

C R H

Bulletin

DECEMBER 2014

CENTRE FOR RURAL HEALTH

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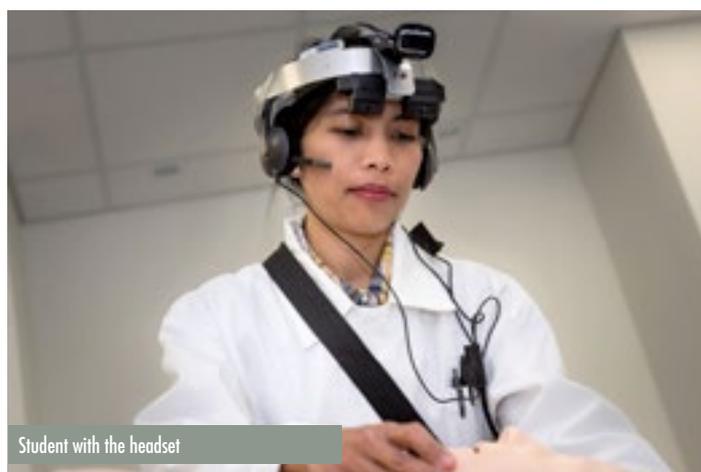
The incidence of oral cancer in Papua New Guinea

HELPING HANDS CLINICAL EDUCATION TELE-ASSISTANCE PROJECT

ASSOC/PROF TONY BARNETT

The safe and correct performance of clinical procedures requires practice and repetition. Students are usually taught clinical (practical) skills in a laboratory under direct supervision. However, this supervision is resource-intensive and time-limited. In the absence of direct supervision, students can feel under prepared and lack the skills and confidence when they are asked to undertake procedures whilst on placement at a hospital and also on entering the workforce as a new graduate.

In an effort to improve this situation, a team comprising staff from the School of Health Sciences and School of Engineering and ICT were awarded a grant from the Tasmanian Clinical Education Network (TCEN) to build and trial a tele-assistance technology (originally developed by CSIRO) for teaching clinical procedures. This technology allows an instructor located at one site (e.g. a campus) to provide audio and visual cues to assist the learner performing a skill whilst on placement at a clinical site (e.g. a rural/remote hospital), thus making guidance and expertise more accessible to



Student with the headset

students. It has the potential to benefit and augment the training that health students receive in procedural skills and has application across all health disciplines.

The aim of the project was to conduct a usability study to see whether this technology could be used for remote teaching and learning of clinical/procedural skills

and to get feedback from instructors and students on what aspects of the technology needed to be improved and what extra functions were required to make it more suitable for remote teaching and learning of clinical/procedural skills.

As shown in the images, this technology has two units that are connected through a WiFi network. The headset unit is worn by the student who works on the patient. The focus of attention, the procedure, is captured by the camera mounted on the headset unit.

STORY CONTINUED ► Page 03

NEWS



Latrobe student accommodation

LATROBE RURAL HEALTH TEACHING SITE FILLS GAP

MS KARLA PEEK

One of the main impediments to a successful student placement program is the availability of affordable accommodation in rural Tasmania.

For many students, staying in a hotel or motel can be financially crippling as well as socially isolating. While students undertaking placements in many parts of the state have been well supported through the Centre for Rural Health's Rural Health Teaching Site (RHTS) network, students undertaking placements in the Latrobe/Devonport area have missed out. Not any more. The University of Tasmania recently purchased the 'Latrobe Motel', located

across the road from the Mersey Community Hospital and with the capacity to accommodate up to thirteen students. The Centre for Rural Health manages the accommodation as part of its commitment to supporting student placements.

The property consists of six self-contained units, each with its own bathroom and kitchenette, and a four-bedroom house. Some minor renovations were required, furniture was purchased and

wireless internet services installed. The first cohort of students took up residence in August and the feedback from students was overwhelmingly positive. Since then, thirty students have been accommodated with strong forward bookings going through to January 2015.

What has been especially pleasing is the range of health disciplines represented to date – paramedics, nursing, pharmacy and radiography. It is hoped, as news of

the new accommodation spreads, that greater numbers of students will choose placements at Latrobe and Devonport and that some of the many interstate allied health students undertaking placements in the region will avail themselves of the opportunity to stay there as well.

Further information

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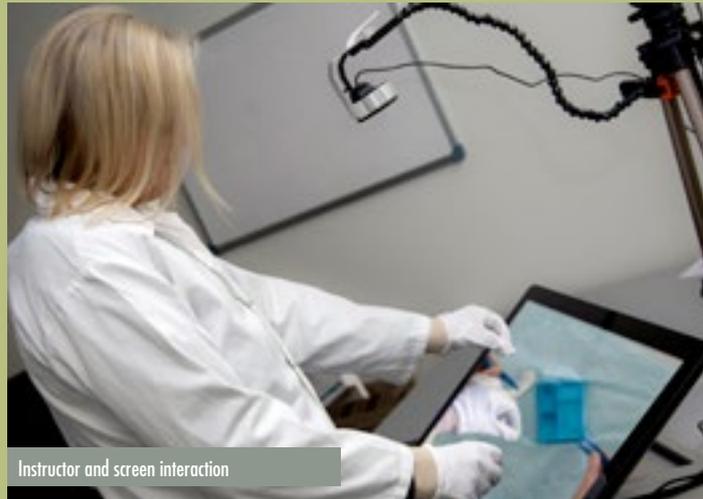
HELPING HANDS (CONTINUED)

The microphone and headphone's on this unit enable verbal communication with the instructor.

The unit also has a near-eye display from which the student can see the "helping hands" image sent from the instructor. On the instructor side, a camera mounted on a support arm over a display screen captures the instructor's hand gestures.

The results from this project have confirmed that the technology works and could be a useful adjunct to remote teaching and learning of clinical/procedural skills.

