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## From the Director's Desk



Associate Professor Sue Kilpatrick

I write this piece feeling a mix of sadness and pride. Sadness because this is my last "From the Director's Desk", as I am leaving UDRH and UTAS in February to take up the position of Pro Vice Chancellor (Rural and Regional), Deakin University, based in Warrnambool, Victoria. Pride because my forthcoming move has caused me to reflect on, and realise, the extent of the achievements of the staff and students of the UDRH over the nearly four years since I commenced in this position.

We have worked with government and non government organisations to bring research and an evidence base into things as diverse as programs for school children to reduce alcohol abuse in Tasmania to online training for rural clinical supervisors nationally. Rural Health Week, a partnership with the Department of Health and Human Services, has been acclaimed as a model for effective rural community engagement in preventative health. "Rural" is now established as an integral theme in the Faculty's teaching programs, and the RIPPER (Rural Inter-Professional Program Emergency

Retreat) model of rural inter-professional education has attracted international attention.

The UDRH has established itself as a quality research department that makes a substantial contribution to the Faculty of Health Science publication output. Our grants and consultancy activity has grown and, among our staff and student cohort, there are a number of recent and imminent PhD and Masters by research graduations. The number of students enrolled in our innovative graduate courses in health informatics continues to grow.

I am enormously privileged to have been the Director of UDRH Tasmania. I leave behind a group of people who I know have the skills and drive to continue their good work within UTAS and with the numerous stakeholders in rural health. I take with me a wealth of memories, valuable experiences and learnings that I will draw on in my future career in rural Australia.

**Sue Kilpatrick**  
Associate Professor and Director

## Leading edge UDRH e-health courses open for registration

The UDRH will continue to offer the successful E-Health (Health Informatics) program in 2009. The UDRH E-Health coordinator is **Sue Whetton**, who is the primary author and editor of the Oxford University Press (Australia) textbook *Health Informatics: a Sociotechnical Perspective*. The book includes contributions from staff teaching the program.

The program, recognised as leading edge, consists of a Graduate Certificate and a Graduate Diploma in E-Health (Health Informatics), and offers practising and potential health professionals opportunities to develop skills and knowledge to use the tools of health information confidently and effectively.

Graduates should have an understanding of the potential of health information management tools together with an awareness of issues relating to their use. They should possess the knowledge and skills which will enable them to take

leading roles within the emerging field of health informatics.

These part time external courses use flexible teaching and learning strategies, incorporating both electronic and print based options. Materials are structured to cater for individual learning preferences, ranging from the more traditional structured path to self directed learning options. The courses can be completed with a minimum of disruption to home and work life as there is no compulsory residential component.

The Faculty of Health Science is introducing a Masters in Health (Specialisation) program in 2009. One specialisation will be E-Health, and graduates from the UDRH Graduate Diploma in E-Health (Health Informatics) will be able to articulate into the Masters program.

For information, visit:  
[www.ruralhealth.utas.edu.au/informatics/](http://www.ruralhealth.utas.edu.au/informatics/)

E-Health  
(Health Informatics)

Graduate courses for  
health professionals



DEPARTMENT OF RURAL HEALTH



## Graduate research news

It is almost the end of the year and a festive atmosphere is already being felt. This is also a wonderful time to share inspiring stories and celebrate the achievements of UDRH Graduate Research students.

The first item is about three success stories of our students who have reached the final stage of their research journeys:

- **Suzette Seaton** (Rural Clinical School supervised student) has completed her Master of Medical Science. Congratulations to Suzette and her supervisors Professor **Judith Walker** and Dr **Mark Reeves**.
- **Ha Hoang** (jointly supervised by Dr **Quynh Lê** and Associate Professor **Sue Kilpatrick**) has completed her Masters thesis and passed with two A rankings from the external examiners. Congratulations.
- **Martin Harris** has expressed his intention to submit his PhD thesis.

On the publication and conference side, we are pleased to share the following news:

- **Peter Morgan**, Master of Medical Science candidate, presented his research proposal on "Is Ambulance the Emergency Arm of Primary Health?" at the Australian College of Ambulance Professionals 2008 Conference in September 2008.
- **Ha Hoang** produced a paper entitled "Language and Cultural Barriers of Asian Migrants in Accessing Maternal Care in Australia", which was published as a refereed article in Issue 26 of the international research journal *Language, Society and Culture*.
- **Shelagh Lowe** has been very productive in 2008. She was a keynote speaker and a panel member at the 2008 National Services for Australian Rural and Remote Allied Health Conference held on 27-30 August in Yeppoon, Queensland. Her topic was "No Bull – A Competency Based Approach to Allied Health Workforce and Opportunities for Rural and Remote Allied Health Leadership". Shelagh was also a keynote speaker at the NSW Health Services Union Health Professionals Forum in Sydney on 30 September. Shelagh

has had two abstracts accepted for the first New Zealand National Allied Health Conference – Allied Health – Practice and Leadership for our Future – held in Auckland on 12-13 November 2008. The titles of her two abstracts are "SARRAH – a Model for Rural Allied Health Leadership" and "Allied Health – Who and What? An International Dilemma and a Possible Solution".

The annual Graduate Research Review has been completed. Rural Health Graduate Research Coordinator, Dr Quynh Lê, would like to thank the students and their supervisors for their assistance in this process. Congratulations go to:

- **Ree van Galen** for her preliminary PhD research plan being approved.
- **Ha Hoang** for submitting her thesis. Ha plans to pursue a PhD in 2009.

We look forward to sharing with you more wonderful news about Rural Health Graduate Research in 2009. With the approach of the festive season, we wish every one of you a merry Christmas and a happy new year.

# News from the Rural Clinical School

## Children's behaviour becomes the focus for Health Research Matters

Almost 200 health professionals, undergraduates and community members shared the expertise and wisdom of paediatrician and post doctoral research fellow, Dr **Harriet Hiscock**, the inaugural Rural Clinical School Visiting Research Fellow.

In her clinical and research work at the Royal Children's Hospital and the Murdoch Childrens Research Institute in Melbourne, Dr Hiscock specialises in common high impact behaviour problems in infants and toddlers. Her three day visit to the North West included six forums in which she focused on the link between obesity and sleep in children and adults, managing difficult and aggressive behaviours and overcoming sleep and crying problems.

The Rural Clinical School, in partnership with the North West Regional Hospital's Paediatric Department, has now developed links with the Australian Paediatric Research Network through research being conducted by Clinical Senior Lecturer, Dr **Bert Shugg** in his role as Director of Women's and Children's Health.



*Dr Hiscock lecturing at the Rural Clinical School*

Dr Shugg and Dr Hiscock are two of 350 paediatricians in Australia who are investigating the epidemiology and treatment of common, community based paediatric problems. This partnership places the North West coast in a favourable position to contribute to, and gain from, the research expertise and treatment outcomes of evidence based management.

The community and health professional forums generated great enthusiasm from health practitioners, some of whom had never been exposed to an

evidence based approach to their clinical practice. A common sentiment voiced by participants was the opportunity to hear what is happening in the world of research.

Dr Hiscock's visit formed an important part of the Rural Clinical School's 2008 Health Research Matters Program. The program has been developed to encourage and build capacity into the research interest and expertise of local health practitioners. It is envisaged that the Visiting Research Fellow initiative will extend to other disciplines in 2009.

