

Focus on Communications

Rural Health Bulletin

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From the Director's Desk



Courtesy of The Examiner

Associate Professor Sue Kilpatrick

2005 has been a very productive year for the University Department of Rural Health. We have settled in to our new focus on integrated and collaborative rural health, supported by three sub-themes of rural workforce, community health and well-being and health services systems. From my experiences at the annual conference of The Network: Toward Unity for Health in Ho Chi Minh City in November and visits to rural health services and researchers in the north of Scotland, these themes are entirely consistent with the thrust of international research and innovations to improve rural practice. Moves toward interprofessional education and practice are occupying universities and health services in most of the 37 countries represented at the conference. There is more about these visits and the conference on page 13 in the Bulletin.

There have been some notable successes in competitive grants over the last several months. You will read about Dr **Clarissa Hughes'** new project on preventing alcohol related harm among rural youth. This is a joint project with Tasmania Police and the University's Tasmanian Institute of Law Enforcement Studies.

The Rural Health Graduate Research program continues to grow; the recent graduate school is featured in this issue. New scholarships offered as part of the Partners in Health initiative between the University and the Department of Health and

Human Services will add three more candidates in the new year.

We are also celebrating **Martin Harris'** receipt of the 2005 Vice-Chancellor's Awards for Outstanding Community Engagement. This award not only recognises the contributions that Martin has made in a number of areas, but also the high priority that the UDRH gives to community engagement.

I am very pleased to announce that we have appointed Dr **Peg LeVine** as Senior Lecturer in Health Services Systems. Peg is a clinical psychologist with extensive research and practical experience in rural mental health in Australia and overseas. There is more about Peg on the back page in this Bulletin. We have made three other academic appointments recently. Two are familiar faces in new, more permanent roles, Dr **Quynh Le**, who has been Information Communication Technology Coordinator, as Lecturer and **Georgie Earles**, who was funded under the PHC RED Research Development Program, as Associate Lecturer in Rural Health. They are joined by **Jess Whelan**, Associate Lecturer in Rural Health, who is completing her PhD in environmental health.

Next year will see a continuation of the Primary Health Care Research, Evaluation and Development program that builds the capacity of primary health researchers. We plan a series of workshops in collaboration with the Discipline of General Practice and some targeted development projects that will train early and mid career researchers, under the direction of Dr **Peter Orpin**. We plan additional professional development activities for rural health professionals and a research program that we have developed in consultation with our stakeholders. Two new Rural Health Teaching sites will increase accommodation for students at Nubeena and Swansea.

On behalf of all of us at the UDRH, I wish you a Merry Christmas and a Happy and Healthy New Year!

Sue Kilpatrick
Associate Professor and Director

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(From left) Inspector Matthew Richman,
Dr Clarissa Hughes and Associate
Professor Roberta Julian

New Collaboration Wins \$500K Grant to Target Youth Binge-Drinking

A newly-formed collaboration involving University of Tasmania researchers is off to a flying start, having received a grant of nearly \$500,000 from the Alcohol Education and Rehabilitation Foundation.

The collaboration, involving the University Department of Rural Health (UDRH), the Tasmanian Institute of Law Enforcement Studies (TILES) and the Department of Police and Public Safety, will conduct the first Australian trial of an innovative approach to reducing binge-drinking among teenagers.

Unlike many other substance abuse prevention approaches that focus on individuals, the so-called Social Norms approach aims for cultural change by influencing the social environments that are supportive of risky alcohol consumption. The approach has been used extensively in the United States (and more recently in Canada) and has been heralded as an effective strategy for reducing alcohol-related harm among young people.

Dr **Clarissa Hughes** (UDRH/TILES), Associate Professor **Roberta Julian** (TILES) and Inspector **Matthew Richman** (Tasmania Police/TILES) will be working with personnel from the Department of Health and Human Services, the Department of Education and international experts to conduct the multi-site trial in 2006 and 2007, with local government, youth/health service providers, high-school personnel and other individuals being involved 'on the ground' at each of the two Tasmanian rural sites.

The rural focus of the Australian trial is of great importance, since youth in rural and remote communities consume alcohol at more harmful levels than their metropolitan counterparts. Tasmania provides the ideal setting in which to investigate the suitability of this approach for the rural setting. As well as conducting the trial itself, the collaboration will develop a resource kit to assist other rural communities in Australia to implement their own Social Norms interventions.

According to Project Director Dr Clarissa Hughes, "young people often take risks in the mistaken belief that 'everyone's doing it'. This project taps into the power of peer influence by correcting the misperceptions young people commonly have about binge-drinking among their peers.

"Much of the appeal of this approach lies in its positivity. Rather than preaching to kids about what they shouldn't do, it lets them know what their peers are actually doing. There's a substantial body of evidence that suggests that overestimation of binge-drinking is rife, and that simply correcting the misperceptions can actually bring about positive change," added Dr Hughes.

The basic stages of a Social Norms intervention are as follows:

- Phase One – involves the collection of baseline self-report data about alcohol use and attitudes. These data are then analysed and the key messages are crafted, with an emphasis on positivity (for example, '70% of Greentown High students have three or fewer drinks when they party').
- Phase Two – involves the incorporation of key messages (i.e. the 'actual norms') into a media campaign utilising radio, flyers, screensavers, and newspaper ads, for example. The messages

are then delivered intensively to the target populations, which often include parents and teachers as well as students.

- Phase Three – involves evaluating the impact of the media campaign, in terms of recognition and understanding of the message, changes to norm perceptions and resultant changes in behaviour among the target population.

Depending on the length of the project, the phases may be repeated several times. Although some Social Norms interventions overseas have continued for up to a decade, positive impacts can still be anticipated within much shorter time frames (around 2 years, for example), providing the intervention is carefully designed and implemented.

Whilst most Social Norms interventions have focused on alcohol, the approach is being used to target an increasing number of issues including smoking, disordered eating and domestic violence.

According to TILES Director, Associate Professor Roberta Julian, "TILES is proud to be involved in this project. Even modest reductions to binge-drinking can deliver significant benefits to the community in terms of increased safety and security. We're also optimistic about the potential of the Social Norms approach to prompt a reconsideration of ways to address many health and social issues in this country."

For more information, please contact:

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Developing Expertise in Aged Service Needs

Dr Peter Orpin, Kim Boyer and Dr Rosalind Bull

Bull have been involved in a multidisciplinary aged care service needs research consortium led by Professor Judi Walker which has just finished the first stage of a pilot study on the Cradle-to-Coast area of the North West. The consortium have used the results of the pilot study as the basis for an expression of interest to the National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) 'Ageing Well, Ageing Productively' program to conduct a large scale study on aged service needs in rural areas. This study is only one indication of a growing research interest within the UDRH and the Rural Clinical School in the issues of ageing in rural Tasmania.

Australia's ageing demographic is capturing the attention of researchers and government alike with the "baby boomer bulge" moving towards retirement. It is in everyone's interest that these people remain healthy, involved and productive members of their communities well into old age. It is not only the numbers that are changing, older people are more mobile, living and staying healthy longer and having higher expectations about what their later years will bring. This is likely to have particularly far-reaching impacts in rural areas with the many changes taking place in the structure of rural life.