The feedback received from the participants was overall very positive. It confirmed that the application of the technology could represent a significant step in simulated learning with the potential of



Instructor and screen interaction



Instructor – Ms Carey Mather

The results have confirmed that the technology works and could be a useful adjunct to remote teaching and learning of clinical/procedural skills.

leading to a significant saving in time and resources and more effective utilisation of expertise. This was reflected in the participants' qualitative comments about the benefits and feasibility of the technology but also the Likert scale ratings that they gave

for usability of the technology. One instructor commented: "I can definitely see the benefits, especially when clinical environments are very busy". Future directions for further improvement of the technology were also identified.

This technology can be applied both intra- and inter-professionally. The basic parameter is that selection of the instructor is determined by their competence in a particular skill and their capacity to provide helpful and constructive guidance to the student – rather than their specific discipline base.

Further information

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SENATE SELECT COMMITTEE ON HEALTH

DR MARTIN HARRIS

The Senate Select Committee on Health met in Launceston on 4 November to inquire into and report on health policy, administration and expenditure, with particular reference to:

- A. the impact of reduced Commonwealth funding for hospital and other health services provided by state and territory governments, in particular, the impact on elective surgery and emergency department waiting times, hospital bed numbers, other hospital-related care and cost shifting;
- B. the impact of additional costs on access to affordable healthcare and the sustainability of Medicare;
- C. the impact of reduced Commonwealth funding for health promotion, prevention and early intervention;
- D. the interaction between elements of the health system, including between aged care and health care;
- E. improvements in the provision of health services, including Indigenous health and rural health;
- F. the better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services;
- G. health workforce planning; and

H. any related matters.

Senators Deborah O'Neill, the Hon Doug Cameron, Sean Edwards, Jan McLucas and Peter Whish-Wilson comprised the panel for the Launceston hearing. Dr Martin Harris and Mr Stuart Auckland from the University Centre for Rural Health were invited to appear before the committee to provide a rural health perspective. The full transcript is available on this link: www.utas.edu.au/rural-health/news-all/news-items/the-senate-select-committee-on-health

Further Information

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WRITING RETREAT

The Centre for Rural Health (CRH) held a combined writing/traditional food and cultural training workshop for School of Health Sciences staff at Larapuna (Eddystone Point, Bay of Fires in NE Tas) from 23 – 26 of November 2014. Larapuna is located within Mt William National Park, has the most beautiful beaches and the area contains many places of Aboriginal cultural significance.

Accommodation was on a shared basis in the lighthouse keeper's houses that are managed by the Aboriginal Land Council of Tasmania. The venue is a self-catering establishment with limited cooking facilities, power, hot water but no TV or internet access. Participants were required to "muck in".

An introduction to traditional Tasmanian Aboriginal food was facilitated by Sharon Dennis from the CRH, based



Lighthouse keeper's houses – Larapuna (Eddystone Point, Bay of Fires in NE Tas)

Participants were expected to identify personal goals to achieve during the retreat and participate in all writing sessions.

on work she has been doing with medical students and staff at the Rural Clinical School (RCS).

The writing component of the workshop was output focussed and participants were required to submit a draft title and abstract of the

research paper they plan to work up during the workshop, and to nominate at least two peer-reviewed journals they plan to target for their publication. Participants were expected to identify personal goals to achieve during the retreat and participate in all writing sessions. Participants

were anticipated to produce a draft publication by the end of the retreat.

Further Information

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SAFETY DRIVER TRAINING

CRH offered a Defensive Driver training course to its entire staff on 22nd September 2014. Mark Butcher, the Managing Director of Performance Driving Australia, conducted the course. The course involved: Road safety presentation, practical defensive driving skills, and emergency braking.

The highlight of the course was the one-on-one driver-trainer Defensive Driver Training session which involved: **Observation** – the



trainer observed the driver's technique and behaviour; **Coaching** – the trainer provided coaching to assist the driver in applying safe driving techniques; and **Assessment** – the trainer assessed the driver's ability in case further training may be required.

At the end of the training course, drivers received a

certificate and feedback from Mark. Mark stated that "everyone was very receptive and performed well during the drive with only a few minor tips for a few drivers":

When changing lanes, use the acronym MILO –

- › **Mirrors:** Check your mirrors first to make sure a lane change is possible.

- › **Indicators:** When clear indicate – allow around 3-5 seconds before manoeuvring.

- › **Look Over:** Look over your shoulder before initiating the change to check your blind spot.

When slowing down –

- › try to avoid heavy braking by looking ahead and applying the brakes earlier than usual. This can help prevent a rear-end crash when you have someone following you too closely.



Acoustic session at Shots on Wax for R U OK? Day



Dr Lindsay Quarmby and Dr Heather Bridgman join forces with other agencies to promote the R U OK? Day message

R U OK? DAY

DR LYNDSEY QUARMBY

The clinical psychologists at the Centre for Rural Health joined forces with other agencies in September to support R U OK? Day. R U OK? Day is an annual event in September dedicated to reminding people to ask family, friends and colleagues the question, "R U OK?", in a meaningful way, because connecting regularly and meaningfully is one thing everyone can do to make a difference and even save lives. The Centre for Rural Health in conjunction with the UTAS counselling service, external NGOs and government

agencies joined together to promote the R U OK? Day message. This involved café sit-ins, and a display and presentation in Brisbane Street mall. Following this the Centre for Rural Health and headspace with the support of local café Shots on Wax hosted an in-store acoustic event that was attended by around 50 young people.

Further Information

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SUPPORTING STUDENT PLACEMENTS IN 2014

MS KARLA PEEK

What could be more popular with students than a decision to increase their allowances and to make them more readily available?

Very little, which is why the Centre for Rural Health's Student Support Officer is possibly the most popular person in the department – at least amongst students.