## Impact of climate change on rural GP education and training

The challenge of designing general practice education and training systems that can respond to a climate-changing world lies at the heart of a paper presented by Dr **Erica Bell**, Deputy Director of UDRH, to the influential WONCA (World Organization of Family Doctors) Asia Pacific Regional Conference in Melbourne in October 2008.

Her presentation entitled "Climate Change: Where to for Rural and Remote Family Practice Education and Training?" explored the body of evidence that demonstrates that climate change will affect the health care needs of people across the world, many in rural and remote areas. It argues that there has been little discussion of what climate change means for developing rural and remote family practice education and training.

"The presentation aims to offer a model of quality assurance of medical education useful to everyone in medicine

wanting to reflect on how to better prepare family practitioners for a climate-changed world," said Dr Bell.

"It draws on the results of an international study of competencies and quality assurance systems for rural and remote family practice education and training. It also describes the scholarly evidence on climate change, as well as the multidisciplinary literature on quality assurance systems."

The presentation suggested that there are gaps between the future medical education is imagining for practitioners and the evidence about that climate-changed future.

Dr Bell added: "The model presented allows exploration of what one possible globally cooperative, but also locally responsive, quality assurance model might look like.

"It's timely because there has been much debate and discussion in medical

education about global standards for postgraduate education and training. My presentation aimed to add value by bringing the evidence about climate change to that debate."

For further information, contact Dr Erica Bell on (03) 6226 7377, email: Erica.Bell@utas.edu.au

### Pay a Visit to the Rural Health Training Events Home Page

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

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

## A time to research and a time to share

The end of an academic year is a time for reflection and celebration.

The celebration started with the Collaborative Graduate Research Symposium in Hobart on Thursday 13 November 2008. It was held in Tasmania at a conference friendly arts venue, the Dechaineux Theatre, Tasmanian School of Art, Hunter Street, Hobart. In this inspiring setting, our research students, supervisors and other colleagues shared insightful stories of their research journeys in a collaborative spirit.

This was the second symposium of the year, which is a joint event between the UDRH, Rural Clinical School, School of Nursing and Midwifery, School of Human Life Sciences and Launceston Clinical School. We were fortunate to have A/Prof **Lisa Bourke**, School of Rural Health, University of Melbourne, as our keynote speaker. She talked on an interesting topic, which has implications across disciplines: "Challenges of *doing* multidisciplinary research".

Rural Health Professor **Judith Walker** in her opening address warmly welcomed the 60 symposium participants. She applauded the collaborative spirit and interaction manifested in this Symposium among the various schools and centres in the Faculty of Health Science. The Dean of Graduate Research, Professor **Peter Frappell**, was also present at the opening session despite his extremely busy schedule.

We were greatly impressed by the quality of the research work of the students and their inspiring presentations. The discussion panel, with panellists Dr **Lisa Dalton**, **Cassandra Saunders** and **Suzette Seaton** and chaired by Dr **Erica Bell**, was one of the highlights of the day. They shared and reflected on their research experiences with a good sense of humour.

The symposium program included a wide range of inquiries on health issues that had emerged at different stages of students' research. Together with

the participation of their supervisors and colleagues in various formats and activities – such as the student discussion panel, posters, keynote speech, and plenty of "food for thought" – the symposium provided a dynamic and interactive research experience for all, both intellectually and socially.

*Photo captions (from left):*

- 1) Rural Health Professor Judi Walker opening the symposium
- 2) (From left) Discussion Panel Chair Dr Erica Bell congratulates graduating students Dr Lisa Dalton, Suzette Seaton and Cassandra Saunders
- 3) Graduate research student Dr Rosemary Cane and her poster
- 4) Graduate research student Kate Squibb (standing) presenting at the symposium
- 5) UDRH Director Associate Professor Sue Kilpatrick (left) with keynote speaker Associate Professor Lisa Bourke



## Articles "of substance"

UDRH Research Fellow Dr **Clarissa Hughes** has authored a number of articles on youth alcohol issues and school drug education appearing in prominent academic publications in recent months.

They include "Youth and Alcohol: Challenging the Stereotype" (<http://www.ruralhealth.utas.edu.au/news/issue/15/clarissa-of-substance.pdf>), which appeared in *Of Substance*, the national magazine on alcohol, tobacco and other drugs, as well as a Briefing Paper ([http://www.utas.edu.au/tiles/publications\\_and\\_reports/briefing\\_papers/Briefing\\_Paper\\_No\\_7\\_September\\_2008.pdf](http://www.utas.edu.au/tiles/publications_and_reports/briefing_papers/Briefing_Paper_No_7_September_2008.pdf)) published by the Tasmanian Institute of Law Enforcement Studies. The November issue of the education journal, *Professional Educator*, published by the Australian College of Educators, also features an article by Clarissa, entitled "Reality Check: Effective School-Based Drug Education" (<http://www.ruralhealth.utas.edu.au/news/issue/15/clarissa-educator.pdf>).

Numerous individuals and organisations, including the Minister for Youth, the Hon **Kate Ellis** MP, have expressed an interest in Clarissa's research and are keen to find out more about how knowledge of social norms and perceptions can be used to address a range of health and social justice issues.

For further information about this work, contact [Clarissa.Hughes@utas.edu.au](mailto:Clarissa.Hughes@utas.edu.au) or telephone (03) 6226 7797.

## PHCRED initiative achieving results

UDRH Research Fellow Dr **Clarissa Hughes**, former UDRH employee **Georgie Routley** (nee Earles), Dr **Emily Hansen** of the Department of General Practice and Professor **Andrew Robinson** of the Menzies Research Institute have had an article accepted by the prestigious international journal *Social Science and Medicine*. Their article "General Practitioners' Experiences and Understandings of Diagnosing Dementia: Factors Impacting on Early Diagnosis" (<http://www.ruralhealth.utas.edu.au/news/issue/15/clarissa-gp.pdf>) is currently in press.

Dr Hughes, Dr Hansen and Professor Robinson are the supervisors of Georgie, whose involvement in research commenced via the Researcher Development Program. This is a research capacity building initiative funded by the Primary Health Care Research, Evaluation and Development (PHCRED) program to build research capacity in primary health care. For some years, it has provided research training and mentoring, including the provisions of research "apprenticeship".

"*Social Science and Medicine* is an extremely well respected and widely read journal, so it's great that research associated with PHCRED will be appearing in it", said Clarissa.

## Health informatics through the eyes of overseas born practitioners

The Health Informatics Society of Australia (HISA) held its annual Health Informatics Conference (HIC08) in Melbourne from 31 August to 2 September 2008. The focus of the conference was "The Person in the Centre" and it explored the changing role of health care providers and consumers, the influence of technology and information systems in this transition and the important catalyst for the development of e-health in Australia.

At HIC08, UDRH Lecturer Dr **Quynh Lê** presented her full refereed paper entitled "Health Informatics in the Eyes of Overseas Born Health Professionals".

With the rapid development of information technology, health informatics undoubtedly has a firm



Dr Quynh Lê

technological basis in the development and enhancement of health care systems. Although it depends heavily on the power

of technology for its form and function, health informatics is fundamentally a human discourse that deals with issues such as interpersonal communication, organisational interaction, trust and confidentiality.

Quynh's paper examines the views and attitudes of overseas born health professionals about health informatics in terms of confidentiality, coordination, management, communication and technical user friendliness. The findings suggest some confusion among health workers about the concept and principles of health informatics. Confidentiality was viewed as a significant aspect which may make or break health informatics. Concerns were also raised about possible miscommunication and mismanagement.