This will mean that we need more and better evidence on which to develop policy and plan services for rural aged care. The UDRH is gradually developing a core group of researchers and projects that are working in this exciting and growing area. These include:

- The team from the pilot study are well into planning for the 18 month follow-up study.
- The same team have just been advised that they have been one of a small number selected from a very large pool of applicants to proceed to the second, full-proposal round of the NHMRC/ARC Ageing Well, Ageing Productively program. The proposal seeks to fund an extension of the pilot study to include 3,500 people across four local government areas of the State.
- Kim Boyer is part of another consortium responsible for a funding application for a study to explore models of social eating for aged people.
- Dr Peter Orpin has submitted a funding application to the National Senior Productive Ageing Project to study triggers to social disengagement among older rural people.
- Dr Pat Millar and Associate Professor Sue Kilpatrick have made an application to the same body for a study into health literacies among rural aged.



Dr Peter Orpin and Kim Boyer

• **Georgie Earles** is completing a study into barriers to early diagnosis of dementia by rural general practitioners and will expand this in 2006 into a PhD study looking at the effects on service providers and carers.

• In 2006, the UDRH is planning to support a research project under the Primary Health Care Research, Evaluation and Development (PHC RED) program to provide training for early and mid career PHC researchers. This project is likely to explore what communities do, and can do, to support their older members to remain engaged and productive.

• Dr Quynh Lê is planning to use her skills with large data sets to undertake an epidemiology study into the distribution of conditions of ageing in the State and to explore links between aged health and socio-economic status.

Valuable New Resource for the Health Sector



Lauren Hoban demonstrating how user friendly the Rural Health Training Events website is.

The UDRH has responded to a need expressed by the health professional community for there to be a coordinated central repository of information about rural health training events.

The **Rural Health Training Events** home page may be found by accessing the University Department of Rural Health website (www.ruralhealth.utas.edu.au/events). Users may view all events or choose from an audience interest category that suits their needs. The categories are:

- Allied Health
- Consumers
- General Practitioners
- Nurses
- Primary Health Care Practitioners
- Students
- Others

Users may bookmark a particular page for future reference so that they can check back regularly to view new events and note further developments on the site.

Developer of the project, Lecturer in Rural Health, **Lauren Hoban** said, "we plan to work on this resource over the coming months to include refinements such as a calendar based interface, and a comprehensive listing of public holidays, school and university holidays, major meetings and regularly recurring events."

"There will also be contact details for listed organisations and expanded search functions," she added.

The participation of users is vital for the success of the project.

"We welcome your involvement in this ongoing project. To have your event included on the site, please complete the electronic *Submit Event* form," said Ms Hoban.

For further information, please email:
rural.health@utas.edu.au.

UDRH Seminar Series Starts in Spectacular Style

The first of the UDRH Seminar Series was held on Friday 23 September at four main venues – the Launceston General Hospital, the Repatriation Centre in Hobart and the Burnie and Mersey campuses of the North West Regional Hospital. A number of outlying sites were also linked in, enabling about 50 health professionals, academics and administrators to take part.

Due to enthusiastic responses, the second seminar on 24 October drew up to 60 participants with a total of nine locations being linked up.

The aim of the series is to:

- showcase the work of UDRH;
- partly fulfil the role of the UDRH in upskilling health professionals;
- involve interested people from the wider community;
- create a place for graduate student and staff interaction around research;
- provide a forum for visiting academics and health professionals to present their work.

The series will have two streams:

- topics that relate to practical and/or clinical situations and would engage a wide range of people, including health professionals;
- topics of a more theoretical nature directed at research students and people with an interest in research.

It is hoped that the series will complement other UDRH activities, such as the Graduate Research Support Program. At the same time the series is envisaged as a fairly flexible, highly interactive and supportive forum where people, including researchers, can gain inspiration from sharing ideas with their colleagues.

PRESENTATION 1: BUILDING EFFECTIVE PARTNERSHIPS FOR RURAL HEALTH SERVICE – REVIEW OF THE LITERATURE

Susan Johns, Junior Research Fellow at the UDRH, presented results from a review of the literature on processes for developing effective community health partnerships in rural areas. It classified the literature on partnership development according to context, predictors, processes, and people, and synthesised findings into an emergent model of partnership development. The seminar identified gaps in our knowledge base of community health partnerships which could present research opportunities for the UDRH. The other researchers on this project are Associate Professor **Sue Kilpatrick** and **Jessica Whelan**.

Susan Johns has a Master of Education (Research) and has a track record in educational research, with a particular focus on the outcomes of vocational education and training for rural youth, school-community partnerships, and educational and community leadership. Mrs Johns has presented findings of her research at conferences, and has published a number of articles in national and international education, training and agricultural extension journals.

Associate Professor Sue Kilpatrick's research interests are social capital, agriculture, small business and vocational education and training in regional Australia. She has published extensively in these areas besides working as a consultant and researcher with rural communities at the local level.

Jessica Whelan is currently completing her PhD on drinking water and public health in Tasmania with the School of Sociology, and has published articles on her research in journals including The Health Sociology Review, Current Issues in Criminal Justice and the Australian and New Zealand Journal of Public Health. Her research interests are water quality, public health, social capital and community.



(From left) Jess Whelan and Susan Johns, presenters of Building Effective Partnership for Rural Health Service

PRESENTATION 2: RURAL OLDER PERSONS PILOT STUDY

Dr Peter Orpin presented a pilot study that the Rural Older Persons Consortium (a wide consortium involving UDRH, Rural Clinical School, Nursing, Geography and Environmental Studies, Economics and Pathology) conducted in the Cradle Coast Region to look at the situation and service needs of older people in rural areas. He is the principal author of a paper from the pilot

study with Professor **Judi Walker**, chief investigator for the project, together with a host of contributing authors.

Dr Orpin's major areas of interest are in alternate "bottom-up" approaches to health care and service delivery that centre on and empower individuals and their communities. He has an eclectic approach to theory, and methodology, although much of his work

comes out of a community studies and network theory base. His present research work is primarily concerned with the evaluation of service delivery models. His major interests at present are the operation of the Multi-Purpose Service model of health care delivery to rural communities and healthy ageing, particularly management and self-management of chronic disease.

UDRH Helps Build Better Communities for Children

UDRH is pleased to be working with the Salvation Army on another exciting project. The Salvation Army was recently awarded a Stronger Families: Communities for Children contract to become a Facilitating Partner with the Commonwealth Department of Family and Community Services.



Dr Pat Millar

The Communities for Children project aims to help families and communities build better futures for children, build family and community capacity, support relationships between families and the communities they live in, and improve communities' ability to help themselves. It covers the four local government areas of Brighton, New Norfolk, Central Highlands and Southern Midlands.

The program will help disadvantaged young children and their families, particularly the families of young single mothers. It aims to engage and support these families when early signs of not coping emerge. Young parents will be able to participate in life skills and parenting classes, working within a strengths-based environment.

UDRH's role will be as consultants and local evaluators of the four-year project. We will be advising the Salvation Army on applying evidence in their initiative design and implementation, and also providing consultancy to local initiatives in relation to evaluation, management information and data collection, storage and analysis. In our evaluator capacity, we will undertake evaluation activity associated with local initiatives, quality assure the data, and coordinate local data collection on behalf of a National Evaluation which will cover many similar projects across Australia.

Dr **Pat Millar** will be working with Associate Professor **Sue Kilpatrick** on this project. At the moment, Pat is attending preliminary project meetings with the Salvation Army and other stakeholders. Communities for Children has many similarities to the UK's Sure Start program. During Sue's recent London visit, she was able to spend a very informative couple of hours with a Sure Start coordinator whose program services nine housing estates. The notes from Sue's London visit were tabled at the Salvation Army's one-day planning day of its Communities for Children Committee on 1 December.