The Rural Placement Allowance guidelines were changed for 2014 in recognition of the financial hardship all students face when they undertake a placement in a rural area, including those who are provided with accommodation at a Rural Health Teaching Site. The cost of travel is expensive, the cost of food is often higher than at home, and many students lose an income stream as they take leave from paid employment. Add to that the cost of keeping in touch with family and it's little wonder that many students would prefer to undertake their

placements close to home. While the Rural Placement Allowance can't offset all these additional costs, it does help.

In 2013, the Centre for Rural Health provided 144 students with a Rural Placement Allowance. In 2014, 200 students have been supported, and that number is expected to increase when the final round of placements finishes in December. While most of the students are from nursing, this figure includes an unprecedented 16 social work students, and smaller numbers of pharmacy and paramedic students.

Money well spent.

Further information

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Ms Lyndsey Kinsman – CRH Project Officer

MEET LYNDSEY KINSMAN – CRH PROJECT OFFICER

Lyndsey Kinsman has just commenced with the Centre for Rural Health as a Project Officer after relocating with her husband from Bendigo, Victoria. Lyndsey has previously been employed by the School of Rural Health at Monash University and has spent many years at La Trobe University, Bendigo. Lyndsey is looking forward to working with the staff in the Centre for Rural Health and developing this new position into an integral part of the research team. When she is not at work, Lyndsey enjoys walking her dogs, exploring and grazing her way around Tasmania, and listening to bad 70s music.

PROJECTS

VIRTUAL ORIENTATION TOURS

DR MERYLIN CROSS

Virtual orientation tours (VTs) of 12 rural and remote health services in Tasmania have been developed and are available for students and others to view via the Tasmanian Clinical Education Network (TCEN) website: www.tcen.com.au The VT for the Flinders Island Multi-Purpose Centre (FIMPC) was initially postponed due to major capital works. We can now report that the capital works have finished and that the FIMPC VT is underway and expected to be uploaded to the TCEN website early in 2015.

The VTs are functional, readily available and highly visible to all health science students due to the prominence provided by the TCEN in positioning them centrally on its home page. There were over 2,000 hits to the VT website within six months from all Australian states, territories and overseas:

- › 63% from Tasmania
- › 17% from Victoria
- › 14% from other Australian states and territories
- › 6% international.

The evaluative process is continuing and includes the perspectives of students, placement and education providers.

The visual and informational content of the VTs have been well received by placement providers and placement coordinators, key staff within the DHHS and by others

involved with students on placement. At this stage student data is limited, though feedback from those that have completed the survey suggests that they value having access to such a resource. In the words of one student, the tours mean ... "there's one less thing to stress about".

Students particularly like the welcome video, knowing where to go, the floorplan, being able to learn a bit about the service and to see the accommodation. We have made some minor revisions on the basis of the feedback provided and made the tours more mobile phone-friendly.

The VTs have stimulated interest internally from the Faculty of Health and the School of Health Sciences. Accordingly, VTs have been developed to orientate students to the Medical Science Precinct in Hobart and to prepare students

for simulated learning in the Simulation Centre. The tours have also generated external interest:

- › Transition to practice coordinators use the tours to save them time developing orientation materials to prepare new graduates for a rotation in primary health care.
- › Some directors/site managers are directing prospective employee enquiries to the website.

PREPARING STUDENTS FOR PLACEMENT IN ABORIGINAL HEALTH

This project was undertaken collaboratively by the Tasmanian Aboriginal Centre (TAC) and the VT team from the Centre for Rural

Health (CRH). The goal was to address the identified need to expose more Health Science students to Aboriginal health and prepare them for placement in Aboriginal health services.

These VTs give students a visual overview of each Aboriginal health service, its layout and facilities.

VTs were developed of the TACs Aboriginal health Services in Hobart, Burnie and Launceston with the aim of attracting students to placements in Aboriginal health, increasing their understanding of the nature and breadth of Aboriginal health services and giving them realistic insight into the sorts of learning opportunities that may be available.

CRH project team

Dr Merylin Cross, Michael Valk, Darren Grattidge, Sharon Dennis and A/Professor Tony Barnett

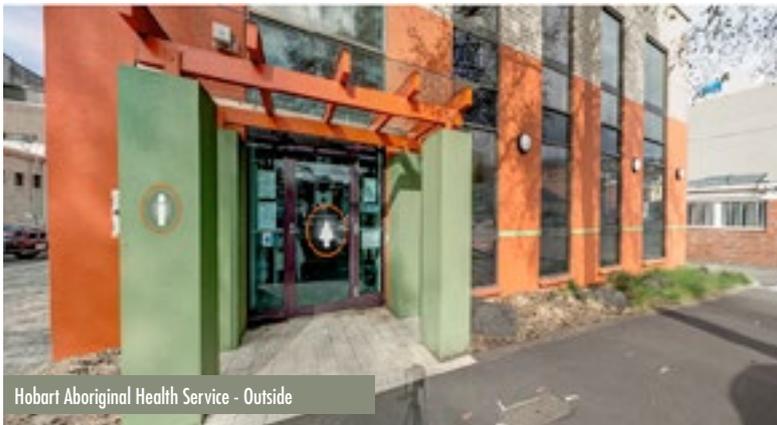
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Launceston Aboriginal Health Service - Outside



Burnie Aboriginal Health Service - Front Entrance



Hobart Aboriginal Health Service - Outside

Video introductions to the TAC and each service were embedded in the tours together with information about the staff and services provided. Video introductions included an Aboriginal health worker, general practitioners, the chief executive officer of the TAC and a regional TAC manager. To promote cultural awareness, the VTs provide students with access to other parts of the TAC website and additional Aboriginal cultural and health information.

The tour for the Aboriginal health services in Burnie was

showcased at a public open day and all three tours were presented at the TCEN Local Innovations Funded projects (LIF) symposium.

The tours are co-located online via the TAC and TCEN websites to maximise access to students from multiple disciplines and education providers.

