursuing further study and looking for opportunities to include research as part of their work life.

It is vital that we provide opportunities for primary health care practitioners to contribute their unique expertise to research and we hope these scholarships will continue to deliver these opportunities into the future.

Further information

Sarah Brinckman
03 6226 7375
sarah.brinckman@utas.edu.au

PROJECTS

HWA FUNDED DISTRIBUTED SIMULATION PROJECT

We were extremely pleased to be awarded a *Simulated Learning Environments Distributed Simulation Project* grant from Health Workforce Australia, an Australian Government initiative.

A total \$440,000 was provided to develop, implement and evaluate an e-learning model that will support distributed simulation to improve clinical training at rural and remote teaching sites across Tasmania (these sites are located in ASGC-RA areas 3, 4 and 5) until 30 June 2013. The project will complement and enhance existing static and mobile simulation projects within the FHS at UTAS. An initial task for this project has been to establish and validate baseline data on the simulation activities undertaken at each site.

Because of their size, distribution and distance from the major UTAS teaching centres at Hobart, Launceston and Burnie, relatively small numbers of students undertake clinical placements at these sites at any one time. Supporting and augmenting their placement with

the use of learning through simulation in efficient, cost-effective and sustainable ways can therefore present a challenge to both the university and the health care facility. This project will address this challenge by establishing a central node to assist in the development, coordination and distribution of simulated learning packages to support the clinical learning and "hands-on" simulation activities that will be conducted with students at these sites.

The simulation support packages will address a range of clinical situations as prescribed by relevant disciplinary curricula and, importantly, will also emphasise rural and remote contexts. At times, students from multiple sites may be linked into a simulation activity. At other times, a student will access the simulation at a time convenient to them and their

placement schedule. A key feature of the proposal will be to facilitate linkages by students from a range of professional disciplines, thereby providing additional and enriched opportunities for interprofessional learning.

A number of initiatives, related to Health Reform and roll-out of the NBN, have been taken to improve health service delivery and information exchange. It is critical students are not only aware of, but better prepared for work in, an e-environment in which these initiatives will operate. This includes familiarisation with the technology

and the change process, as new work practices are trialled, implemented and evaluated. Simulation training in these work-based practices is an ideal way to expose and engage students with such reforms and to minimise the risk that such initiatives will fail due to an ill- or poorly prepared workforce.

A cross-sectorial project working group has been formed comprising: Tony Barnett (Director UDRH/ Project manager), Merylin Cross (Senior academic UDRH), Joy Hills (Senior Lecturer Simulation UDRH), Caroline Deakin (Project Officer UDRH), Chona Han-



nah (Research Fellow UDRH), Judy Spencer (Lecturer UDRH), Heather Bridgman (Mental Health academic/Clinical Psychologist UDRH), Darren Grattidge (IT support UDRH), Mark Kirschbaum (Pharmacy academic UDRH/Rural Pharmacy liaison officer), Laurell Grubb (DHHS), Jen Bernal (Project manager DHHS Simulation project), Angela McKay (Tasmania's Principal Educator Simulation/School of Nursing & Midwifery UTAS), Craig Shennan (Life Support Coordinator Integrated Learning and Simulation Centre, LGH), Nick Towle (Clinical Medical Education Advisor, Rural Clinical School Burnie), Toni Dunbabin (Clinical Educator, Royal Hobart Hospital), Richard Turner (Deputy Head, UTAS School of Medicine), Ivan Bindoff (School of Pharmacy, UTAS), and Ros Bull (Director of Teaching and Learning and Associate Head of the School of Nursing and Midwifery, UTAS).

The working group meets regularly to liaise, progress and

communicate project activities and advise on the development and implementation of a model of distributed simulation to improve clinical training capacity for health professional entry students undertaking clinical placements in rural and regional areas in Tasmania. The working group will assist in the implementation of the project by determining what simulation equipment and software is needed for the pilot project; preparing a training calendar with indicative dates for delivery of Distributed Learning Activities for each of the four pilot sites; establishing the number and type of Distributed Learning Activities in which students and others will participate; and enhancing interprofessional learning, incorporating medical, nursing and allied health professional entry students. The working group will also facilitate opportunities for rural health professionals (especially those supervising students on clinical placement) to increase their skills in using simulation

technology; develop strategies for sustaining simulated learning opportunities beyond 2013 and disseminate project information and results to members' networks.