## A RIPPER initiative from the UDRH

"This RIPPER initiative from the University of Tasmania, Australia, brought together health science undergraduates to promote rural health team collaboration and practice intention. Was it successful? It was a ripper!"

Above is the introduction of an article alert sent by *Rural and Remote Health*, an international journal of rural and remote health research, education, practice and policy.

The article "A 'RIPPER' Project: Advancing Rural Inter-Professional Health Education at the University of Tasmania" (<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=1017>), was co-authored by UDRH academics **Jessica Whelan**, **Judy Spencer** and Launceston Clinical School Dr **Kim Rooney**, and published in the September 2008 edition of *Rural and Remote Health*.

The RIPPER (Rural Inter-Professional Program Education Retreat) experience is aimed at preparing students for inter-professional practice by providing them with the opportunity to learn and collaborate in a mentored environment using authentic and relevant situational learning and skill building. RIPPER is one of the few opportunities available to health science students to learn and practise together in their undergraduate education.

The article reports on the development, design, implementation and evaluation of the RIPPER initiative.

The RIPPER program was designed to address the issue of the shortage and sustainability of health care professionals and resources in rural areas in Australia. There is a heightened focus on new models of health care delivery and collaboration that optimise the quality of patient care, respond to complex health needs and increase professional job satisfaction. Inter-professional rural health education within universities has been proposed as one way of addressing these challenges.

RIPPER is an inter-professional rural health education initiative developed by a UTAS Faculty of Health Science team. The objective of the program was to develop a rural inter-professional learning module for final year undergraduate health science students.

The program was first piloted in a rural Tasmanian community in 2006, with a second iteration in 2007. Participants in the program included approximately 60 students from the disciplines of Medicine, Nursing and Midwifery, and Pharmacy.

The format and educational design of the RIPPER program focussed on a multi-station learning circuit using inter-professional case based scenarios. Each learning station employed experiential and interactive educational strategies that included high and low fidelity simulation, role play and reflection. The learning stations required students to work collaboratively in small inter-professional teams to respond to a series



A RIPPER scenario

of rural emergency health care scenarios.

Qualitative and quantitative evaluation data were collected from student participants over two years utilising a pre and post-test quasi experimental design. Results demonstrated a positive shift in students' understanding of inter-professional practice and the roles and skills of other health professions. There was also an increase in the value ascribed by students to collaboration and team work as a way of problem solving and improving patient outcomes.

The project evaluation indicated the importance of developing a sustainable and embedded inter-professional rural module within the undergraduate health science curriculum. The project evaluation findings also point to some of the strengths and limitations of implementing inter-professional education activities in a rural setting.

## East meets West — Global challenges in psychotherapy



Associate Professor Peg LeVine (right) with Dr Usa, MD (left) and Hideyuki Michiki at Sansei Morita Hospital, Japan, after her Beijing trip

Clinical Psychologist and UDRH Associate Professor in Rural Mental Health **Peg LeVine** was invited to give a symposium at the 5th World Congress for Psychology in Beijing, 12-15 October. She co-presented with two renowned Japanese scholar-psychiatrists (Dr **K Kitanishi**, MD and Dr **K Nakamura**, MD). Peg presented on the "Use of Morita Therapy in the Treatment of Trauma in AustralAsia".

As researcher and practitioner, Peg posed two provocative questions at the onset of the Morita therapy symposium:

1. What would happen to psychiatric inpatient care if hospital units were designed as "therapeutic environments" (akin to Morita therapy inpatient units in Japan) rather than treatment centres?
2. What would happen to the validity of our "evidence based" research on psychotherapy if research designs accounted for the impact

of the treating environment and the sequence-of-therapy on client recovery?

Peg facilitates Morita inpatient therapy in Australia for people who present with anxiety related to traumatic history. She is an educator and clinical supervisor of Morita theory and treatment as well.

By way of background, nearly 100 years ago, **Shoma Morita** (a contemporary of **Sigmund Freud**) discussed how angst arises as a natural response to trauma. Originally designed to treat *shinkeishitsu* (a form of anxiety that includes an over sensitivity to one's somatic symptoms), Morita's therapy has since been found effective in treating a range of anxiety disorders, including PostTraumatic Stress Disorder, and various adjustment disorders.

Morita therapy comprises four interlinked phases, beginning with paradoxical isolation. Patients with childhood trauma history tend to report fleeting states of vulnerability in the first stage. The isolation generates a kind of free association without any analysis. Stages two to four include gardening, small critter care (such as fish and turtles, as Morita hospitals have smoke-free gardens rather than concrete outdoor areas for patient roaming), art therapy, intensive physical work, and social engagement via group cooking and so on.

When a person is distressed or depressed, she or he is often detached from her/his own body and the physical environment. Past trauma adds to one's detachment or over attachment to self, time, other and place. Over time, the four stages Morita therapy shift a person's detachment tendency and dissolves the angst generated

by one's fears and desire for another experience. Also, *Tokeware* (a dynamic that leads one to stay trapped in a loop of anxiety) is reduced as well. Across the successive four stages, traumatic associations dissolve as "the experience of safety increases in the therapeutic environment".

Peg explained, "For the Morita therapist, there is no need to pursue cognitive acrobatics – because paradoxically, as one speaks aloud about pain, pain remains in the person's field of vision. Across the four stages, patients gradually return to their senses – the person tastes, hears, sees, hears and intuitively more keenly."

A positive therapeutic outcome is as much visceral as it is cognitive, which makes this treatment very encompassing, and so qualitative measures of change are useful in research.

Peg presented a case study from Australia to illustrate the meaning of silence during treatment for patients with trauma histories, and she and her Japanese colleagues led a discussion about the role and presence of the therapist with regard to silence as an intervention. In comparing Morita therapy to other treatment modalities – such as Cognitive, Mindfulness, and Gestalt – it was emphasised that Morita, akin to Psychoanalysis, is not comparable.

The 7th International Congress of Morita Therapy will be staged in Melbourne in March 2010. A Call for Papers is currently underway and conference queries can be addressed to LeVine (as convenor) at [peg.levine@adm.monash.edu.au](mailto:peg.levine@adm.monash.edu.au)

## UDRH Director to chair national rural health body

UDRH Director Associate Professor **Sue Kilpatrick** was recently appointed Chair of the Australian Rural Health Education Network (ARHEN).

ARHEN is the national secretariat for the University Departments of Rural Health (UDRHs), of which UDRH Tasmania is a member. ARHEN's purpose is to promote leadership in rural health education, research and innovation.

Sue will represent ARHEN in its highest level dealings with other government and non-government organisations and the

media. She will also provide guidance and direction regarding the management and operations of ARHEN.

Sue said, "I am honoured to take up the position of Chair of ARHEN at this challenging time for the national rural health agenda.

"The Australian Government Department of Health and Ageing has recently established the Office of Rural Health, and ARHEN will be maintaining an active dialogue with the new policy making body.

"ARHEN and UDRHs are about improving rural health, increasing rural health workforce support and training, undertaking solution focused research and developing innovative health models."

Sue has a special research interest in promoting social networks and partnerships in regional Australia. This interest complements the UDRH Tasmania's ongoing work in community engagement and on rural health workforce issues.