The reach and usefulness of the tours will be evaluated.

Further information

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RPLO UPDATE

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

In September this year Mark Kirschbaum was elected as the chair of the Rural Pharmacy Support Network, which is a staff network within the peak body representing the UDSRH. As the chair, Mark's responsibilities include coordinating activities within the group and facilitating the sharing of ideas. As most of these pharmacist educators are part-time, the position can help reduce duplication and the burden of developing new concepts which have been successfully implemented in other regions. The RPLOs as a collective group have been proactive in attracting students to undertake rural pharmacy placements in interdisciplinary environments with typically 1,000 students per year being supported across all the universities.

The RPLOs are always looking to expand the network's opportunities to recruit students into their programs. One way of achieving this is by cultivating the relationship with pharmacy student bodies such as the National Pharmacy Students' Association (NAPSA). This is an ideal opportunity for the group to promote rural placements to pharmacy students. While it is known that there is a maldistribution of pharmacists in rural areas, it is believed that a quality placement opportunity could help address this imbalance.

Further information

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PHCP UPDATE

A. WORKPLACE HEALTH AND SAFETY

DR QUYNH LÊ AND WINNIE NGUYEN

Winnie Nguyen is a registered nurse and currently working on a project exploring workplace health and safety issues which influence rural community nursing service provision. In this project, issues related to the health and safety of community nurses are broadly examined in conjunction with their impacts and the strategies which community nurses employ to overcome some challenges. At this stage, a target number of participants have been interviewed.

Data from the interviews is going to be extracted and analysed into themes. These themes are going to be explored further with reference to currently available statistical data about community nurses in Tasmania, the social demographics and the health of rural communities. Expected outcomes at the end of the project include journal publications that describe useful insights and implications for rural community nurses.

Further Information

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L-R: Dr Ha Hoang, Winnie Nguyen and Dr Quynh Lê

B. E-HEALTH SURVEY: MAPPING OF THE IMPACT OF THE E-HEALTH (HEALTH INFORMATICS) PROGRAM

DR SUE WHETTON

The Centre for Rural Health is investigating the impact of the E-Health (Health Informatics) program on the career paths of graduates, on the use of electronic systems in health services and on facilitating the use of health informatics/e-health for health services delivery, particularly to rural, remote and isolated individuals. The majority of the data will be collected via an anonymous online survey with respondents being invited to participate in a follow-up interview. The findings of the study will inform course review activities to enhance the current program. The methodology for the mapping exercise may also provide a model for undertaking similar mapping activities for other programs.

Further information

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C. THE COMMUNITY FRIENDS AND ALUMNI PROJECT

MARK KIRSCHBAUM
AND ZOE HINGSTON

Zoe Hingston is currently working on the Community Friends Project at the Centre for Rural Health. With the support of Mark Kirschbaum, Zoe is undertaking an extensive review of the literature surrounding rural placements and the additional levels of support that can be provided to students to enhance their placement experience. A common difficulty that some students experience when they undertake placements in rural areas is that they may be under considerable strain, not only with the educational demands of placements but in some cases being away from home.

A positive rural clinical placement experience may increase the student's intention to practice in a rural career after graduation. This project is designed to link a key member of the community with a student that is placed in the same area. The project is not like a traditional mentorship program but more of personal introduction to the rural area. The *friend* is a person that could assist the student in fitting in with the local community and offer an insight into the benefits of living in this region.

Further information

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INNOVATIVE NUTRITION SCREENING PROJECT FOR OLDER PEOPLE RECEIVING COMMUNITY SERVICES

The Community Nutrition Unit of DHHS has been working with a number of HACC community service providers to encourage them to undertake nutritional screening for their clients to identify potential or existing nutritional risk.

As part of this project, the small Rural Ageing Well team in CRH (Dr Peter Orpin, Alexandra King and Kim Boyer) worked with Kacey Rubie in the Community Nutrition Unit to both analyse the results from the screening tools, and to explore the attitudes of providers to the tools.

During Nutrition Week and Seniors Week in October the *Examiner* reported on the screening approach and how older people in Tasmania at risk of malnutrition were at greater risk of serious hospitalisation and ill health.

The CRH team has appreciated working with the Community Nutrition Unit to assist in understanding the efficacy and usefulness of the screening tools and

approaches, and was pleased at the public recognition of both the issues of nutritional risk and the important roles played by service providers working with the Community Nutrition Unit.

Further information

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ORAL HEALTH CRE EVENTS AND PROJECT UPDATE

DENTISTRY AND ORAL HEALTH IN PAPUA NEW GUINEA

ASSOC/PROF LEONARD CROCOMBE

I have recently returned from a trip to Papua New Guinea (PNG) with colleague Prof John McIntyre, examining final-year students from the School of Dentistry at the University of PNG in Port Moresby.

ORAL HEALTH AND THE INCIDENCE OF ORAL CANCER IN PNG

Oral health was not mentioned in the PNG National Health Plan 2011-2020, despite PNG having the highest per capita incidence of oral cancer in the world. The national habit of betel nut chewing (the nut acts as a mild stimulant) is thought to be the major contributor to the high incidence of oral cancer in PNG. Despite this risk, and a host of other health consequences (an increased possibility of heart disease, gastritis, gum disease, mouth ulcers and discoloured teeth), chewing betel nut or "bual", as it is known locally, remains a deeply entrenched part of daily life. Unfortunately this habit is occurring in younger age groups than previously suggesting that the incidence of oral cancer will increase over time.

We met Dr Rose Andrew from the PNG Department of Health who said "Mothers are chewing on betel nut and then giving it to their babies" and "children as young as three years of age are now chewing betel nut". This suggests that oral cancer



Children as young as three years of age are chewing betel nut

will be soon found in young people, and Dr Andrew noted that, "Precancerous lesions had been found in a 15-year-old and in two 18-year-olds". She has arranged a "No Betel Nut Chewing Day" with a walkathon incorporating posters and tee-shirts, as well as a Dental Public Health Awareness Campaign.