A project officer and a senior lecturer have been appointed and the appointment of an IT support and web development officer is under way. All Rural Health Teaching sites and UTAS health professional schools have been consulted on the range and nature of the activities that could be undertaken as part of the project. The four pilot sites selected for the project are Dover, Oatlands, St Helens and Queenstown. The learning activities for semester 1, ILS and cannulation, are in the process of being organised and the equipment purchased. We are in the final round of selecting two additional simulation activities for second semester when we hope to be able to roll out simulation activities across other RHTS. The preferences identified to

date are for palliative care, and paediatric emergencies, followed by obstetric emergencies and managing challenging/difficult behaviours. Thank you to the organisations and staff that have provided input to this process. There is a lot happening in this space across Australia, for more information please see other HWA-funded initiatives such as the national simulation training program for educators and technicians in the health care sector (NHET-Sim) and simulation portal and directory of simulation providers (SimNET), both available through the www.simnet.net.au website. We are keen to seize the opportunities available to value add to the clinical learning environment and students' placement experiences in rural health services.

Further information

Dr Merylin Cross

03 6324 4032

merylin.cross@utas.edu.au

Caroline Deakin

03 6324 4007

caroline.deakin@utas.edu.au

APHCRI CENTRE OF RESEARCH EXCELLENCE IN PRIMARY ORAL HEALTH CARE (CONTINUED)

This is associated with problems of tooth wear, tooth fracture, root caries and pulpal necrosis (National Oral Health Plan, 2004–13). The APHCRI Centre of Research

Excellence in Primary Oral Health Care will undertake two projects involving elderly Australians. One will assess the long-term success rate of screening questions used by physicians and nurses linked to priority dental care in maintaining general health. The other will investigate better options for oral care in residential aged care.

Theme 2: Rural oral health:

Non capital-city residents are more likely to suffer complete tooth loss, to have less than 21 teeth, to wear dentures, to have missing teeth, to have a higher proportion of people with untreated coronal dental caries and a greater dental caries experience than capital-city residents (Roberts-Thomson and Do, 2007) and are more likely to avoid certain foods due to dental problems than capital-city-based people (Spencer and Harford, 2007). Whatever is making rural oral health poorer than capital-city oral health is not being adequately managed (Crocombe et al., 2010). The research projects will investigate the attitudes, barriers and enablers of Australian dental practitioners towards living and working in rural areas, demonstrate that more collaborative, interprofessional systems of

care can have a positive impact on the oral health of residents, and identify gaps in Australian policy approaches to oral health in rural and remote areas.

Theme 3: Indigenous oral

health: Research into the oral health of Indigenous Australians was listed as a priority area in the National Oral Health Plan 2004–13. Compared to the overall Australian population, Aboriginal and Torres Strait Islander children generally have more than twice the caries experience and a greater proportion of untreated caries; adults have more missing teeth; and periodontal health is worse (National Oral Health Plan, 2004–13). The APHCRI Centre of Research Excellence in Primary Oral Health Care will undertake two research projects into Indigenous Australian primary oral health care. One will discover

why Aboriginal adults who are referred for priority dental care do not take up or complete a course of dental care, while the second will investigate the perceptions and beliefs regarding oral health of Aboriginal adults.

Theme 4: The oral health of people with physical and intellectual disabilities:

Research into Australians with special needs was listed as a priority area in the National Oral Health Plan 2004–13. People with special needs, such as the people with physical and intellectual disabilities, experience substantially higher levels of oral disease, with considerably less access to treatment (National Oral Health Plan, 2004–13). This project will consult with stakeholders and develop and test an intervention model for carers of adults with disabilities. ■



DENTAL PRACTITIONERS: RURAL WORK MOVEMENTS

A research project will be undertaken at the Tasmanian University Department of Rural Health as part of the Centre of Research Excellence in Primary Oral Health Care to investigate the attitudes, barriers and enablers of Australian dental practitioners to living and working in rural areas.