## International audience for UDRH's Social Norms work

UDRH Research Fellow and Academic Research Coordinator **Dr Clarissa Hughes** was invited to present at the 2008 National Conference – The Social Norms Approach – in San Francisco, California, 20-22 July this year. Clarissa presented a paper entitled "Maintaining the Momentum: The Future of Social Norms in Australia".

She updated her knowledge of the Social Norms field through attending presentations and workshops at the conference, and speaking with academics and practitioners from across the United States, Canada and the United Kingdom. She received a number of invitations for co-authoring, and also had the opportunity to work with "clickers" (<http://www.turningtechnologies.com/>) – handheld instant audience response units – which are becoming increasingly popular as fast and efficient tools for data collection.



*Dr Clarissa Hughes (left) pictured on the Golden Gate Bridge with Dr Linda Hancock, Director of the Wellness Resource Center at Virginia Commonwealth University*

Clarissa is about to commence clicker work on a range of different research projects in Tasmania and is running a workshop at the Tasmania School Social

Workers Conference in early 2009.

For more information email [Clarissa.Hughes@utas.edu.au](mailto:Clarissa.Hughes@utas.edu.au)

## UDRH obtains various grants for its research projects

UDRH staff **Dr Quynh Lê, Stuart Auckland** and Associate Professor **Sue Kilpatrick** have been successful in obtaining an Institutional Research Grant Scheme award for 2009. The total funding amounts to \$7,083. The topic of their research project is "A Spatial Analysis Study of Socioeconomics, Accessibility and Remoteness from Primary Health Care Services in Tasmania".

Several studies were undertaken to emphasise the importance of geographical factors in influencing accessibility to health services. However, there has been little research to date that produces detailed data on health services utilisation patterns.

This study uses Geographical Information Systems (GIS) based analysis to identify the relationship between spatial access, utilisation, quality and health outcomes of primary health care services in Tasmania. GIS provides a powerful mapping tool for assisting in public health programs and health resource management. It enables policy makers and health workers to target services in accordance with the needs of different communities.

This research is useful to health professionals in identifying where health

problems lie and for initiating ideas and actions to improve health access for disadvantaged or at risk communities. It is a timely contribution to health services management studies in general and to Tasmanian primary health care services in particular.

**Dr Lisa Dalton** has also been successful in obtaining a grant of \$9,989 from the Institutional Research Grant Scheme 2009. Lisa will examine whether inter-professional knowledge acquisition translates into the collaboration practice of health professionals working in a regional Tasmania hospital.

**Dr Clarissa Hughes**, together with Associate Professor **Roberta Julian** of the Tasmanian Institute of Law Enforcement Studies, was successful with her application for the UTAS pre-seeding grant. The project "Social Norms Work in the Australian Education Sector: Needs Analysis and Product Refinement" obtains a total grant of \$73,000 over a two year period.

The project will undertake foundational work with the education sector both locally and nationally, and will assist in the development of training products/ services for skill development in the social norms approach.

**Dr Lisa Dalton** and **Dr Rosa McManamey** were also successful in obtaining the internal UDRH research seeding grants.

### PHCRED update

The 5th Annual Statewide Primary Health Care Research Symposium has been held in Hobart at the University Centre on the Sandy Bay campus on 28 November, 10.00 am to 3.30 pm. This year's theme was "Building Primary Health Care Research Communities of Practice – Bringing Research and Practice Together".

Special Guest Speaker was Professor **James Dunbar**, Inaugural Director, Greater Green Triangle, University Department of Rural Health, Flinders and Deakin Universities.

Professor Dunbar also presented a special seminar, on 27 November in Hobart, as a curtain raiser to the symposium. Along with a panel of experts involved in different facets of the research-to-policy continuum, he examined the struggles faced in transforming research findings into policy and practice in the primary health care sector.

## Building the evidence base for rural child health

Dr **Erica Bell**, Deputy Director of UDRH, is lead editor of a special issue on rural child health produced for the *International Journal of Child Health and Human Development (IJCHD)* and published by Nova Science, New York.

“Rural children and adolescents face particular health challenges and are among the most vulnerable groups within these already often disadvantaged communities,” said Dr Bell. “This is so increasingly in a global community now facing cataclysmic events brought about by climate change and global economic meltdown, which are predicted to impose further great hardships on rural communities. For example, rural communities across the globe are likely to see the increasing effects of drought and adverse weather events, new diseases and conditions brought about by climate change, displacements caused by people fleeing climate change, and other events that will require new styles of health and allied health practice and policy.

“Accordingly, there is much work to be done in the area of rural child health. First, we need to develop our understandings of rural child health practice. Child and adolescent health care in rural communities place a particular impost on the rural health professional’s clinical and non clinical skills.



Dr Erica Bell

“Second, we need to develop understandings of how to make policy work better for children and adolescents in rural communities. In many countries, high quality health policy making continues to be an elusive goal. Too much health policy is made without access to good quality information about the particular health needs of rural children and adolescents.

“The third related challenge that faces us in improving outcomes in rural child health lies in research. There is an urgent need to develop the quality of

research on the needs of rural children and adolescents. Research involving these populations faces particular challenges. Such research often involves small numbers, which make classical experimental designs difficult to implement. Further, the research participants can be difficult to engage, for ethical, practical and cultural reasons. Finally, the research questions and methods often have to engage with complex challenges, such as substance abuse, to do with the individual’s health, education and wider wellbeing.

“In this context, I am delighted to have been able to work with the *IJCHD* editor-in-chief Professor **Joav Merrick**, who is also Director, National Institute of Child Health and Human Development, Israel, and Professor of Pediatrics, Kentucky Children’s Hospital, University of Kentucky, to produce this special issue on child health.

“This special issue of *IJCHD* aims to offer another forum for those researchers around the globe who have recognised that if we are to make a difference to rural child health internationally and in our respective countries, we must build a useful body of evidence for policy makers and practitioners.”

For further information, contact Dr Erica Bell on (03) 6226 7377, email: Erica.Bell@utas.edu.au

## Readiness of Health Science teachers for inter-professional learning

UDRH Lecturers Dr **Lisa Dalton** and **Judy Spencer** have had their abstract accepted to present the paper “Measuring Health Science Teachers Readiness for Inter-Professional Learning and Teaching of Teaching Staff at the Faculty of Health Science” at the Leadership and Practice Development in Health: Quality and Safety through Workplace Learning Conference in Hobart November 2008.

Inter-professional education (IPE) may enhance health science students’ attitudes towards teamwork and collaboration, which may in turn lead to improved patient care and outcomes. In order for inter-professional education to be an effective strategy for encouraging students to work collaboratively together in teams, a well prepared teaching workforce that is committed to collaborative teaching and learning is required. Inter-professional education differs from uni-professional education

and in disciplines other than health evidence suggests that students’ attitudes toward collaboration are significantly shaped by teaching staff.

Research is required to determine what conceptions and misconceptions about teaching and learning health science educators might bring to the situation of inter-professional education.

This study examines the attitudes of Tasmanian health science teaching staff toward collaborative teaching and learning at the University of Tasmania. The Readiness for Inter-Professional Learning Scale (RIPLS) survey tool was modified and used to collect data from 93 academic and teaching staff across the disciplines of nursing, medicine, pharmacy and human life science.

Five main themes were identified: collaboration in health care teams; professional boundaries; person

centredness; educator identity; and impact on teaching and learning.