PNG imposed a total ban on the sale of betel nut in Port Moresby, Lae and Mt Hagen from 1 January to counter the negative impact of betel nut chewing and spitting. Prof McIntyre was surprised by the lack of roadside betel nut stalls and the red staining caused by the blood-red spittle that chewing produces, both of which were prominent when he visited Port Moresby in June last year. Despite the ban, sales of the nut are still being conducted openly. A cancer policy is being drafted with consultants from the World Health Organization

DENTAL TRAINING IN PNG

Whilst examining the final-year students Prof McIntyre noted that the level of training was similar to that in Australia, but with a greater



Betel nut

focus on oral surgery and trauma management. The BDS is a five-year program and is followed by a two-year residency program under the guidance of the Chief Dental Officer, Dr Apaio.

The University of PNG has produced 80 dentists since 2004. This has stimulated an interest in private practice targeted at the segment of the PNG community who can afford dental care. The yearly income of dentists in PNG is in the region of 50,000 kina (~\$AU22,500) while the average income is 10,000 kina (~\$AU4,300). The few senior dental officers in PNG are reaching retirement age and there is no middle generation of dentists. This means the younger generation will have to lead dentistry and oral health promotion forward.

Further Information

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E-HEALTH (HEALTH INFORMATICS) COURSE REVIEW

DR SUE WHETTON

During 2014, the E-Health team has been undertaking a review of the E-Health (Health Informatics) program. The aims of the review are:

- › To review the curriculum and structure of the E-Health program to ensure congruence with the Certified Health Information Australia (CHIA) competencies and other governance mechanisms as appropriate. The CHIA program was developed as a way of addressing the lack of formal recognition for health informatics skills in the Australian health workforce and it is imperative for the standing of the E-Health program that it be aligned with the core competencies as specified within the CHIA program.
- › To ensure that the program complies with the Australian Qualifications Framework (AQF) requirements. The Federal Government requires that all university courses must report and provide evidence of compliance with the Australian Qualifications Framework (AQF) standards by 1 January 2015.

The review will be completed by the end of 2014.

Further information

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GRANTS AND GRADUATE RESEARCH

ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES AND CULTURAL SAFETY: A WHOLE-OF-UNIVERSITY APPROACH

MS SHARON DENNIS

Aboriginal and Torres Strait Islander Peoples and Cultural Safety: a Whole-of-University Approach is a program that is supported as a Project of Institutional Significance within the University of Tasmania. The program aims to improve Aboriginal and Torres Strait Islander student and staff participation and retention. The program will be developed to enable a

place to voice cultural issues and barriers. There will be a reporting structure to enable Aboriginal people to identify areas that require action to be responsive to cultural requirements and to instigate change for a culturally safe learning and work environment. The change can be embedded in the university process with a whole-of-University



Riawunna Centre

approach. The reporting area to raise Aboriginal safety is currently being developed in the Work Health and Safety University of Tasmania web page. An Aboriginal person will reply to any forms lodged with Aboriginal safety, as well as an Aboriginal Advisory Committee to recommend

and resolve areas where Aboriginal safety can be embedded within the University practices.

Further Information

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SOCIAL DETERMINANTS OF HEALTH – THEMATIC ANALYSIS PROJECT

STUART AUCKLAND

In March 2014, Tasmanian Medicare Local (TML), through the Social Determinants of Health project, called for expressions of interest (EOI) from health and community service provider organisations working in 18 distinct Communities of Priority (COP) to present frameworks for projects that would address deep-rooted issues impacting

on the wellbeing of their communities and clients.

These communities were invited to submit proposals to undertake locally place-based projects that: (1) addressed and/or had the potential to impact on one or more of the social determinants of health; and (2) involved a partnership of three or more organisations based in, providing an outreach service to or wishing to establish a service in a COP.

The CRH at the University of Tasmania was engaged to undertake a thematic analysis of the 59 EOI proposals

received. The proposals provided a valuable insight into local responses on how best to address long-term conditions linked to poverty and disadvantage. The proposals also provided a deeper understanding of how well communities are positioned to respond to large-scale funding opportunities that require the development of new initiatives based on a Social Determinants of Health approach, to manage significant projects and to fulfil the requirements of funding bodies. In addition, the findings also revealed how communities collaborate and

form partnerships to address multiple deliverables within a relatively short timeframe.

Findings from the study were presented at a TML forum for successful recipients of the funding initiative and at the annual Tasmanian Council of Social Services (TasCOSS) Conference in Hobart in November.

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KENTISH COMMUNITY HEALTH NEEDS ASSESSMENT

STUART AUCKLAND

In recent years the Kentish Council has spearheaded significant investment in health services through the development of the Kentish Health Care Centre and Precinct. This development presents an ideal opportunity for the Council to engage the residents of the municipality

concerning the broader health needs of their community.

The Kentish Council has engaged the services of the University of Tasmania's Centre for Rural Health (CRH) to undertake a whole-of-population Community Health Needs Assessment (CHNA) of the Kentish Municipality. The project builds on similar Health Needs Assessment Work undertaken by the CRH over the past five years.

The aim of the project is to undertake a comprehensive

CHNA of residents in the Kentish Local Government Area (LGA). The project will adopt a Social Determinant of Health approach in that it seeks to gather the views of residents on a range of social, economic and environmental factors that impact on the their health and that of their community.

The CHNA is jointly funded by the Kentish Council and Tasmania Medicare Local (TML). A Project Advisory Committee has been convened comprising representatives from Council,

Tandara Lodge Community Care Inc, the Sheffield School, Glenhaven Family Care and the CRH Research Team to support project activities.

The study is currently underway and will conclude with the presentation of findings to the Kentish Council at the end of March 2015.