Dr Crocombe said, "People from outside the Australian capital cities are more likely than their city counterparts to have poor oral health."

"The reasons for this are complex involving factors such as fluoride exposure, age, socio-economic status and a differ-

ing attitude to health, but it is exacerbated by poorer access to dental care because there is an uneven distribution of dentists towards larger centres."

Reasons suggested for why dental practitioners do not move to rural areas are many and varied. Policy interventions to attract health professionals to rural locations have consisted of interventions regarding the selection of students into health schools, exposure to rural practice through education programs, locating educational institutions rurally, coercion through bonding, incentives and support.

"With the exception of the Nursing and Allied Health Rural Locum Scheme (NAHRLS) program designed to support nurses, midwives and allied health professionals in rural and remote Australia to take leave to access the professional development training, there has a paucity of such programs for dentists" Dr Crocombe said.

The first stage of the research will involve a systematic review of the literature on the recruitment and retention of the health workforce in rural and remote areas of Australia to identify factors associated with the workforce maldistribution and a telephone interview of

dental practitioners on why they would, or would not, practice in rural areas. The analysis of data from the first stage will be used to the design the questions for the second stage – a large discrete-choice experiment mail questionnaire survey of Australian-registered dental practitioners.

Dr Crocombe said, "The project will provide evidence for health care policymaking"

Further information

Dr Len Crocombe
03 6226 7798
leonard.crocombe@utas.edu.au

RELATIONSHIP OF DENTAL PRACTITIONERS TO RURAL PRIMARY CARE NETWORKS

The CRE UTAS team will lead a project to examine the relationship of dental practitioners to rural primary care networks. The focus of this study is to identify how these networks can be drawn upon and enhanced to improve the system of oral health for persons living in rural and remote Australia.

As emphasised in the recent National Advisory Committee on Dental Health report (2012), there is now unequivocal evidence that the oral health burden is greatest in lower SES,

some cultural groups and for rural and remote communities. Factors that contribute to and compound issues of access include: mechanisms of funding for oral health services, workforce maldistribution across urban and rural areas due to attractiveness or low efficiencies of scale/profitability (related to low population densities), restrictive and often "silo'd" work practices and an ageing population.

Residents in rural and remote communities (ASGC-RA 3,4 and

5) report fewer visits to a dentist. Local health practitioners, especially GPs and those working in ED (emergency department) services have reported increased consultations and presentations of people with oral health problems. Residents may see their local GP, nurse or pharmacist with an oral health problem or issue in the absence of a local dentist. As a consequence, there are strong imperatives to investigate ways in which these communities can be provided with better oral health services in realistic and cost-effective

ways that draw upon opportunities afforded by recent health and primary health care reform initiatives. Stronger links and cooperation between rural health care practitioners and dentists/oral health professionals may improve service provision such that interventions are both timely, effective and result in appropriate follow-up or referral.

Further information

Tony Barnett
03 6324 4011
tony.barnett@utas.edu.au

GETTING NATIONAL POLICY RIGHT FOR ORAL HEALTH

Policy shapes practice because it influences how system decision-makers understand the problem and the solutions, and thus practical decisions about, for example, what should be funded, and how. Oral health policy is a much neglected research area with few systematic studies offering international lesson sharing in ways that benefit Australian policymakers.

This is the starting point for an exciting project within the CRE in Primary Oral Health.

“The policy analysis project will examine key oral health policy documents in Australia and overseas using a qualitative critical discourse analysis approach exemplified in *Social Sciences and Medicine* by Garoon and Duggan and based on the work of leading social science methodologists Fairclough and Foucault,” says Associate Professor Erica Bell, who leads the policy project for the CRE, which will be done in

collaboration with Hobart CIs Dr Len Crocombe and A/Prof Tony Barnett. “It will compare different policy approaches to oral health around the world in ways that focus on how to make oral health policy work better for disadvantaged and vulnerable groups and/or groups with unequal health access in rural and remote communities.”

The project will produce a paper in a quality journal that will offer high quality evidence to help develop national and state policy thinking in oral health in Australia i.e. help develop the policy frameworks that shape practice.