PRESENTATION 3: SUICIDE PREVENTION STRATEGIES IN RURAL AND REMOTE COMMUNITIES

Martin Harris presented the issues facing older persons that might create a trajectory towards suicide, and some of the prevention strategies that provide support. The suicide patterns for Tasmania were discussed, together with the findings from a range of focus groups exploring the changing social landscape. The presentation suggested suicide prevention strategies and described programs that address the particular needs of rural and remote communities.

Martin Harris has been involved in mental health research since joining the UDRH in 1999. His particular focus has been the role of education and training in suicide prevention. He is the Tasmanian representative and Board member for Suicide Prevention Australia and is currently completing his PhD where his research topic is "Resilience in geographically dislocating transitions".

PRESENTATION 4: HOW SOON IS SOON ENOUGH?

Georgie Earles presented her research into the diagnosis and management of dementia. This study explores Tasmanian general practitioners' (GPs) experiences of diagnosing dementia using a qualitative research design, based on grounded theory. Of particular interest is the length of time it can take to diagnose dementia, which delays a patient's introduction to support services. Diagnosis is often not made until a crisis situation is reached, negatively affecting both the patient and the carer. Research has shown that doctors' attitudes towards dementia can be a barrier to diagnosis, due in part to the perceived lack of effective treatment or interventions for the disease. This project is still in the data collection phase which involves interviewing GPs from

both metropolitan and regional practices using a semi-structured interview process. Findings thus far suggest that issues such as stigma, resources, time, and a nihilistic attitude towards the treatment of dementia can negatively impact on the early diagnosis of dementia. Rurality, however, may in fact be a positive factor in the management of dementia. A greater understanding about GPs' experiences of diagnosing dementia will be of



Georgie Earles

practical assistance when developing interventions to facilitate the timely diagnosis of dementia.

Georgie has recently taken up a position with the University of Tasmania's Department of Rural Health as an Associate Lecturer. She is currently involved (among other things) in a project looking at the attitudes of Tasmanian GPs towards dementia, and how this affects the diagnostic process.

Rural Clinical School: Building Capacity – the Teaching Recognition Program

Report from the Professor of Rural Health on Tasmanian Academic Rural Health Reference Group

In the last edition of the Rural Health Bulletin (August 2005) I wrote about the Faculty of Health Science's focus on rural health in the context of its three major externally funded academic rural health initiatives:

- The Rural Undergraduate Support and Coordination (RUSC) Program;
- The University Department of Rural Health (UDRH) Program; and
- The Rural Clinical School (RCS) Program.

I explained how the Faculty has created an academic rural health portfolio to encourage better integration between the three Programs and with Schools-based teaching, learning and research core business.

Professor **Allan Carmichael**, the Dean of the Faculty, receives strategic advice and policy direction from the statewide Academic Rural Health Reference Group, which meets twice a year. The Reference Group provides an opportunity for key stakeholders both within and external to the University to engage with the Faculty's academic rural health activities particularly to:

- review the achievement of performance indicators/outcomes for academic rural health;
- provide and consider information; and
- provide advice for academic rural health policy directions.

The Reference Group is convened by the Professor of Rural Health and chaired by the Dean. Members are from within the University and key government and non-government stakeholders.

The Reference Group's second meeting for 2005 was held at the new Rural Clinical School facility in Burnie on 22 November.

Eighteen members attended and received a comprehensive briefing on the latest national, state and university initiatives that impact on academic rural health, including reports from the Australian Rural Health Education Network (national network of UDRHs) and the Federation of Australian Rural Medical Educators (RCS Directors and RUSC Coordinators) and the Committee of Deans of Medical Schools.

Members discussed issues arising from reports of UDRH and RCS key performance indicators including an exploration of reasons for a low level of student satisfaction by medical students on short term rural placements and strategies to address this.

There was a specific focus on academic rural health collaborations between the RUSC, UDRH and RCS programs in the areas of undergraduate education and graduate research. The development of Theme 3 (Community Health and Disease) in the new MBBS course and the Rural Health Careers Program provided examples of sharing of



The Academic Rural Health Reference Group in meeting

expertise and resources and linkages across the three programs. Members were appraised of the Faculty's rural health research training program, coordinated through the UDRH and the Primary Health Care Research, Evaluation and Development strategy. These initiatives are increasing the pool of primary health care researchers, particularly in rural Tasmania, by supporting early-mid career researchers and facilitating the uptake of evidence in policy and practice.

The meeting also provided members of the Reference Group with an opportunity to share information and raise awareness of areas where they thought coordination or collaboration is required. Discussion included the Australian Government's recently announced scholarship program for allied health undergraduates; the potential for enhancing linkages between funded rural scholarship programs and universities; and the benefits of an interprofessional approach to rural clinical training.

Professor Judi Walker



Dr Marcus Skinner

Dr Marcus Skinner is appointed Clinical Associate Professor with the School of Medicine (Rural Clinical School)

Congratulations go to Dr **Marcus Skinner** (Regional Director of Anaesthetic/ICU/Emergency Medicine and Pain Management) of the North West Regional Hospital on being conferred with the title Clinical Associate Professor, by the University of Tasmania.

Dr Skinner's appointment recognises his substantial and continuing contribution to medical education and research. The Rural Clinical School (RCS) is extremely fortunate that Dr Skinner is keenly interested in teaching in the MBBS undergraduate

course. As the North West Regional Hospital's Director of Clinical Training with responsibility for postgraduate programs, he provides an effective conduit for the development of vertically integrated training, which forms an important component for undergraduate medical students at the RCS.

Dr Skinner is just one example of a growing number of clinicians, both hospital and community based who find the teaching role both rewarding and professionally invigorating. Many find that it helps them to keep abreast of the latest developments and

certainly all enjoy the enthusiasm and vibrancy students bring to their learning.

In 2006 the Rural Clinical School will be inviting even more medical professionals to become involved in teaching through the new Teaching Recognition Program.

What is the Teaching Recognition Program?

The Teaching Recognition Program acknowledges and resources clinicians who contribute to the supervision, training and education of medical students undertaking the two clinical years of the MBBS course at the Rural Clinical School.

The Program recognises that an integral part of the delivery of the education program is the opportunity students have to work along-side clinicians where they become part of the team and are mentored and taught during this process. This amounts to a significant investment of time and effort on behalf of clinicians who are juggling the competing demands of patient care and workload.

This program is new in that it provides a means of acknowledging and supporting the broad range of hospital and community based clinicians who volunteer their services to the University without pecuniary gain.

The Program focuses on recognition through support for professional development activities and the provision of educational resources.

Further information can be obtained from **Maree Gleeson** (email: maree.gleeson@utas.edu.au) who is the Rural Clinical School's Medical Education Officer.



Maree Gleeson (left), Medical Education Officer of the Rural Clinical School

New Graduate Certificate in Learning and Teaching now on offer

The University is pleased to make available a new postgraduate qualification that may be taken up by those working in health service delivery – the Graduate Certificate in University Learning and Teaching (E5T).

The Rural Clinical School is keen to promote the new Graduate Certificate to those working in the health services who are involved in, or would like to be involved in providing supervision for medical and other health science students during the completion of their undergraduate course.

It is quite often the case that those with finely tuned skills in the health sciences feel a professional need for a greater understanding of how those skills and knowledge are best conveyed to students. That is, to have some theoretical understanding of student learning, to develop their teaching based on critical self-reflection and to develop knowledge and skills in the area of evaluation and clinical assessment.

The Graduate Certificate in Learning provides a pathway for those professionals to achieve such things and is an exciting development across the University and especially for those working with the Faculty of Health Science.

In 2006, staff at the Rural Clinical School will be part of promoting this UTAS initiative and will be talking with health professionals across the region about delivery models for the Graduate Certificate.