Further information

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OUR STUDENTS AT THE 2014 GRADUATE RESEARCH CONFERENCE SHARING EXCELLENCE IN RESEARCH (SEIR)

DR QUYNH LÊ

A SEIR conference held on 5 – 6 September 2014 in Hobart provided a good opportunity for UTAS graduate research students to share their research in progress, to learn more about research development locally and nationally, and to network with other researchers, including their peers.

Four of our graduate research students travelled to Hobart together with their supervisors to take part in this year's SEIR: Thao Doan, Melissa Terry, Lorraine Walker, and Joanne Yeoh.

Thao Doan's research aims to examine the relationship between health literacy, social support and the self-management of community-dwelling rural older adults. The preliminary results indicate a high level of social support and social network for the participants. Education attainments and ages were potential predictors for health literacy level.

Melissa Terry presented her preliminary findings on the effects of music on women with postnatal depression



From L-R: Thao Doan, Melissa Terry and Joanne Yeoh

(PND) from a health care perspective. Melissa's study aimed to determine what role music may play in the health and wellbeing of people with PND.

Lorraine Walker made an oral presentation on her thesis topic "Interprofessional education: An overview of the rural context". In her talk, Lorraine provided an overview of the literature

on interprofessional education and learning in the rural context and how interprofessional education opportunities could be formalised, optimised and supported to promote students' preparedness for interprofessional practice.

Joanne Yeoh presented the qualitative findings of her research on the food security of migrants in Tasmania. Her

research aimed to investigate migrants' perceptions and experiences of food security in Tasmania.

For the students, participating in this year's SEIR conference was very productive in terms of research and fostering a collaborative spirit. The trip to Hobart metaphorically reflects their research journey: inspiring, constructive, productive, and happy together, sharing and caring. Here are their feedback comments:

"It was a great experience! I enjoyed it very much, educationally and socially, great thanks to SEIR organisers and our Centre for Rural Health for giving me this wonderful opportunity." (TD)

"It was enlightening! What an inspiring experience for me to attend SEIR with my friends and supervisors." (JY)

"Yes, I feel that a journey outward is a journey inward." (MT)

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EVENTS

COMMONWEALTH DEPARTMENT OF HEALTH SEMINAR – CANBERRA

ASSOC/PROF LEONARD CROCOMBE

VARIATIONS IN ACCESS TO ORAL HEALTH CARE IN AUSTRALIA



Assoc/Prof Leonard Crocombe represented the Centre for Research Excellence (CRE) for Primary Oral Health Care as the guest speaker for a Commonwealth Department of Health Seminar in Canberra on Tuesday 16 August.

His presentation was titled “Variations in access to oral health care in Australia and how might these be tackled?” He noted that over 40% of young children and over 60% of older children experience tooth decay, three out of ten adults have untreated tooth decay, gum disease and tooth decay are common conditions in Australia, that poor oral health is the third largest cause of hospital admissions after kidney disease and heart disease, and that expenditure on dentistry in Australia was \$8.3b in 2012, about three-quarters of which was funded by private consumers. The CRE is focusing its program of research into four themes designed to improve primary oral health care for disadvantaged Australians: successful aging and oral health, rural oral health, Indigenous oral health, and the oral health of people with physical and intellectual disabilities.

A/Prof Leonard Crocombe stressed that a worsening crisis is developing in aged oral health care, “The days of seeing dentures in plastic cups on the benches beside the beds in aged care facilities may be ending”. As the large “baby boomer generation” hit residential care facilities, they will have teeth, some of which have been saved with some pretty heroic dental procedures. However, they may no longer be able to look after their own teeth, may have poor access to dental care, will suffer

“

Poor oral health is the third largest cause of hospital admissions after kidney disease and heart disease

from pain and infections, and simply won't put up with it. Dental treatment can cause problems in people who become cognitively impaired and cannot maintain an adequate level of care. This includes extractions of teeth with crowns and bridges, of having to literally extract dentures that had been 'locked in' by calculus (dental tartar), and surgically removing multiple failed implants on people with multiple diseases and on multiple medications. The surgical operation could be fatal.

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SARRAH CONFERENCE AND PHARMACY AUSTRALIA CONGRESS (PAC) IN CANBERRA

MARK KIRSCHBAUM

Mark Kirschbaum attended the Services for Australian Rural and Remote Allied Health (SARRAH) conference in Kingscliff and the Pharmacy Australia Congress (PAC) in Canberra this year. Mark presented two papers and a poster at these conferences. He also chaired the annual face-to-face meeting of Rural Pharmacy Liaison Officers that was held just prior to the PAC.

At the SARRAH conference, Mark presented the results of a survey conducted with pharmacy students to measure their intention to practice in a rural area after graduation. The results of this study showed that pharmacy students are significantly more likely to explore a rural career if they had a rural placement. The majority of students also found that a rural placement would be beneficial for their career whether or not they intended to practice in rural

Australia. However, there are still significant barriers to students taking up this career path as pharmacy students were concerned about the standards of healthcare and the social isolation in rural Australia.

Mark was an invited speaker at PAC this year and presented on the results of a rural pharmacists survey. This study measured the value of rural pharmacy incentive programs offered to rural pharmacists as part of the

5th Community Pharmacy Agreement (CPA). It also looked at which programs rural pharmacists would like to have included in the upcoming negotiations for the 6th CPA to ensure the viability of rural practice. The results from this study have been cited in the Pharmaceutical Society of Australia's key document underlining their position on the needs of pharmacists going forward into the next negotiating period. In addition, a poster was presented reporting on

the results of the Mental Health First Aid (MHFA) – Needs Analysis study for pharmacists. The idea of receiving MHFA training was positively received by pharmacists, but some flexibility was required in the training modalities to suit busy practices.