This paper reports on the preliminary results relative to each of these themes. It concludes that preparation and continuing support of health science teaching staff is vital for developing skilful facilitators, who adapt to students’ learning needs and understand issues of power and hierarchy inherent within the practices of collaborative teaching and learning.

### Subscribing to Rural Health eBulletin

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## Rural health partner: Tasmanian Westside Pharmacy wins national awards



Judy Liauw

Westside Pharmacy, located in the NW region of Tasmania, was recently named Australia's best pharmacy/natural health store in the 2008 Australian Small Business Champion Awards.

**Judy Liauw** is the proprietor of Westside Pharmacy where she has practiced for more than 15 years.

Mrs Liauw and her staff from Westside Pharmacy successfully competed in the State-wide Small Business Champion Awards, winning the champion title in the Pharmacy/Natural Health Store category. She then took this state wide crown to the national awards where she was again

successful in taking out the first prize. It is a great recognition of the work that both Mrs Liauw and her staff have put in.

The Australian Small Business Champion Awards is a national program recognising achievements and honouring great performances in small business.

The award acknowledged the pharmacy's innovative developments over the past couple of years which have involved a relocation and stronger focus on professional services.

Mrs Liauw has been a strong advocate of rural practice and has carried this forward in her roles on the Pharmacy Guild of Australia, Pharmacy Board of Tasmania and other bodies. During her time at Ulverstone, she has been very supportive of the University of

Tasmania Pharmacy Placement Program by accepting both Year 3 and Year 4 students every year since the introduction of the program. She has also employed graduates while doing their Pre-Registration GAP (Graduate Accreditation Program) year.

The students spend their rural placement at Westside Pharmacy where Judy organises activities outside the pharmacy setting enabling the students to get a real feel for health care practice in the rural setting. Some of the activities include accompanying the community nurse on her home visits, observing the daily practice of a local medical practice, visiting a computer company which develops pharmacy software and experiencing the day to day activities within an aged care facility.



Staff at Westside Pharmacy with the awards

## Being a mother and a migrant in a new country

UDRH Masters student **Ha Hoang** recently published a refereed article in Issue 26 of the international research journal *Language, Society and Culture*. Her paper is titled "Language and Cultural Barriers of Asian Migrants in Accessing Maternal Care in Australia".

The paper examines the difficulties for Asian women in rural Tasmania from the perspective of migrant and new mother in a new country, where these women have to face a new language, culture and health care systems.

In addition, they bring with them their own, often times very different, cultural beliefs and practices associated with childbirth, which are unfamiliar to health care professionals in the new land. Consequently, migrants may not get



Ha Hoang

access to the health services available due to lack of information, language barriers and cultural differences. Ha's study investigated the barriers encountered by Asian migrants living in rural Tasmania when accessing maternity care.

Ten Asian women from diverse backgrounds were invited to participate in this study. A semi-structured interview with open ended questions was conducted with each participant.

The findings reveal that Asian migrants in Tasmania certainly face language and cultural barriers when dealing with the health care system and the study makes recommendations for policy makers and community organisations to overcome these barriers.

## Eight years of rural health research



Dr Christine Stirling

*Ex UDRH Assistant Director Dr Christine Stirling left the UDRH at the end of September to join the Menzies Research Institute. This is a reflection on her eight years with the UDRH.*

It was with some sadness that I left the UDRH to take up a position within the Wicking Dementia Research and Education Centre at the Menzies Research Institute in October 2008. I have worked with UDRH as a researcher for eight years and thought that I should reflect on what I (as part of a UDRH team) achieved in that time and share any learning from my overall body of work.

One of the main themes of my rural health work has been an interest in the work and situation of Volunteer Ambulance Officers in Tasmania and Australia.

This was my introduction to rural health as I was hired to work on a project called More than a Band-Aid. In partnership with others, we grew a project that was focused initially on Tasmania, into an Australasian study covering Australia and New Zealand.

My doctoral studies focused on the underlying cultural and structural issues that caused organisational problems for ambulance volunteers, and I recently worked again with the Tasmanian Ambulance Service and others to help develop improved recruitment aides for their volunteers. This work has led to some changes for ambulance volunteers with several services embracing large scale change. (Take a look at [www.ambovolunteer-recruit.org.au](http://www.ambovolunteer-recruit.org.au).) A major lesson for me was realising not only it would take time to see changes emerge, but that they needed the drive and passion of good change managers.

I have also been lucky to be involved in many other areas of concern to rural communities. Evaluating projects and programs has been a major feature of this work. Some of the programs I (with others) have evaluated covered topics as diverse as falls prevention, cancer support programs, physical activity programs and domestic violence.

All of these programs involved communities and volunteers, which groups remain central to making things happen in rural areas. Supporting communities is therefore an important focus of UDRH's work and, as a part of

that role, I have undertaken community needs assessments and contributed to workshops that support community development activities.

Overall, this body of work has highlighted how programs do not necessarily work in the way that is expected; while people are central to making things happen, they need environments that allow change.

Another major aspect of my work with UDRH has been around the area of supporting rural health workers. As well as my involvement with ambulance volunteers, I have also evaluated a development program for rural and remote midwives and a project that delivered standardised emergency care equipment to rural health sites.

More recently, I was part of a team that researched the ways that paramedics in Australia were delivering expanded scope services and another looking at primary health care workers and identity.

This work has shown me that far more can be done to make rural workplaces supportive of change. Exhorting busy rural workers to adopt new practices will always be ineffective if the necessary supporting cultural and organisational changes are not tackled as well.

Overall, it has been a wonderful eight years where I have gained as much as I contributed. I hope that rural health research can move into a new phase where new models of care are supported by changes to the health systems at both state and commonwealth levels.

## How can research better serve rural communities?

This question lies at the centre of a paper published by Dr **Erica Bell**, Deputy Director of UDRH, as the lead article in the journal *Rural Society* in 2008 (vol 18, issue 1).

"It is often said that we need to increase the body of evidence for health, including rural health," said Erica. "This paper explores how to ensure that the research we do produce is better used by policy makers and practitioners."

Erica's paper "Great 21st Century Debates about the Usefulness of Research: Can They Help Rural Research?" aims to contribute to reflection on how rural research can better serve rural communities.

Using the results of literature searches across the disciplines, it explores

some major 21st century debates about improving the usefulness of research for policy and practice. The paper begins with an examination of different debates in biomedical and health research, moving on to other debates in the social sciences and humanities, particularly in sociology, political science, and history.

It explains how powerful critiques of the relevance of research are provided by new case based methods. It raises the question of whether we need new forms of research evidence that reflect the "real world" complexity of policy and practice.

The paper concludes with practical directions for making rural research more useful to policy and practice.

"The paper draws together insights from a range of projects I have done in

rural health, in chronic disease, youth substance abuse, crime prevention and domestic violence," said Dr Bell.

"Each of these community based projects has confronted me with the challenge of making research useful to practitioners and policy makers.

"Far from being 'soft research', research for rural communities can involve innovative methods that better capture the contextual complexity in which policy makers and practitioners work. This paper documents some exciting developments in research methods that can help deliver evidence based policy and practice here in Tasmania."

For further information, contact Dr Erica Bell on (03) 6226-7377, email: [Erica.Bell@utas.edu.au](mailto:Erica.Bell@utas.edu.au)

## Tasmanian Aboriginal Health Summit

The UDRH was successful in securing funding through the Office of Aboriginal and Torres Strait Islander Health (OATSIH) within the State Office of the Department of Health and Ageing to coordinate the staging of a Tasmanian Aboriginal Health Summit.