Expanding the MBBS Year 5/6 Program RCS Program

In 2006, there will be approximately 30 undergraduate Year 5/6 MBBS students studying in the region with the Rural Clinical School. This is a significant increase and in line with projected growth patterns that will see approximately 50 in number by 2010. Concurrently, the RCS is expanding the number and range of medical professionals providing supervision for students. In 2006, the program will continue to see students working in locations from Latrobe to Wynyard, as well as in remote communities such as the West Coast, Circular Head and King Island.

An important addition to the capacity of the program has been the utilisation of the Mersey Campus of the North West Regional Hospital where there is a Facility Refurbishment Program underway. The refurbishment will provide computer and lounge facilities for students, accommodation for teaching clinicians and research academics and a more developed resource capacity. Students will visit the Mersey Campus in small groups to undertake specific rotations and live in the Latrobe township for a period of approximately six weeks at a time.



The Mersey Hospital and the student accommodation

The program began in 2005 with a limited number of students who all commented on the high quality of teaching available at Mersey and the strong sense of "professional community" that is part of the culture of the organisation. They are looking forward to returning to the Mersey Campus and introducing their colleagues to the experience.

Enthusiasm at the Interactive Graduate Research School

Over 20 staff and students (PhD and Research Masters) attended the Rural Health Graduate Research School from 9 to 10 November 2005 at the Colonial on Elizabeth, Launceston.

The school was highly interactive with many students taking the opportunity to use their presentation session as a workshop for specific areas of their research. Research findings, theoretical perspectives and possible ideas for new

studies were all discussed with enthusiasm, providing students at all levels of the research continuum with valuable feedback.

Professor **John Beard**, Clinical Professor and Head, Department of Rural Health (Northern Rivers), University of Sydney, Professor of Public and Environmental Health, Southern Cross University, was our visiting academic and provided insightful critique and a thought provoking master class for our students. While John spoke with our students,

the University's Complaints Commissioner, **Maurice Todd** engaged the supervisors in a lively discussion about the rewards and challenges of the student-supervisor relationship. We also welcomed several potential students including **Suzette Seaton** (North-West), **Lodi Leipold** (North-West), **Helen Howarth** (South) and **Alex Fitzpatrick** (South).

Students took the opportunity at the end of the school to contribute to the structure of the 2006 schools and student support program.

Extending the Horizon through Research

Fiona Jones was one of the many participants who thoroughly enjoyed the discussions and exchanges of ideas and knowledge at the UDRH's November Graduate Research School. Fiona is a Specialist Social Worker, Palliative Care and Community Health Social Worker and before she became a Graduate Research student in January 2005, she was no stranger to the UDRH. Through participation in the Primary Health Care Research, Evaluation and Development (PHC RED) workshops organised by UDRH, she developed an interest in research. When she read a UDRH bursary advertisement, she had no hesitation and applied. She is now studying a masters preliminary program with the UDRH, looking at developing a generic model of rural health volunteering.

Fiona pointed out the difficulties of volunteering in rural settings. Whilst there are many volunteering organisations like Early Support for Parents and Lifeline in cities, the actual opportunities for volunteering in rural areas are very limited. Factors such as resources and financial issues have inhibited the expansion of these services within the rural areas. In addition, there is a smaller population to draw upon in rural and remote areas for the provision of volunteers. Hence, Fiona has the idea of getting the volunteering groups to come together to train volunteers to be multi-skilled. A generic model will help the rural communities to better develop their volunteering resources. Moreover, multi-skilled volunteers will have more opportunities to practise their skills and thus maintain their interests in volunteering.

As a specialist frontline service provider in palliative care, Fiona has a strong role in counselling,

policy/service development and education, particularly with community nurses, nurses and carers in nursing homes and other community organisations. In the community health area, she is directly involved in counselling, health promotion, community development and emergency management/ community recovery work. While clinical and practical skills are important, Fiona thinks research is also central to her work, in particular in her community education role. "On the education side, I am now more skilled at using the literature, integrating it with my work experience. Research adds more dimensions to the education," said Fiona.

"I could have taken up a post graduate study in social work. However, I didn't want to specialise in any one particular area of health. I am personally dedicated to the provision of rural health, with my work history being predominantly in rural areas (NSW and throughout Tasmania). Most important of all, the research focus of the UDRH really hit the button as I have a keen interest in research. I hope to broaden my scope and go beyond what I am doing now."

While Fiona has enjoyed her present scope in clinical services provision, she would like to engage more in focused research work and look at opportunities in other positions.

"Through the study, I benefit in personal development too. The study makes me read up on literature and go back to the academic way of thinking. I think I am now a clearer thinker and I am more succinct in presenting myself," added Fiona. "I also like the lateral thinking training in research. As I am focussing on volunteering, I also



Fiona Jones

think about the wider perspective. Many things that are happening to volunteering could be reflective of the wider workplace."

Picking up study again so many years after graduation is not an easy task for Fiona who has two part time jobs – one as Specialist Palliative Care Social Worker based in Hobart covering the Southern region, and one as Community Health Social Worker in the Midlands Multi-Purpose Health Centre – and a family to attend to. The graduate research study to her is like having a third job. "It is quite daunting and overwhelming at times, but also exhilarating and challenging," said Fiona, describing the learning experience as a "baptism of fire". "I have learnt and re-learnt many new skills such as database searches, library resources, writing skills, computer skills, forming of opinion, etc. I see improvements in these areas as I grow more confident in my study."

Despite the very intensive one-on-one meetings with her supervisor Dr **Peter Orpin**, Fiona described the supervision as a "wonderful experience" and has enjoyed the level of closeness of working with the supervisor. "It's hard work but it's really worth it," Fiona concluded.

Can Lessons be Learnt from Rural?

On Tuesday 6 September 2005 Shelagh Lowe was one of three invited speakers at the New South Wales branch of the Health Services Union (HSU) 3rd Annual Health Professionals' Forum. The forum was held at the Novotel Hotel, Brighton Beach, Sydney and proved a success for the HSU with 170 members attending representing over 20 professional classifications.

Shelagh Lowe's presentation followed that of Dr Rosalie Boyce who raised the issue of allied health being at the crossroads and the challenges facing the future of this essential component of the health workforce. Shelagh's presentation "Can lessons be learnt from rural?" then continued the theme set by Dr Boyce.

For her presentation, Shelagh drew on experiences gained from seven years as an advocate on the national stage for the rural and remote allied health workforce, and on the work she had recently undertaken to develop her preliminary research plan

for her Masters of Medical Science degree at the University of Tasmania. Shelagh found that the literature review and process undertaken to develop her research topic, "Primary health care in rural and remote Australia: GP lead multidisciplinary teams – how have Australian Government rural health policies been put into practice?" and to write the preliminary research plan was invaluable in strengthening her arguments presented to delegates at the HSU forum. She was able to set the context for the challenges that are faced by the rural and remote allied health workforce and to highlight how government health policy is impacting on allied health services in these regions – the issues, challenges, and examples of solutions and innovations to overcome these challenges.

The aim of the presentation was to then highlight how the challenges being confronted by allied health professionals in rural and remote Australia are now spreading to metropolitan regions and that health and workforce reform is on the agenda in order to



Shelagh Lowe

meet future Australian health needs. Metropolitan allied health professionals can learn from their rural and remote counterparts with regards to becoming leaders in advocacy and so driving necessary changes rather than having changes imposed upon the sector, and in implementing innovative practice to overcome workforce shortages.