Further Information

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ABORIGINAL STAFF ALLIANCE (ASA) ANNUAL FACE-TO-FACE-MEETING

MS SHARON DENNIS

The Aboriginal Staff Alliance (ASA) with the University Department of Rural Health held a face-to-face meeting in Lismore, NSW, on 15 – 16 September 2014. Guest speakers included Lindy Swain who is the Chairperson, ARHEN Network, Rural Pharmacy Support Network (RPSN), and Rod Wellington

who is the CEO, Services for Australian Rural and Remote Allied Health (SARRAH). The ASA have a current proposal with the Australian Rural Health Education Network (ARHEN) for an Aboriginal and Torres Strait Islander Academic Program and the face-to-face meeting became a focus for this proposal.



ASA members L-R: Kate Warren, Peter Ferguson, Jillian Marsh, Sharon Dennis, Aunty Thelma James, Shaun Solomon, Shawn Wilson, Darlene Rotmah

Further Information

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ENVIRONMENTAL HEALTH CONFERENCE PRESENTATION – HOBART

HEALTHY FOOD ACCESS TASMANIA – BUILDING A RESILIENT LOCAL FOOD ECONOMY

STUART AUCKLAND AND SANDRA MURRAY



Tasmanians across all income levels do not eat sufficient fruit and vegetables. The reasons why we do not eat enough fruit and vegetables and have poor access to locally produced fresh fruit and vegetables are complex and vary between each local government area (LGA). The Healthy Food Access Tasmania (HFAT) project seeks to make healthy food choices easy choices by ensuring that fresh foods (preferably locally grown) are readily available across Tasmania.

Sandy Murray and Stuart Auckland will provide an overview of the HFAT project, including the results from the recent food pricing and availability survey conducted across Tasmania as well as preliminary findings from the food supply survey which will map the production of fresh fruit and vegetables in a number of LGAs across Tasmania.

Further information

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AUTISM

DR LYND SAY QUARMBY

With the support of a UTAS career development scholarship Dr Lyndsay Quarmby recently travelled to the Telethon Children's Research Institute in Perth, WA, to meet with academics participating in the Autism Cooperative Research Centre (CRC).

The year Commonwealth funded Autism CRC will target three objectives: 1) improving precision and reliability of diagnosis; 2) empowering staff to respond more effectively to the learning needs of students with Autism Spectrum Disorder; and 3) transition from school to further education and employment. Lyndsay met with Professor Andrew Whitehouse, director of Program 1, and his colleague regarding current research opportunities, current diagnostic practices in Tasmania and expanding ASD research efforts in Tasmania.

Lyndsay is currently partnering with the Autism CRC on a national project investigating the diagnostic practices and reliability of ASD in Australia. This successful

meeting will be followed up with Lyndsay's attendance at the Australasian Society for Autism Research in December and subsequent meeting with the Olga Tennison Autism Research Centre in Melbourne who also have targeted research into early diagnostic practices, particularly surveillance programs for infants and toddlers at risk of autism. Dr Lyndsay Quarmby's ASD research interest is complemented through her position as state wide manager of Diagnostic and Support Services with St Giles and as a recently appointed board member of Autism Tasmania.

Further Information

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INTERNATIONAL CONFERENCE ON CHILDHOOD TRAUMA

DR LYND SAY QUARMBY

Through the support of a SARRAH scholarship Dr Lyndsay Quarmby had the opportunity to attend the first ever International Conference on Childhood Trauma that drew together a collection of high calibre presenters to discuss Innovation in therapeutic Approaches with Children, Young People and Families.

The high calibre of speakers, including but not limited to Dr Dan Siegel, Dr Allan Schore, Pat Ogden and Dr Ed Tronick (to name a few) delivered powerful messages highlighting the need to keep adapting important evidence about the neurobiology of trauma and attachment

into our therapeutic work with children, individuals and families. Dr Quarmby returned from this conference equipped with the most current evidence relating to neurobiology, trauma and attachment and has since delivered presentations on such topics to relevant professional groups and allied health professions.

Further Information

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THE 20TH IEA WORLD CONGRESS OF EPIDEMIOLOGY (WCE2014), 17 – 21 AUGUST 2014, ANCHORAGE, ALASKA, USA

DR QUYNH LÊ

The World Congress of Epidemiology kicked off on Sunday 17 August and it was a wonderful opportunity for me to listen to keynote addresses and presentations from researchers in my areas of interest: food security and public health practice in a changing environment. The Congress themes included: circumpolar health, climate change and health, nutrition and diet, health disparities, ethics of human rights and social justice, innovations in epidemiologic methods, and infectious disease. There were also many papers presented by prominent epidemiology researchers such as professors Miguel Hernan (Harvard), Alex Broadbent (Cambridge), Neil Pearce (London) and Sir Richard Peto (Oxford). I was particularly pleased to see PhD students featuring at

the Congress for instance, Emily Carter from the Department of International Health at Johns Hopkins School of Public Health. She currently works for the Institute for International Programs (IIP-JHU) on the generation and use of evidence for health program design and implementation. Yes, students of today are our research leaders of tomorrow and it is important to cultivate their potential ability.

I made two presentations on the second day of the Congress. The first presentation “Spatial analysis of access to healthy food in a rural area of Australia” aimed to quantify and visualise geographic access to healthy food; compare areas of different socio-economic disadvantages in



terms of geographic access to healthy food; and determine the existence/non-existence of food deserts in a regional community of Tasmania. The second one on “Challenges Facing vulnerable young adults in food security: Health disparities and regional disadvantage” was about the level of food security among youths who were experiencing employment difficulties in rural Tasmania and about identifying the relationship between food security and regional disadvantage.