As Erica Bell describes it, the project will have two mutually compatible aims:

1. To map key state and national policy documents governing oral health (i.e. not research papers but rather relevant working policy instruments)

2. To collect and analyse a selection of these in ways that identify gaps in Australian policy approaches to oral health, particularly as they relate to critical issues for disadvantaged and vulnerable groups and/or groups with unequal health access in rural and remote communities.

The study will be an international comparative analysis including all developed western countries with documents available in English. Its nature and scope was discussed at the recent Launceston 2012 SAR-RAH conference.

“An international critical discourse analysis of key comparable policy documents like this can identify major issues for the oral health reform agenda,” says Erica. She explained how such a globally-informed study can identify possible:

- › systemic international and country-level barriers and facilitators to the oral health reform agenda
- › particular gaps in policy in one nation such as Australia i.e. not found in another nation with more developed policy models
- › policy innovations, strategies and models in one country that should be shared here in Australia.

Such findings can be even more valuable when triangulated with international policy and service debates in the research literature and available quantitative data on system performance i.e. to deliver answers to the question ‘What policy models actually work best in what contexts?’.

“This approach can deliver a paper that can be used as an ‘evidence lever’ for practical policy-making in Australia, ideally to support a policy culture of innovation in ways that benefit those who matter most – patients,” says Erica. “The CRE in Primary Oral Health has really offered a way of building on our existing program of policy work to help achieve responsiveness to state and national needs. I’m very excited to be working with this group of research leaders and I know that our faculty and university will celebrate this achievement as much as we in UDRH have. It’s sometimes said that the applied community-based focus of UDRHs places them at a disadvantage in obtaining major category 1 grants. This CRE adds to the growing body of evidence from many other staff at the UTAS UDRH that this UDRH is a space worth watching.’

Further information

Dr Erica Bell
03 6226 7377
Erica.Bell@utas.edu.au



Stuart Auckland

YOUNG ABORIGINAL DRUG AND ALCOHOL SERVICE EVALUATION

The Young Aboriginal Drug and Alcohol Service is an OATSIH-funded project aimed at delivering an effective clinical intervention framework for Aboriginal young people

in north east Tasmania (including the Furneaux Islands) who are experiencing drug and alcohol issues. The service targets young people in the 12–25 years age group.

The service is delivered jointly through Cornerstone Youth Services and Relationships Australia. Central to the design of the service is the integration of social and cultural factors into the service delivery model which incorporates both clinical and community aspects.

The University Department of Rural Health has been engaged by the two service delivery agencies

to undertake an evaluation of the service. The evaluation matrix has been developed in close consultation with Cornerstone Youth Services and Relationships Australia. The matrix design has been developed around a number of identified service themes including service provision, service impact, cultural appropriateness, sustainability, capacity building and repeatability.

As part of the evaluation process, service providers, referral agencies and clients will be invited to participate in face-to-face semi-structured interviews relating to the identified service themes. The evaluation is due for completion in June 2013.

Further information

Stuart Auckland
03 6324 4035
Stuart.Auckland@utas.edu.au

STAFF



Dr Heather Bridgman

DR HEATHER BRIDGMAN

CLINICAL AND HEALTH PSYCHOLOGIST

Dr Heather Bridgman is a Clinical and Health Psychologist. She obtained her Doctorate in Clinical and Health Psychology from the University of Newcastle. Her thesis was titled: *Psychosocial well-being after a cardiac event: A six month follow up.*

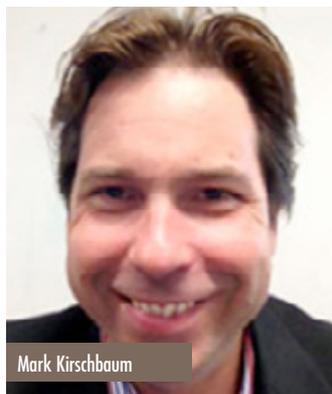
Heather has a keen interest in the management of comorbid chronic illness and mental health. For the past two and a half years, she has developed the new clinical role of a Diabetes Specialist Psychologist within a multidisciplinary specialist team, for the Diabetes Centre, DHHS, located in Devonport and Burnie. This role has involved providing psychological interventions for children, adolescents and their families with Type 1 diabetes and adults with Type 1 and complex Type 2 diabetes. Her previous role in Newcastle was as a psychologist with the Division of General Practice providing psychological inter-