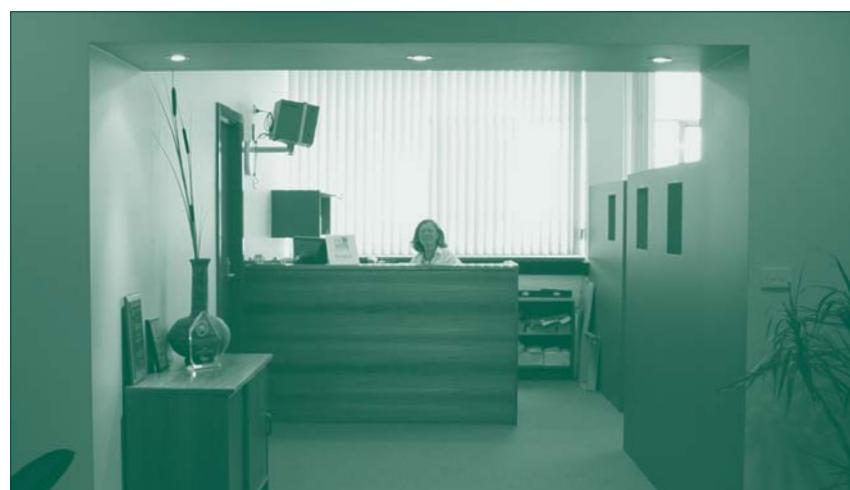
Shelagh would like to thank her supervisors, Dr Rosalind Bull and Professor Judi Walker for their ongoing support and guidance.

Graduate Research Support Program

The support program for the PhD and Research Masters students is a cornerstone of the Rural Health Graduate Research program. This year two streams were offered; one for commencing students and one for continuing students. Workshops focussed on issues of key importance to research higher degree students at various times in their candidature. Since August the students have had the opportunity to:

- workshop their research questions;
- hone their skills at documenting an auditable trail of research decisions;
- develop their academic writing skills and learn what examiners are looking for;
- identify how theory underpins the research process and the construction of a thesis and;
- attend a two day research school.

In addition, students were encouraged to attend the University's Graduate Research Week activities which included workshops, displays, seminars and interactive activities specifically for Graduate Research students.



The UDRH Front Office Puts on a More Welcoming Look

Visitors who have been to the UDRH front office in the Ann O'Byrne Centre, Launceston, will notice a significant difference on their next visit.

Previously, all visitors, having passed the front door on Level Two, would have to pass yet another door to get to the reception, which was not the most welcoming environment for our guests and visitors. After a recent renovation, the front office is now opened up with the reception more directly accessible and visitors will be able to see the friendly smiles of our administrative staff as they step onto the office floor.

Replacing the cold blue tone, the new front office is now in the warmer and regal colour of maroon. It is also dressed up by a credenza displaying trophies the UDRH has been awarded over the years.

There were also a few practical movements and enhancement of furniture, such as partitions for work stations for staff and additional credenzas, to make the work of the administrative office more efficient.

Come visit us and see the changes for yourself.

Martin Harris Receives the 2005 Vice-Chancellor's Awards for Outstanding Community Engagement



Martin Harris (right) receives the award from the Vice-Chancellor Professor Daryl Le Grew

Every year the University of Tasmania gives out awards that recognise and reward excellent staff performance and contribution. One of these is the Vice-Chancellor's Awards for Outstanding Community Engagement which aims to recognise outstanding contributions of individual staff or teams of staff to community life. The UDRH nominated one of its staff members, Martin Harris, to the award for "service to the community" and we are very pleased that Martin has been selected for this important award in recognition of his proactive participation in community activities and his extensive contribution to University community engagement.

Martin Harris has been a valued member of the University Department of Rural Health team since his appointment as Research Fellow in 1999. He is a member of the Community Health and Wellbeing theme area team, of which community engagement is a significant activity.

Martin brought with him special skills gathered during his long and successful career as a secondary school teacher. These skills, which include the ability to relate to young people and to

communicate with a broad range of people, have stood him in good stead at UDRH.

Martin has always been proactive in offering to share his wealth of knowledge concerning the various aspects of suicide prevention. His skills and knowledge are often sought and appreciated, both within the UDRH and through the broader community. A recent testimonial from a group of health professionals and administrators at the Department of Health and Human Services paid tribute to his relaxed presentation style, his thorough grasp of the subject matter and his ability to form a creative rapport with the group.

Martin's experience as Project Manager of the Tele-Check suicide prevention program, piloted on Tasmania's West Coast, gave ample evidence of his willingness to "go the extra" mile and to form worthwhile and rewarding partnerships with communities that are striving to achieve wellbeing in an isolated setting. This was achieved through presenting at community forums, meeting with health professionals and conducting training workshops with and for the community.

The first phase of the Tele-Check program was completed in April 2005. Due to the success of the first phase, the project has now been adopted by the West Coast community and has been embedded

into the existing local health services. The project has resulted in the training of a number of community members who now provide telephone support to "at risk" members of their community.

Martin is currently engaged as a specialist resource in a statewide audit of suicide prevention services, a role that is not part of his current position description at the UDRH. This role has required Martin to attend meetings away from his base, provide input on the design of survey tools and to comment on project documentation.

Martin has maintained his interest in community education as a Setting Examiner in Legal Studies for the Tasmanian Qualifications Authority and as a volunteer tutor of refugees from Africa.

Martin's intimate knowledge of the suicide prevention sector coupled with his passion to make a difference in communities has enabled the UDRH to extend its community networks and enhance its reputation as a leader in community health and wellness and community engagement.

Besides working on suicide prevention related tasks in the community, Martin is undertaking PhD research under the supervision of Professor **Judi Walker** and Dr **Marion Myhill**. His study examines the personal characteristics of resilience in young males that are sustaining and protective in the absence of familiar contextual supports. The aim of this research is to explore and contribute to the understanding of the mental health implications of geographic dislocation, the mechanisms of personal resilience, and the pathways for intervention.

The cohort used to explore the experience in this study is the AFL draft and particularly those players who are relocated to take up their contracts. For the young rural men moving from "one world to another", this study will provide a rich source of information and directions for appropriate preparations that will assist them to thrive in their new environment.

We at the UDRH would like to congratulate Martin on his outstanding achievements in contributing to the community and enhancing the reputation of the University in the general community.

AUCEA CONFERENCE

Provides Valuable Insights for Community Engagement

The Australian Universities Community Engagement Alliance (AUCEA) is an alliance of Australian universities committed to university-community engagement in order to promote the social, environmental, economic and cultural development of communities. AUCEA is acknowledged both nationally and internationally as a leader in the field of university-community engagement.

UDRH staff member **Stuart Auckland** and researcher **Heather Brookes** presented a non-refereed paper and disseminated information of UDRH community engagement (CE) activities at the conference on 21 – 22 July 2005.

The theme of the 2005 conference was "Universities and communities: learning and engaging through sustainable partnerships". The objectives of the conference were to:

- showcase research and best practices of sustainable partnerships between universities and their communities;
- deepen the understanding of the concept of "scholarship of engagement";
- highlight the value of sustainable partnerships in university and community engagement; and
- facilitate the further development of engaged learning opportunities at a national level.

The conference was attended by delegates from a range of national universities and community organisations. During the conference some of the workshops focused on developing some benchmarks for the field.

The presentation of Stuart Auckland and Heather Brookes was entitled *Rural Health Teaching Sites: Foundations for Innovative Rural Community Partnerships*.