The two day health summit at the Tailrace Convention Centre in Launceston on 26 and 27 November 2008 brought together representatives from Aboriginal organisations including OATSIH funded organisations, local, state and Australian government agencies, mainstream

health service providers and educational institutions.

The primary aims of the summit were to provide an opportunity for representatives from Tasmanian Aboriginal Controlled Health Services to engage with representatives from the wider health sector to identify opportunities for consolidating linkages and building partnerships and to consider more effective means of harnessing mainstream resources to improve Aboriginal Health outcomes. A particular effort was made in the design of the summit in order to maximise interaction amongst delegates. One of the ways by which this was achieved was through the staging of a summit expo which enabled participants to meet with "stall holders" to discuss their programs and services in an informal setting.

In addition, keynote speakers presented papers around the summit themes of partnerships and improving access

to mainstream service providers, citing examples of successful health partnerships in other states.

Following the keynote address, delegates were invited to participate in two workshops of their choice based around the key themes of Chronic Disease, Mental Health (including drugs and alcohol), and Child, Youth and Family Health (including men's health). The aims of the workshops were to enable participants to identify the kind of health service issues that they regarded as a priority within each of the workshop themes and strategies that could be employed to address identified priorities. In addition, participants were also invited to comment on opportunities for further collaboration and possible areas for improvement within each theme.

A report of summit outcomes will be presented to Department of Health and Ageing at the end of the year.

*Photo captions (from left):*

- 1) *Mental Health Workshop*
- 2) *Chronic Disease Workshop*
- 3) *Child, Youth and Family Health Workshop*
- 4) *Anthony Speed, State Manager of Department of Health and Ageing, welcoming the participants*



## Community health and arts

Dr **Rosa McManamey**, UDRH Honorary Associate, presented a paper at the UNESCO Observatory Community, Health and the Arts "Vital Arts – Vibrant Communities" Conference in Melbourne, 6-7 September 2008. The paper was co-authored with **Jan Sparkes**, Lymphoedema Centre, St Marys, Tasmania, and titled "Arts, Health, Community Resilience and Healing: Responding to Natural Disaster".

While the paper discussed a study of a grassroots led community initiative set in motion in rural Tasmania as a response to a natural disaster and trauma, it placed the initiative in a broader context of rural community response patterns.

As a response to the East Coast bushfires 2006, the rural Tasmanian community embarked on a series of activities to engender healing, resilience and regeneration through art and creativity.

Rural communities such as in the Grampians in Victoria in 2007 and on the Eyre Peninsula in South Australia in 2006 have also responded to bushfire disasters using art and culture to engender healing and resilience.

As well as contributing to community healing and regeneration, a common focus appearing in these responses is that of the importance of documenting local knowledge and recording history to inform in the event of future occurrences. These initiatives are seen to have a significant though relatively undocumented impact on the mental health and wellbeing of the communities.

The importance of exploring community response to natural disaster through art, culture and creativity is that it provides vital insights into community resilience and community mental health issues, building on local knowledge and lifelong learning.



*Dr Rosa McManamey*

The aims of the UNESCO Observatory conference were to bring together people with shared interests in the arts in order to encourage activities that cross disciplinary divisions to exchange knowledge and inspire creative partnerships. It also gathers credible evidence about the contribution made by the arts to community health and aims to develop approaches which embed the arts within health policy and planning.

## Enabling community participation

UDRH Lecturer **Shandell Elmer** presented a paper on "Organisational Readiness for Community Participation: The Benefits of a Socio-Cultural Approach" at the General Practice and Primary Health Care Research Conference in Hobart, 4-6 June 2008. The paper derives from Shandell's PhD research exploring the organisational factors that contribute to the ability of an organisation to engage in community participation activities.



*Shandell Elmer*

Community participation became institutionalised through international policy documents such as the Declaration of Alma-Ata. Even though it is now part of the mainstream health discourse, the practice of community participation is fraught with difficulties. Consequently, the failure of community participation to deliver on promises of accessible, equitable and appropriate health services has led to victim blaming at community level.

The aim of this research is to examine the organisational factors that influence community participation as an alternative to current understandings that (over)emphasise the community perspective.

This ethnographic study of organisations involved in the self assessment stage of a quality improvement program has

enabled observation of staff engaged in critical reflection about their practices, networks and the "reality" of working life. Researching determinants of organisational performance in this way promotes an exploration of the socio-cultural factors that are likely to enable community participation.

Shared values and beliefs shape the form and content of opportunities for community participation and the development of institutional arrangements to support the same. The potential for community participation

exists in organisational cultures characterised by trust, connectedness and shared understandings, and where clients are valued.

Commitment to authentic community participation demands a better understanding of the socio-cultural context of health care organisations and how these processes enable or constrain participatory efforts. This research points to the need for an organisational development approach to build the capacity of organisations to effectively engage with their community.

## UDRH seminar – Building a healthier future of no alcohol

**Shelagh Curtain** of the Drug Education Network in Tasmania presented a seminar on "Pharmacotherapy, GPs and Counselling: Building a Healthier Future by Breaking Down the Barriers to Treating Alcohol Dependence" on 23 September. This seminar attracted over 50 health professionals in 10 locations across the state.

Problematic alcohol abuse has been estimated to cost Australia \$15.3 billion annually. These costs include, for example, lost productivity, health costs, crime and violence, and premature death.

It has been estimated that approximately 1 in 6 Australians who consult their GPs are drinking above the National Health and Medical Research Council's recommended limits for low risk alcohol consumption, and many of these heavy drinkers are not recognised.

Medications can be powerful in initiating a change in an individual's alcohol consumption. However, despite the short term effectiveness of several medications for excessive alcohol use, there is little evidence of long term effectiveness without further intervention.

At the seminar, Shelagh shared evidences that show that combining pharmacotherapy with moderate intensity relapse prevention counselling can produce outcomes beyond what each of these approaches can produce alone.

Shelagh is a project officer at the Drug Education Network, who developed a Resource Kit to help inform GPs about this method of treatment. At the seminar, she also covered topics including pharmacotherapies for alcohol dependence treatment, relapse

prevention counselling techniques, combination treatment and relevant recent Federal Government initiatives.

Parties interested in obtaining the information kit may contact Drug Education Network on (03) 6211 2350.

*Shelagh Curtain*

Shelagh Curtain has undertaken this project at the Drug Education Network over the last three years. She has a Bachelor of Science (Zoology major) from UTAS, and undertook her Honours year at the Institute of Antarctic and Southern Ocean Studies at UTAS. Prior to the Drug Education Network, Shelagh has worked in ophthalmology and hospitality in Hobart, with this current project allowing a combination of skills acquired from these previous areas of interest and employment.

## UDRH seminar – Can a good night’s sleep really fight obesity?

The UDRH would like to thank the Rural Clinical School for bringing to Tasmania renowned Melbourne paediatrician and researcher, Dr **Harriet Hiscock**, to present a seminar to Tasmanian health professionals on 29 October. Dr Hiscock was visiting the North West Coast of Tasmania as part of the Rural Clinical School's Visiting Research Fellow Program.

The subject of Dr Hiscock's presentation was "Can a Good Night's Sleep Really Fight Obesity?" The seminar was well attended by close to 80 health professionals, educators and concerned public in nine locations across the state.