ventions for adults with various presentations under the Better Outcomes in Mental Health Funding, and older adults under the aged care access initiative. In conjunction with her role at UDRH she will continue to work part time in private practice. Heather is currently co supervising a PhD candidate investigating diabetes distress during pregnancy for women with Type 1 diabetes. Heather's research interests include interventions for comorbid chronic disease and mental health and in particular the concept of diabetes distress; improving access to mental health services in rural areas; supporting rural clinicians and interdisciplinary training and collaborative patient care. Heather is looking forward to using her understanding of, and relationships with, existing services in the North West to work towards collaboratively improving the mental and physical health outcomes of rural Tasmanians.

MR MARK KIRSCHBAUM

RURAL PHARMACY LIAISON OFFICER (RPLO)

Mr Mark Kirschbaum joined the UDRH this week as the RPLO (Rural Pharmacy Liaison Officer) appointee. Mark graduated with a Bachelor of Pharmacy Degree from the University of Queensland in 1993 and in 2004 he was awarded a Graduate Diploma in Clinical Pharmacy (UQ). He has nearly 20 years experience in community and hospital phar-



Mark Kirschbaum

macy practice both in metropolitan and rural settings. He served in the full time and part time Army as a pharmacist and logistic officer deploying overseas. During this time he also contributed to clinical research in the Army Malarial Institute in Brisbane and he is an examiner with the Pharmacy Board of Australia for graduate pharmacy interns.

DR MERYLIN CROSS

RN. DIP N.ED. BA (HONS). PHD. FRCNA

My nursing career began in Melbourne, after which I travelled Australia. Working briefly in a small rural hospital in Queensland was the catalyst for what has followed: a career in rural nursing working from clinician to unit manager, evening and night supervisor, senior nurse educator and Director of Nursing (Education), and 16 years' experience as a nurse academic at Monash University, Gippsland campus. Career highlights have included curriculum development and course coordination of a rural-focused nursing degree; teaching on and off campus including offshore in Papua and New Guinea, Malaysia, Singapore and Hong Kong; undertaking a sabbatical at the University of Alberta, International Institute of Qualitative Methods (Canada), presenting research papers at conferences in Canada, Malaysia and New Zealand, supervising and examining at the Masters level and participating in research



Dr Merylin Cross

related to building rural clinical placement capacity and quality. My PhD, through the Faculty of Arts, Monash University, combined my interests in sociology of work, social change, health service management, critical social theory, quantitative and qualitative research and the nexus between policy and practice, system and individual, to examine the impact on nursing of restructuring Victoria's public hospitals during the 1990s. Subsequently, I have focused on clinical placement profiling, project management and research and grant writing related to the clinical placement of health professional students in Gippsland, Victoria. Funding received in 2012 for the Gippsland Clinical Placement Network from the Department of Health (Victoria) and HWA included grants of: \$1.237 million to develop/advance Simulated Learning; \$372,476 (rural capital and infrastructure) for student accommodation to support rural placements; \$367,512 (rural capital and infrastructure) for establishing inter-sectoral videoconferencing and IT connectivity between placement providers (including a bridge to the primary education provider in the region); \$329,933 (HWA CSSP) for clinical supervision support; and \$209,000 for setting up designated student learning spaces/workstations in expanded settings and appointing a development officer to progress the preparation and contribution of these settings as quality placement providers.

EVENTS

2012 RURAL HEALTH GRADUATE RESEARCH SYMPOSIUM

The Rural Health Graduate Research Symposium, which was held on Monday 12 November 2012 at Tramsheds, Launceston, has shown the “world” that our fellow research students have not only brain but also style and definitely the beautiful weather has made the occasion an unforgettable intellectual and social event!