The paper detailed the collaborative framework as applied in the development and operation of the Tasmanian Rural Health Teaching Site (RHTS) program. A particular focus of the paper included an analysis of the complexities associated with engaging with different stakeholders each with a distinct set of needs and priorities. The paper focused on the processes and outcomes of the engagement and considered the broader implications for future university-rural community health collaborations. The presentation also provided an opportunity to receive feedback on the proposed RHTS engagement model.

"The conference provided a unique opportunity to hear how other universities have approached the



Group discussion at the AUCEA Conference

development of sustainable partnerships through engagement with their respective communities," said Stuart Auckland.

"Resource allocation for community engagement varies considerably between universities. A number of universities have well established community engagement research and program activities delivered through university distinct divisions or sections whilst in other universities community engagement is embedded in the core functions of the university," he explained.

"The partnership between University of Western Sydney and the Penrith City Council is a prime example of how the university, local council and the residents of the Penrith municipality have all benefited from a strategic partnership involving the placement of postgraduate environmental research students at the Penrith City Council," he added.

A number of papers examined the key elements of good engagement practice, citing communication, collaboration, co-location, community and commitment as key concepts for ensuring real and enduring partnerships with regional and rural communities.

There was considerable discussion as to whether it was possible to bring the divergent strategies

such as university research and teaching priorities and communities' social and economic strategies together. The views presented in this debate are applicable to much of the CE activity undertaken by the UDRH.

"It was interesting to hear that there is a set of key principles identified as guiding concepts for sustaining partnerships," said Stuart.

"These included resourcing, responsibility, mutual respect and reflection. Despite some obvious limitations such as limited resources, funding and partnering opportunities, the UDRH is at the forefront of good engagement practice."

Knowledge obtained from the conference will be applied to CE activities, in particular the RHTS evaluation work and other community development initiatives. UDRH's association with AUCEA provides access to a network of CE practitioners with a wealth of experience in university-rural and regional community engagement. This network will be used to provide comment on future UDRH CE activities.

Heather Brookes and Stuart Auckland are currently drafting a publication based on the presented paper for submission to the *Rural Society Journal*.

Conference Papers and Refereed Papers by UDRH Staff

Issues on Health Data Collection and Critical Discourse Analysis

In 2005, Dr Quynh Lê presented four papers at two major conferences, namely the 2005 Conference of the Australian Association for Research Education (AARE) and the International Conference on Critical Discourse Analysis (CDA): Theory into Research.

For the 2005 Conference of the Australian Association for Research in Education on 27 November – 1 December in Sydney, Quynh presented a refereed paper and a non-refereed paper.

The refereed paper is about "*Issues on health data collection*". This paper examines the concepts and issues relating to the development of an integrated electronic health record system and identifies problems which are faced by health workers in relation to intercultural communication, privacy and safe data collection in health care system.

The second AARE paper was a joint paper with Dr T. Lê examining the concept of "health" and related issues from an intercultural perspective.

For the International Conference on Critical Discourse Analysis: Theory into Research on 15 – 18 November 2005 in Launceston, Quynh presented two papers.

The first one was on "*Social epidemiology and its contribution to critical discourse analysis*". It argues that Social Epidemiology and Critical Discourse Analysis are two unrelated fields of research as Social Epidemiology deals with social determinants of health, whereas CDA is primarily a linguistically orientated area. However, a close examination of the research in these two fields reveals their very close relationship. Social Epidemiology actually deals with different Discourses in public and population health.

The second paper at the CDA conference was a joint paper with Dr Rosa McManamey on "*The discourse of outsourcing: some implications for health services and education services*". This



Dr Quynh Lê

paper argues that there is a close link between CDA and social epidemiology. It examines the principles and premises on which outsourcing in health services (e.g. blood test, physiotherapy, aged care services) and education (e.g. multimedia, assessment, interview, review) are based and how they are translated into practice. It identifies some problems and issues facing outsourcing in health services.

These two CDA papers are in the progress of being refereed.

Towards a Theory of Service Design

Dr Erica Bell presented her paper on "*Towards a theory of service design*" in the 4th Health Services and Policy Research Conference in Canberra on 13 – 16 November 2005.

This paper explores what a useful theory of service design might look like, with implications for policy decision-makers, practitioners, and researchers, in a context in which Dr Bell was given the practical task of designing Tasmania's first residential service for youth with drug issues.

Research into adolescent substance abuse takes a strong "intervention" measurement approach, and as such has limited utility for the service designer, though it is ostensibly written as if it can or should inform service delivery.

Dr Bell used a case study of a Tasmanian service design experience as a point of departure and examined key writings in the broader service design theory literature, as well as contemporary western philosophy, helpful to developing a better understanding of the nature and processes of service design.

The paper highlighted that health service design is a multidisciplinary craft that should also be informed by an integrated understanding of service design theory, as well as key philosophical developments, beyond health research. A theory useful to service designers would be one that engaged with the nature of service design blueprints, and the task of systematically translating research evidence and



Dr Erica Bell

community needs into such blueprints. Such a theory would conceptualise and add meaning to the service blueprint not only in terms of its constituent parts (such as ethos, service delivery activities, architecture and location, staffing, and cost), but also the ways in which these parts must work together to achieve the total client experience.

Is Delivery in Decline in Management Skill Training for Traditional Primary Industries?

Associate Professor Sue Kilpatrick and Dr Pat Millar's refereed paper "*Management skill training for traditional primary industries: Is delivery in decline?*" was presented by Pat at Griffith University's Annual Post-Compulsory Education and Training Conference on the Gold Coast in early December.

The paper results from a project being undertaken by Sue and Pat for Meat and Livestock Australia, Australian Wool Innovations and the Sheep Cooperative Research Centre, to analyse vocational education and training (VET) activity for

the livestock industries and to assess perceptions of VET's role and effectiveness in achieving improved management skills of producers.

Registered Training Organisations (RTOs) and other stakeholders across Australia are being interviewed about issues that enhance and inhibit effective delivery to primary producers in the beef cattle and sheep meat and wool industries. Case studies of four examples of good practice in RTOs are also being written. Because of the nature of these industries, the case-studied RTOs are all

regional/rural. The research is due for completion by the end of 2005. Interim findings suggest that although research and state policies identify a need for training at Australian Qualifications Framework level IV and beyond, delivery has actually declined in some areas.

Relevance of the project to rural health matters is not a component of the research, but it has obvious linkages and implications for UDRH's core business. Rural economies and employment outcomes are important contextual elements of rural health.

Growing Old in Rural Tasmania

Dr Peter Orpin and Professor Judi Walker (Rural Clinical School) presented a paper on "Growing old In rural Tasmania: a pilot study of service needs and the impact of migration patterns to and from rural settings" at the Australian Association for Gerontology 38th National Conference on the Gold Coast on 9 -11 November 2005.

This paper reports on the first stage of a two-part study on the situation and service needs of older people in the Cradle to Coast region of North West Tasmania. The study was prompted by concerns about the paucity of evidence available for rural aged care service planning and policy development. It was funded by the UDRH and conducted by a

consortium of researchers headed by Professor Judi Walker and drawn from five departments within the University of Tasmania (Rural Clinical School, University Department of Rural Health, Nursing, Pathology, Geography and Environmental Studies and Economics) with the data collection undertaken by a local commercial social research company.

The study involved interviewing 193 people, aged 65 years and over, across seven local government areas in the Cradle-Coast region of North West Tasmania. The interview was designed to explore their present situation and present and projected future service needs. It was designed both as a pilot for a planned larger Tasmanian-wide rural ageing study and as the first phase of a stand-

alone 18 month two-part study looking into how a group of older rural Tasmanians deal with the changes and challenges of ageing.