Further information

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THE 3RD ASIA-PACIFIC INTERNATIONAL CONFERENCE ON QUALITATIVE RESEARCH IN NURSING, MIDWIFERY AND HEALTH, 1-3 OCT 2014 IN NEWCASTLE, NSW, AUSTRALIA

DR MERYLIN CROSS

The focus of the conference was on sharing qualitative research findings related to compassion and care. I presented a poster to showcase some of the research we've done in the Centre for Rural Health to identify the networking and interprofessional activity of a Tasmanian mental health service. I participated in two pre-conference workshops on qualitative methods (phenomenology and critical ethnography) and attended

three outstanding keynote papers. Professor Emeritus Max van Manen presented “Kairos and Inception: New ways of understanding qualitative method”. Prof. Catherine Acquino-Russell presented “Stories from the field: Enhancing understanding of persons' lived experiences”. The third keynote that stood out for me was a video presented by Dr Maggie, Heartsch, Director of the Arts Health Institute, Newcastle, Australia. Her

presentation showcased work on music and humour being undertaken in aged care and dementia and their outcomes for residents (wellbeing, co-operation, harmony) and staff (e.g. alleviating absenteeism and turnover).

The conference was attended by approximately 200 nurses, midwives, allied health care practitioners, academics and educators from 13 countries and across Australia so it provided an excellent opportunity to network and to see and hear about the great things happening elsewhere.

Further Information

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AUSTRALASIAN COLLEGE OF HEALTH SERVICE MANAGERS ASIA PACIFIC ANNUAL CONGRESS

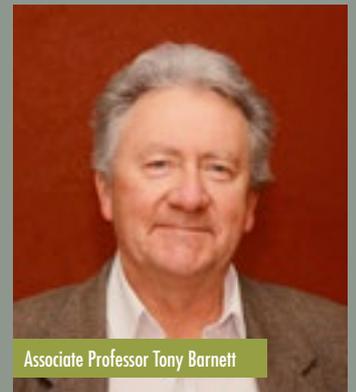
ASSOC/PROF
LEONARD CROCOMBE

Assoc/Prof Leonard Crocombe presented at the Australasian College of Health Service Managers Asia Pacific Annual Congress held at the Adelaide Convention Centre 24 – 26 September on the Medicare-funded Chronic Disease Dental Scheme. This targeted Australians who had chronic medical conditions and complex care needs and whose oral health was impacting on their general health irrespective of their concession card holder status, and subsidised dental services up to the value of \$4,250 over two calendar years. He reported that the scheme was costed at \$100 million per year and was heading towards \$100 million per month before the Senate voted it down on its third attempt in late 2012. When the Medicare rebate claims were split into regions, it became apparent that the figures are dominated by the major city areas. Assoc/Prof Crocombe asserted that the scheme had funding problems because it was left up to physicians to decide what medical conditions would be worsened by poor oral health; there was no criteria on when the more expensive procedures should be undertaken; the Scheme was not adequately costed; the scheme was not targeted at those most in need of dental care; and the scheme was not altered as funding concerns became apparent.

Further information

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DIRECTOR'S REPORT



Associate Professor Tony Barnett

Staff from the CRH have been very fortunate to be involved in a number of projects supported by the Tasmanian Clinical Education Network (www.tcen.com.au). These have provided an opportunity for staff to work closely with professionals from other disciplines as well as industry. All projects have been directed to better support student learning and their experience whilst on clinical placement. Projects have included: Virtual (orientation) Tours of Aboriginal Health care facilities (with the Tasmanian Aboriginal Centre), interprofessional learning and the "Helping Hands" clinical education tele-assistance project.

Our **Primary Health Care Practitioner Scheme** managed by **Dr Martin Harris** has continued this year with a number of new scholars being appointed: **Kerry Fleming; Anthony Carnicelli; Winnie Nguyen; Cherry Hazlitt; Zoe Hingston; Alison Wild; Kate Cross and Fran Stewart**. These practitioners or "mentees" are appointed to work on projects on a part-time basis with CRH staff to gain skills in

research that they can apply within their local community and work environments. The scheme provides busy practitioners some time out from their mainstream job and underlies the commitment we have to rural health research supervision and training at all levels.

We have also welcomed other new faces to the CRH this year. **Dr Winnie Van der Ploeg** (occupational therapy) is working on our rural and remote allied health retention project, **Dr Simone Lee** who is looking at screening in bowel cancer, and **Lyndsey Kinsman** has joined the CRH team as a project officer. Congratulations to **Dr Merylin Cross** who describes herself as a "climate refugee" and has recently been appointed as the ARHEN representative to the Climate and Health Alliance (CAHA).



A/Prof Erica Bell

We were all deeply saddened by the sudden and untimely passing of A/Prof **Erica Bell** in late

July 2014. Erica was, for some time, the Deputy Director of the CRH and led a number of research programs that focussed on climate change, health policy, oral health and translational research. She was an active contributor to debate and lively discussions around community engagement, "small N" studies, assessment of research impact and health policy. Erica was a strong and articulate advocate for all things rural. She is greatly missed by all who knew and had the pleasure of working with her. (<http://onlinelibrary.wiley.com/doi/10.1111/ajr.12144/pdf>).



Daniel Terry

Alexandra King

We congratulate **Daniel Terry** a research student who has recently met the requirements for the award of Doctor of Philosophy (PhD). Daniel's work on international medical graduates (IMGs) represents many years of

very hard work and effort. We also celebrate the success of **Alexandra King**, a PhD candidate at the Rural Health Discipline, who successfully completed her PhD thesis entitled "Food security and insecurity in older adults: a phenomenological ethnographic study". The thesis explored experiences of food, meals, and eating among community-dwelling rural older adults. Our congratulations are also extended to the supervisors who have guided and accompanied **Daniel** and **Alexandra** at various points along their journey. Well done!

As we head rapidly towards the festive season, I would like to thank each and every member of staff at the CRH for their work and many achievements over the past 12 months and also extend my thanks to our supporters and partners who have all been critical to this effort. I wish you, your family and friends a happy and safe Christmas.

Further information

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