Dr Hiscock pointed out that over the last five years, there has been a growing body of evidence that short sleep duration in adults and children is associated with excess weight and childhood obesity. In the absence of any effective obesity prevention strategies at a population level, serious consideration is being given to improving sleep as a way of preventing obesity.

Dr Hiscock critically evaluated the current literature and discussed recent data analyses from the 8,000 children taking part in the Longitudinal Study of Australian Children. She also explored questions such as how likely is longer sleep to be effective, how much does poor sleep contribute to obesity, and what are the possible mechanisms?



*Dr Hiscock meets a group of Rural Clinical School staff and students via video conference. The video conference was also telecast to nine locations state wide reaching an audience of almost 80.*

### *Harriet Hiscock*

Dr Harriet Hiscock is a paediatrician and post doctoral research fellow at the Centre for Community Child Health, Royal Children's Hospital, Murdoch Childrens Research Institute, Melbourne. She has a keen research and clinical interest in common, high impact child health problems, including sleep and

behaviour problems. Her work focuses on the early treatment and prevention of these problems. Dr Hiscock has secured over \$1 million in research funding, including an NHMRC Public Health Capacity Building Grant. She currently supervises PhD and Masters students. She is a mother of two young children and an avid Richmond supporter.

## Sustaining rural volunteers in Tasmania

UDRH researchers, Dr **Christine Stirling**, **Suzanne Crowley**, Dr **Peter Orpin** and Associate Professor **Sue Kilpatrick**, had their abstract on a rural volunteers project accepted for the Tasmanian Home and Community Care Conference in Hobart, November 2008. The theme of the conference was "Putting the 'I' back into Independence –The Path to Wellness".

The abstract reports on the Sustainability of Rural Volunteering in Tasmania project, which was funded by Volunteering Tasmania, and profiled volunteers and volunteering issues in Tasmanian communities. The project aims to add to our understanding of the nature of volunteer labour in regional and rural Tasmania, and how this may be changing.

The research included interviews with volunteers and volunteer coordinators from three rural Tasmanian locations, and a Tasmania wide survey of volunteer coordinators and managers. The interview locations included a small rural community, a large rural community and a suburban community within a large regional centre.

The research found that motivations of volunteers are mixed and varied. Some said personal values and interests are very important. Some decided to volunteer after undergoing a deeply personal experience, such as death or illness of a loved one. Some saw volunteering as an avenue to meaningful work or to building networks and social groups.

The volunteers interviewed brought with them a wealth of work related experience, and utilised their skills in various areas including organisation skills (68%), task specific skills (59%), caring skills (53%), fund raising skills (51%), PR skills (45%) and transportation skills (14%). Some interviewed expressed an active dislike of training.

The project recommends that good volunteer management practices, among other things, should be able to protect and motivate the volunteers. Volunteer roles should match volunteers' values and expectations. Organisations need to support the networking aspects of volunteering and train volunteers in a suitable manner and in a way that acknowledges their past experiences.

## Exploring education challenges for older workers and volunteers



Dr June Hazzlewood

Dr **June Hazzlewood**, UDRH Honorary Associate, spoke at the “No Frills” National Vocational Education and Training (VET) Research conference in Launceston, July 2008, where she presented “Equity of Access to VET Training and Support for Adults in the Volunteer and Paid Workforce”.

The general focus of June’s paper is on issues affecting older men and women learning about and utilising new technology, and the implications for a range of stakeholders. The specific

focus is on equity of access to affordable VET training and support for older adults in, or entering, either the paid or volunteer workforce.

Australia’s population is ageing as a result of the increased life expectancy of both men and women in retirement. This is due in part to medical advances and healthy lifestyle choices. At the same time, the falling birth rate and immigration is impacting on the percentages of elderly and youth in the population.

This national trend parallels the global ageing demographic and is particularly noticeable in Tasmania, which has overtaken South Australia as the state with the highest proportion of people over 60 years of age.

The 2001 International Year of the Volunteer helped raise the profile of volunteers, many of whom reside in the third age of active retirement.

Older people are being called on to enter or continue their involvement in the volunteer workforce, but many, though willing, lack the knowledge and skills to accept executive roles in this technological age when reporting has long passed pen and paper and snail mail forms of communication.

An annual activity of National Centre for Vocational Education Research, this conference is considered one of the best value events on the VET research calendar. It aims to bring together staff involved or interested in education and training research from TAFE institutes, universities and private registered training organisations, as well as consultants.

## UDRH seminar – Lifestyle change for people at risk of type 2 diabetes

The prevalence of type 2 diabetes is reaching epidemic proportions. The disease, characterised by reduced levels of insulin or the inability of the body to use insulin effectively, is a progressive and incurable condition more common in people middle aged and older.

Demographic indicators suggest that Tasmania may expect to see a continuing rise in people diagnosed with the disease.

On 19 August, UDRH Lecturer Dr **Patricia Millar** presented a seminar on “Lifestyle Change Programs for People at Risk of Type 2 Diabetes”. This very popular seminar was telecast to 14 video conference sites across the state, benefiting over 80 health professionals.

At the seminar, Pat pointed out that major international randomised controlled trials suggest that lifestyle modification can reduce risk factors.

The only Australian intervention to date involving high risk individuals is the Greater Green Triangle Diabetes Prevention Project, an evidence based approach adapted from a Finnish randomised controlled trial considered world’s best practice. Elements of the Greater Green Triangle program are informing state interventions being developed for implementation in Victoria and South Australia.

In Tasmania, as on the mainland and overseas, services targeted to people with risk factors for type 2 diabetes tend to be limited, but some programs exist which support people at risk of chronic conditions to live a healthier lifestyle.

There are also more generic programs aimed at the general population, which could be useful to high risk people as well. Access to these programs depends on local availability and on the effectiveness of dissemination of information about them.

This UDRH seminar presented an overview of lifestyle change programs, and included a presentation by **Tim Smith** and **Anna Lovitt** of the Campbell Town Health and Community Service. The Campbell Town Health and Community Service has secured funding for an “Eat Well & Be Active” project aiming to reduce the impact of chronic disease morbidity in adults by focusing on eating well, being active and managing the social factors contributing to weight gain.

*Pat Millar*

Dr Pat Millar was principal researcher on UDRH’s recent Diabetes Risk Factor Reduction Report for Diabetes Tasmania, funded as part of Tasmania’s component of the Australian Better Health Initiative. The study will inform the development in Tasmania of prevention and self management services for people with pre-diabetes, or with significant risk factors for developing type 2 diabetes.

## Rural Health Week 2007 secures finalist berth at the Tasmanian Community Achievement Awards

Rural Health Week 2007 has been selected as one of three finalist community projects in The Franklin Press Events and Tourism Award category as part of the 2008 Tasmanian Community Achievement Awards.

The UDRH is delighted with Rural Health Week's selection, because it signifies the importance of Rural Health Week not only in promoting the overall health and wellbeing of Tasmania's communities, but also in contributing to social adhesion within small rural communities.

The hundreds of individuals who contributed to the success of Rural Health Week 2007 through their participation in Regional Planning Groups or informal planning processes will be represented at a Gala Award ceremony at the Grand Chancellor in Hobart on 29 November by representatives of the Rural Health Week 2007 State Planning Committee.

The Tasmanian Community Achievement Awards is about recognising individuals, organisations and groups who are making a difference in our local communities and our state.

In particular, The Franklin Press Events and Tourism Award recognises community based initiatives that provide a valuable source of income, promotion and other positive outcomes, such as education and employment, for our communities.