The pilot study reveals a group of older people who are managing a high quality of life as active, involved and committed members of their communities despite some clear issues around health and capacity. They are well supported by family and friends, able to still "get out and about" and keen to stay where they are and maintain their current lifestyle. The study raises important questions about what we need to do to ensure these people are able to remain such integral and important members of their community, in the face of increasing age and frailty.

Recruiting Undergraduates to Rural Practice

Dr Peter Orpin and Dr Michelle Gabriel published in October 2005 an article "Recruiting Undergraduates to Rural Practice: What the students can tell us" in Rural and Remote Health of the Australian Rural Health Education Network (ARHEN) and the Federation of Rural Australian Medical Educators (FRAME).

This article reports on an online survey conducted in 2004 of first and final year health science students at the University of Tasmania, to explore their attitudes and experience in regard to rural practice. It sought to understand the impact over their course of study of rural health coursework and placements. The study shows that a large percentage of these students enter university with an interest in rural health and a willingness to

spend at least some of their career practicing in a rural area. However, the results suggest that their undergraduate encounters with rural health were doing little, if anything, to nurture and strengthen that interest.

An abstract of the article is available at <http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=412>.

A Report on Overseas Visits

In October/November, I travelled overseas to attend two conferences and visit health educators, researchers and service providers in Scotland and England. At the international conference "Making Knowledge Work: Building Sustainable Communities through Partnerships in: Place Management, Social Capital and Lifelong Learning" at the University of Stirling, Scotland, I presented a paper co-authored with Associate Professor Joan Abbott-Chapman, our Honorary Fellow, titled "Community efficacy and social capital: Modelling how communities deliver outcomes for members," and participated in a panel discussion on social capital. The second conference, in Ho Chi Minh City Vietnam, was The Network: Toward Unity for Health annual international conference where I presented a thematic poster co-authored with Shandell Elmer titled "Capacity building for integrated health care at the local level".

At the University of Southampton I meet with Professor Debra Humphris and her team in the Health Innovation Unit, to follow up on Debra's Tasmanian presentations for Partners in Health

earlier this year. Many of you will recall they were about workforce planning and education, particularly interprofessional education. I came away with a range of very practical suggestions on how to implement interprofessional education.

The University of Southampton has a new Centre for Excellence in Teaching and Learning (CETL) which focusses on children and the family, and chronic disease in children. The CETL will be **intersectoral**, combining health and education, and emphasising continuing professional development.

The theme of intersectoral practice and learning by health and educational professionals working with children was one that recurred in my visits to the National Health Service (Highlands) in Inverness, the Scottish Centre for Research in Education, the Ealing Children's Trust and the South Northolt Sure Start program in London, and at conference presentations in Vietnam. The effectiveness of community-based learning in interprofessional education was another recurring theme.

There are many similarities between the highlands and islands area of Scotland and rural Tasmania.



Delegates at the Network Conference in Vietnam studying the UDRH Capacity Building thematic poster

Both have a dispersed population to service. Recruitment and retention of staff and professional development are difficult in these areas of Scotland, just as in Tasmania. There are some good models of whole community planning for health and wellbeing from rural Scotland. The Centre for Rural Health Research and Policy at the University of Aberdeen, based in Inverness, has a number of common research interests with Tasmania, including older people and their expectations of health services, rural suicide prevention and community participation in health services. I anticipate that a number of comparative projects with Scotland will follow from my visits.

Sue Kilpatrick
Associate Professor and Director

Report from the Theme Area Leaders

An outcome from this year's internal restructure was the establishment of three distinct theme areas: Rural Workforce Support, Community Health and Wellbeing and Health Services Systems.

Community Health and Wellbeing

The new structure was implemented in the middle of 2005. As with any restructure, considerable time and energy was required to embed the new structural changes into the organisation framework. Following the appointment of **Stuart Auckland** as Theme Leader of the new Community Health and Wellbeing theme area, the first task involved the allocation of specific research and project activities within the theme area. Research and projects that encompass population and public health, primary health care and community engagement have been identified as key indicators for activities that sit within the Community Health and Wellness theme area.

Activities that have a focus on community health and wellbeing represent a considerable portion of the UDRH's core business and externally funded activities. There are currently over 25 research and project activities, including a number of proposed activities within the current Community Health and Wellbeing theme area. These activities address a range of community health issues including: dementia research, suicide prevention activities, community development research, alcohol misuse prevention and an evaluation of the Cancer Helpline Programs.

In addition to the continuation of current community health and wellbeing activities, it is expected that new collaborative opportunities will present in 2006 in line with the move towards a population health and primary health care approach to health service delivery.

Rural Workforce Support

The newly formed Rural Workforce Support theme area, led by Dr **Rosalind Bull**, incorporates research, teaching and learning initiatives that impact directly and indirectly on the rural health workforce. A multidisciplinary emphasis characterises the activities falling within this area and can be seen in the developing rural health curriculum, the preceptor and clinical supervisor support activities, and the strong health careers program. The Murina program for indigenous people wishing to apply for entry into the Bachelor of Nursing and the Tunapri nursing program are key features of this theme area.

The challenge of providing professional development opportunities for rural health professionals particularly in the area of clinical skills development is an important planning focus for 2006. It is anticipated that skills-focused professional development will be offered in collaboration with health service providers and there are several initiatives underway to achieve this. The Allied Health education bursaries offered by the UDRH are now targeted at organisations wishing to offer specialised professional development to a statewide audience in partnership with the UDRH. The long awaited First Line Emergency Response program for rural and remote nurses, which was developed in collaboration with the Aged, Rural and Community Health section of the State Department of Human and Health Services is ready to commence with the imminent appointment of its coordinator. In addition, the Rural Health Training Events website featured on page 3 is promoting efficient networking and information sharing with our stakeholders.

The theme area also boasts several PhD and Research Masters students conducting research into areas such as rural undergraduate placements, the rural volunteer workforce, and the contribution of health care professionals such as specialist breast nurses (for rural women with breast cancer) and radiographers (providing service in rural settings).

Health Services Systems

Health Services Systems development is a key national and international health focus which offers important opportunities for improving the health of rural communities. Dr **Erica Bell** was appointed as interim theme leader of the new area Health Services Systems which has now been taken up by Dr **Peg Levine** who commenced work in UDRH in December 2005. The theme area as it stands covers a broad range of health services projects, both research and developmental projects, and includes innovative Telehealth specialities. Activities that have a focus upon developing the quality and practices of health services and systems in Tasmania fall within this theme area, which represents a long-standing key performance area in UDRH activities as reported to the Department of Health and Ageing.

Health Services Systems projects include emergency services development, development of Cancer Council services, St Giles evaluations, Parenting Partners program evaluation, crisis accommodation services development for specific client groups such as children 0-5 years, alcohol and drug services development, oral health strategic development, as well as delivery of Health Informatics and Health Service management courses, and E-Health professional development activities. The area is a growing one, which should in 2006 develop a stronger health services policy development focus.

The theme area also includes existing and potential Masters and PhD students across a broad range of health and social services development areas. The theme area is multi-disciplinary, drawing upon, but not limited to, organisational theory and development practices, technology, education, health, and sociology, utilising both qualitative and quantitative research approaches, including transdisciplinary research methodologies.

PHC RED to Go for another Four Years

The UDRH has been part of the Primary Health Care Research, Evaluation and Development (PHC RED) program, an Australian Department of Health and Ageing (DoHA) initiative to increase the amount of research being conducted in primary health care – and thereby to better inform policy development and service delivery – since 2000. The Government has just announced that it will fund a second four year phase of this project beginning in 2006 after an evaluation of the first phase of the program revealed it to have been highly effective. The Tasmanian funding will once again be shared by the UDRH and the Discipline of General Practice and the two departments have been working together – assisted by a visit from the Victorian Coordinator for the program **Ann Ng** – to formulate a new four year strategic plan for the state.