Monday is often referred to as “manic Monday” as it reminds people of “back to work” after a relaxing weekend. However, the last Monday was wonderfully different. It was the day everyone looked forward to: a day to think, feel and of course enjoy! It was a special Monday with the sun shining early for the Rural Health Graduate Research Symposium.

Research students, staff, friends of Rural Health from Melbourne, Hobart, Burnie and other rural areas came to the Tramsheds, our Symposium venue, to share their research journeys, bringing along four seasons of feelings

and thoughts as their journey luggage.

Dr Sonia Allen of Monash University and Professor Gerard Gill of Deakin University were the keynote speakers. They shared their thoughts on issues about rural health and research. Professor Dominic Geraghty conducted a Q & A style session on latest updates on graduate research matters at the University of Tasmania. Our students took an active part in chairing the sessions, presenting research in progress. Albert Einstein is often quoted saying that “anyone who has never made a mistake has never tried anything new” and Goodman looks at mistakes as “a window on the learning process”. It is expected that some mistakes will be made at this symposium because our students are very creative and active in learning and researching.

The symposium atmosphere was marked with a mixture of enthusiasm, friendship, anxiety,



Dr Sonia Allen



Prof Gerald Gill



Rowena Mackean

“
anyone who has never
made a mistake has never
tried anything new

excitement and inspiration! And finally the symposium ended with an exuberant night filled with multicultural fever of Korea, Vietnam, Malaysia, China, Philippines and Iran. One of the best features of the symposium night was the group performance of Gangnam Style conducted by Sunny, Sam.

The symposium night was a cultural variety show with

fashion, dancing, singing, and various humorous activities to make the happy night endlessly endless! We look forward to the next Rural Health Graduate Research Symposium.

Further information

Dr Quynh Le
03 6324 4053
Quynh.Le@utas.edu.au

ABORIGINAL STAFF ALLIANCE MEETING AND MOUNT ISA REMOTE HEALTH CONFERENCE

The Aboriginal Staff Alliance (ASA) are the Aboriginal employees in the University Department of Rural Health and they hold a face-to-face meeting once a year. This year the meeting was at Mount Isa to coincide with the Mount Isa Remote Conference "Are you remotely interested". The conference's theme was Building a Culture of Safety. This included Aboriginal cultural safety to the safety of farmers on quad bikes. The ASA deliver and practice Aboriginal cultural safety within each UDRH and attended the workshops with valuable outcomes. There is still the dis-

cussion within the ASA on what cultural safety implies and how it is delivered across Australia.

FIELD TRIP AND TASMANIAN FOOD TASTING DAY AT THE RURAL CLINICAL SCHOOL

The medical students at the Rural Clinical School in Burnie went on a field trip to the West Coast of Tasmania to experience the landscape of the Aboriginal Tasmanians and the significance the land has to



Aboriginal health today. Places the students visited included Aboriginal rock carvings and midden sites. Traveling the journey with the medical students were Aboriginal guides Patsy Cameron and Colin Hughes as well as two UTAS Aboriginal staff members.

tasting day held at the Rural Clinical School. Included on the menu were wallaby, mutton bird, possum and duck with a salad of peppergrass and pig-face. The change in diet of Aboriginal people over the years became visual and significant towards the links to the health of Aboriginal people today.

Following on from the field trip there was a Tasmanian food



ANDREW FULLER IN TASMANIA

Recently psychologist Andrew Fuller ran a series of workshops in Burnie, Launceston and Hobart entitled: Helping Tassie Kids Thrive

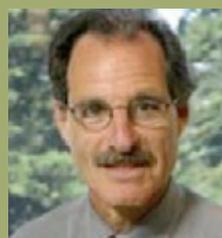
These informative and practice-changing days with Andrew Fuller were entertaining and creative, and covered:

- › Understand brain systems and their effects on learning and behaviour
- › Build a mind set for success
- › Increase motivation and pleasure in learning
- › Build self-esteem and deal with set backs
- › Processing information
- › Develop concentration and memory skills
- › Dealing with tricky kids and tricky behaviours

Andrew is the author of a number of informative texts, and has co-authored a series of programs for the promotion of resilience and emotional intelligence used in over 3500 schools in Britain and Australia called THE HEART MASTERS. He is a Fellow of the Department of Psychiatry and the Department of Learning and Educational Development at the University of Melbourne.