Additionally, events and tourism projects may have a positive impact socially and culturally, providing opportunities for people to meet and work together, helping to create a sense of belonging and social cohesion.

UDRH is planning a second Rural Health Week in summer 2009. Watch this space for further developments.



## Conversations with our community

UDRH Senior Research Fellow Dr **Peter Orpin** and **Peter Quin**, Community Services Manager at Orbst Regional Health (ORH) jointly presented their paper "Conversations with our Community: A Formal System of Anecdotal Data Capture and Response" at the Safety and Quality in Health Care National Forum in Adelaide 29-31 October 2008. This was one of only 24 concurrent session papers accepted for this large national conference that attracted 700 delegates.

The paper reports on the trial, conducted at Orbst Regional Health in far east Gippsland in Victoria, of a model of community participation designed by Dr Orpin for use in rural health services. This one year pilot project was funded under the Victorian Department of Human Service's Evaluating Effective Participation program, and was evaluated by Dr Orpin. The pilot was judged highly successful and the project has now become a continuing program within ORH.

The paper highlights community input and feedback as a valuable aid to service quality improvement, although, in practice, community input is beset with problems with representativeness,

timeliness and fit with formal administrative systems. The majority of community input and feedback takes the form of informal and spontaneous comment. While such comments may prompt a service response if heard by the right person at the right time, they rarely make it into formal service management processes.

However, a novel approach to address these issues through the formal and systematic capture, management and response to anecdotal data flowing within the community, was presented.

The project formalised the capture of these data through a widely available, and highly promoted community input system of postcards, email and a 1800 number. These data are then entered into the centre's quality improvement and risk management system, and managed and actioned fully within that system. To complete and nurture the conversational cycle, the centre has instituted a comprehensive system of staff and community feedback.

The project has produced considerable benefits in at least three areas. The steady stream of community input data has covered a very wide range

of types and issues – much wider and more diverse than encountered in other approaches. Handling these data within the existing system has allowed community input to be seamlessly incorporated within formal quality improvement and risk management processes with very little additional demand on resources. The continuity and immediacy of the process has stimulated dialogue and led to actions and outcomes on many issues that would otherwise have either dragged on or become lost in the system.

In the short time that it has been running, the model has overcome many of the traditional barriers to community input. The process of collecting anecdotal consumer based information has activated considerable energy in staff to monitor, evaluate and model service delivery according to contemporary consumer needs. There is a growing sense of connection to the service on the part of the community, and a growing sense of the value of community input among service staff. With information filtered through a risk management lens and with action allocated against quality improvement criteria, the method integrates easily into existing quality and risk management systems.

## Another look at culture, quality and performance

UDRH Lecturer **Shandell Elmer** and Director Associate Professor **Sue Kilpatrick** had a jointly authored paper published in a special edition (Vol 14, No. 2, August 2008) of the *Australian Journal of Primary Health* that focused on quality improvement in the community sector.

Titled "Another Look at the Culture-Quality-Performance Link", this paper presents the findings of the first stage of an evaluation that examines the changes that have occurred within organisations since participating in a quality improvement initiative.

Quality improvement is driven usually by quality, safety and risk agendas leading to a focus on measurements of the outputs of care, and outputs such as fewer complaints, accidents and adverse events. An oft-neglected theme is the impact of the quality improvement initiative within the organisation itself.

The evaluation findings indicate that engaging with a quality improvement program can change the nature of social interactions within the organisation. In this way, quality improvement programs can impact on organisational culture, particularly in relation to organisational learning.

Thus, this paper argues that successful engagement with a quality improvement program can enhance organisational learning, and, in turn, build organisational capacity.

## In Brief

Please welcome **Sharon Dennis** to the academic team of the UDRH. Sharon is to promote tertiary studies to aboriginal students and to support aboriginal students currently undertaking studies, particularly in the arena of the health sciences. She will be working two days each week on this temporary appointment.

Welcome is extended to **Siobhan Harpur** who has been appointed an Honorary Associate of the UDRH. Siobhan is currently Director of State-Wide System Development, Department of Health and Human Services. Over a number of years, she has been involved with the development of the UDRH's strategy direction as a member of the Academic Rural Health Advisory Group, the Future Directions Initiatives and focus groups.

**Jason Fello** has taken a 12 month secondment to work with the Deputy Vice Chancellor on the Newnham Campus. As the Executive Officer at the UDRH, Jason has been a force of continuity and good humour and we wish him well in his new endeavours.

**Dr Bruce Williams** has been appointed to fill the role of Executive Officer during Jason's secondment. Bruce was previously Chief Executive Officer of Tasmanian Farmers and Graziers Association. He has worked with a wide diversity of professional and lay people, and has highly developed management, leadership and facilitation skills.

As a Junior Research Fellow, **Dr Rosa McManamey** is undertaking a new project evaluating the UDRH Rural Health Teaching Sites. This project will help us understand the utilisation of the sites by students on rural placements. The project will conclude in January 2009.

UDRH staff and students have had at least eight papers accepted for the National Rural Health Conference in May 2009, a superb achievement given that only 120 out of 370 papers were accepted. The outstanding researchers are:

A/Prof **Sue Kilpatrick**, with **Stuart Auckland** – "Community Participation in a Socially Fragmented Region: Understanding Social Capital to Support a Primary Health Care Approach",

Dr **Peter Orpin**, with Dr **Christine Stirling** and A/Prof Sue Kilpatrick – "Volunteering as Community" and/or "Community Participation: In Search of Meaningful Engagement",

Dr **Erica Bell** – "Climate Change: Is Australian Rural and Remote Education Ready for the Age of Consequences?",

Dr **Lisa Dalton**, with **Anne Leversha** of Monash University – "The Australian Clinical Education Program: An Inter-Professional Rural Online Program to Educationally Prepare Health Professionals as Clinical Educators",

**Judy Spencer, Jessica Whelan**, Lisa Dalton – "Building Rural Health Care Teams through Inter-Professional Simulation Based Education",

Dr **Quynh Lê**, A/Prof Sue Kilpatrick, **Shandell Elmer** – "Adapting to Rural Communities by Overseas Born Health Professionals",

**Anna Spinaze** – "Spatial Connectedness and Social Connectedness for Rural and Remote Health Professionals", and

**Shelagh Lowe** – "Celebrating Success – Visionary Leadership Recognising 'Fit for Health' in the Delivery of Rural and Remote Primary Health Care Services".

## Upcoming training opportunities

### UDRH Seminar Series

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

Presenter: Prof Joan Abbott-Chapman, Professor of Education, University of Tasmania  
Subject: Adolescent risk perceptions, risky behaviours and factors which encourage resilience  
Date: 9 December 2008 (Tuesday)  
Time: 12:15 – 1:30pm  
Venue: Telehealth Studios state wide

Presenter: Sue Whetton, Lecturer (Online Educational Development), UDRH  
Subject: Privacy and health informatics  
Date: 28 January 2009 (Wednesday)  
Time: 12:15 – 1:30pm  
Venue: Telehealth Studios state wide

Presenter: Dr Christine Stirling, Senior Research Fellow, Wicking Dementia Research and Education Centre, Menzies Research Institute  
Subject: Volunteer recruitment strategy (to be confirmed)  
Date: 27 February 2009 (Friday)  
Time: 12:15 – 1:30pm  
Venue: Telehealth Studios state wide