The PHC RED program is very tightly focussed on building the numbers of primary health care researchers by providing training and support and increasing the uptake of research findings into primary health care practice and policy.

The new Tasmanian strategic plan will include:

- a more structured annual program of research training workshops which will help beginning researchers to make the transition into formal graduate study with the UDRH;
- minor bursaries, seeding funds, specialist training and mentoring to enable committed early career researchers to attend conferences, undertake and complete research projects and publish their findings;
- a competitive one year part-time appointment (under the Researcher Development Program) for one or more beginning or early career researchers to build their research skills and experience;
- opportunities for early career researchers to join experienced teams of researchers on projects;
- an annual state-wide primary health care symposium at which researchers can present their results to their peers and policy makers and service providers.

The program represents an exciting opportunity for primary health care professionals who are serious about making high quality research part of their professional practice and career.



(From left) Associate Professor Sue Kilpatrick, Ann Ng and Georgie Earles

St Marys Adopt-a-Centre Pilot Project

Partnerships between rural high schools, health facilities and higher educational institutions present ideal opportunities to strengthen communities and expand learning experiences for the local students.

The UDRH in collaboration with the St Marys Community Health Centre and St Marys District High School piloted a school-community partnership. The Adopt-a-Centre Project implemented in October 2005 brought together grade 9 and 10 students from St Marys District High School, staff from the St Marys Community Health Centre and volunteer ambulance officers.

The pilot project was part of a suite of health career activities offered by the UDRH through its Health Careers Program. This program aims to encourage, inform and support rural students who may be considering a future career in health.

Through a series of interactive activities, the students learnt about and experienced the diversity of health career options. A former St Marys

student, now studying second year medicine at UTAS, shared her own experiences of the transition to university and university life. The students participated in a number of hands-on activities such as applying a plaster cast and mixing hand creams. In addition, local ambulance officers and members of the volunteer ambulance service demonstrated several aspects of emergency medical services. In concluding the day's activities, the students participated in a forum at which health professionals from the St Marys Community Health Centre provided an insight into their respective professions.

School-community partnerships offer excellent opportunities to build relationships, enhance learning communities and promote health careers. The UDRH's statewide network of Rural Health Teaching Sites provide an extra dimension to the opportunities for interaction between university health science students and high school students in rural areas. The UDRH is keen to facilitate similar partnerships on a regional basis in the future.



Practising plastering: Alicia Rosskelley, 16, with Kaylee Nash-Rawnsley, a second year medical student at the University of Tasmania

Courtesy of The Examiner

Further information about the Adopt-a-Centre project can be obtained by contacting **Rosalie Maynard**, Health Careers Coordinator, UDRH, on 03 6430 4502 or mobile 04 2761 2266 or email rosalie.maynard@utas.edu.au or contact **Stuart Auckland**, Theme Leader, Community Health and Wellbeing, on 03 6324 4035 or mobile 0429 69 5190 or email stuart.auckland@utas.edu.au.

Briefs...

Georgie Earles and Jess Whelan

have been appointed as Associate Lecturers in Rural Health. Georgie will continue with UDRH once her Primary Health Care Research, Evaluation and Development (PHC RED) contract finishes. Georgie will bring to the UDRH knowledge of the "workings" of the Department of Health and Ageing, having most recently served in Canberra.

Jess Whelan has been doing some work on building effective partnerships for rural health service. She is completing her PhD on water and public health in rural Tasmania. She will start on a 0.6 fractional basis this year, and move to full time in 2006.

Dr Quynh Lê has been appointed as Lecturer in Rural Health. She will move to 0.8 in this position and continue 0.2 in her role in Information Communication Technology. Quynh brings to her



Georgie Earles and Jess Whelan

new academic role a much needed quantitative skill-set to the UDRH.

Baden Phillips has re-joined the UDRH on the National Suicide Prevention Strategy (NSPS) Tele-Check project. Baden is the project officer of this stage of the project which is focused on the West Coast.

Lorraine Bell has joined the UDRH as the assistant project officer for the NSPS Tele-Check project. Lorraine is based on the West Coast, where the project is focused, and will facilitate activities as the "hands-on" person for the project.

Rev. Dr. **Helen Malcolm** has returned on a part-time basis (20% of full-time) to the UDRH as a Junior Research Fellow. Helen brings with her a clinician's research focus and will contribute to the research on MRSA status of patients after hospital discharge.

Caryl McQuestin sadly resigned her position as Media & Marketing Coordinator for the UDRH. Caryl has left to dedicate her time to her family, including son Sam's political aspirations, as well as pursuing other interests. Caryl will be sorely

missed and the UDRH has wished her well in her future endeavours.

The departure of Caryl has opened opportunities to review communications activities, and related staffing, and in the interim **Cecilia Chiu** has been temporarily coordinating communications activities.

She will move to the position

Administrative Officer Communications in January 2006.



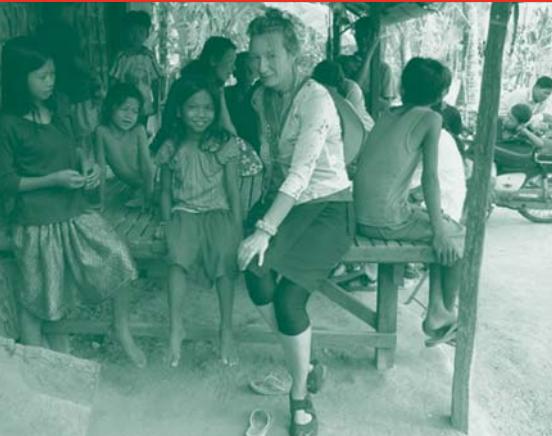
Cecilia Chiu



Leonie Gead

Following Cecilia's transfer, **Leonie Gead** has joined the UDRH as Receptionist and Personal Assistant to the Director. Leonie has previously worked for the University, most recently with Finance, and brings with her a thorough working knowledge of the University.

New Appointment at the UDRH



Dr Peg LeVine in Takhmau Village, Cambodia

Dr **Peg LeVine** has been appointed to the position of Senior Lecturer in Health Services Systems. Dr LeVine is a registered clinical psychologist who had been working in the Department of Psychological Medicine at Monash University, Clayton. She has also worked in the USA, Cambodia, Laos and Japan.

Dr LeVine has just completed a book (in review) entitled: *Love and Violation in a Revolution: Marriages and Births in the Khmer Rouge*. She has an extensive publication record, specialising in trauma and culture, and qualitative research. She has considerable PhD supervision experience, and brings great energy and enthusiasm, and a unique perspective, to the UDRH team.

Peg has been living in a rural setting outside of Melbourne, and has provided training and consultation to community health services. When visiting Launceston prior to her appointment she was impressed by the closeness of rural communities, and by the heritage sites that have been retained in the inner suburbs of the city. Also, she noted the shifts in demographics in Tasmania in the last few decades (including migrant diversity), with constructive ideas for facilitating culturally-sensitive health and mental health services.

Facility Upgrade

Room 315, the meeting room on Level Three of Ann O'Byrne Centre, Launceston has been upgraded recently. The room now features a ceiling mounted LCD data projector and model touch panel controls among other audio-visual equipment. As part of the University's continuous teaching facilities management exercise, the upgrading brings the facilities at the Ann O'Byrne Centre up to standard for contemporary teaching and learning activities.