Further information

Dr Martin Harris
03 6324 4029
Martin.Harris@utas.edu.au



ADDRESSING DIABETES DISTRESS IN CLINICAL CARE

Dr Fisher recently presented a series of workshops and training sessions describing and discussing AASAP – Addressing diabetes distress in clinical care.

He has been the principal investigator of several NIH- and ADA-funded longitudinal studies to assess factors associated with depression and distress among patients with diabetes, and on interventions to improve the collaborative family management of diabetes and to reduce diabetes distress and burnout over time.

Dr Fisher, PhD, is a Diplomate in Clinical Psychology and a professor in the Departments

of Family & Community Medicine and Psychiatry at the University of California, San Francisco. He is the author of over 120 papers published in peer-reviewed journals and is currently an Associate Editor of *Diabetes Care*.

Further information

Dr Martin Harris
03 6324 4029
Martin.Harris@utas.edu.au

DIRECTOR'S NOTE

DECEMBER 2012

Staff at the UDRH have had recent success in securing major grants related to oral health research and simulated training.

Together with the Universities of Adelaide, West Australia and Monash, the UDRH was been awarded a Round 3 Australian Primary Health Care Research Institute (APHCRI) funding to establish a **Centre of Research Excellence in Primary Oral Health care**. The CRE will receive \$2.5m in funding from the DoHA over a period of 4 years. Half of the Chief Investigators for the CRE project are staff from the UDRH, Dr Len Crocombe, A/Prof Tony Barnett, and A/Prof Erica Bell. The "Distributed simulation" project was funded by **Health Workforce Australia** (\$440k) and aims to develop, implement and evaluate a model of distributed simulation to improve clinical training capacity for professional entry students in rural and regional areas of Tasmania. Both grants will help build the research capability of the UDRH and reflect the success of staff

in growing their publication profile (based on 2011 data, the UDRH had the highest author-weighted HERDC **Research publications** per FTE academic, across the faculty).

We have moved! Staff located at the Anne O'Byrne Centre in Howick St. have moved to temporary accommodation in various locations across the Newnham campus in Launceston. By early next year (2013) we expect that all northern staff will be located in newly refurbished premises on the campus in closer proximity to our faculty colleagues in Nursing, Midwifery, Human Life Sciences, Psychology and Social Work. Our staff located in Hobart will also be moving from the CML Building to a location in closer proximity to the School of Medicine, the Faculty Office and the Menzies Institute. This move is expected to happen in April.

Of major significance over the last few months was the announcement by the Federal Minister for Health, of the \$325m **Tasmanian Health Assistance Package**. The broad aim of the package is to equip Tasmania's health system to meet future challenges and to achieve better outcomes for patients through structural and system improvements. As part of this initiative, a "Commission on the delivery of health services in Tasmania" has been established. The Commission has held a series of public and other stakeholder consultations across the State, including input from the UDRH. It plans to submit a full report to the State and Australian Government Ministers late in 2013 (for further information, see: www.health.gov.au/TasHealthAssist)

We have recently bid a fond farewell to **Annabelle Bond**



Tony Barnett

(Allied health) who has accepted a senior clinical post in Victoria. During her time with us, Annabelle worked on projects related to interprofessional learning, allied health workforce and program evaluation. We wish Annabelle every success in her new role. Two new faces who have joined staff in the North are **Dr Heather Bridgman** (clinical psychology) and **Mark Kirschbaum** (Pharmacy). We warmly welcome both to rural health and the programs they will be engaged with.

Further information

Tony Barnett
03 6324 4011
Tony.Barnett@utas.edu.au

U D R H

**UNIVERSITY DEPARTMENT
OF RURAL HEALTH**

LOCKED BAG 1372, LAUNCESTON, TAS 7250
T: 03 6324 4000 / F: 03 6324 4040 / E: rural.health@utas.edu.au
www.utas.edu.au

AN ELECTRONIC COPY CAN BE VIEWED AT
www.utas.edu.au/rural-health/quick-links/bulletins