

Centre for Rural Health

BULLETIN

March 2019

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EVALUATION OF TASMANIAN NATIONAL SUICIDE PREVENTION TRIAL (NSPT) SITES PROGRAM

Tasmania is one of 12 Australian regions that have been selected under the Australian Government's renewed approach to suicide prevention. The NSPT initiative draws on regional strengths and capacities combined with evidence of how a more systems-based approach to suicide prevention might best be undertaken within a specific regional locality and with at-risk populations.

Funding for three Tasmanian regional sites, Launceston, Northwest Coast (the Local Government Areas of Burnie, Central Coast and Devonport) and Break O' Day has been provided to Primary Health Tasmania (PHT) by the Australian Government to commission suicide prevention services through local governance structures at each of the three sites.

In addition to commissioning suicide prevention services at the local level, funding has been made available to undertake an evaluation of each of the three Tasmanian trial sites. Working within the scope and parameters of the broader Australian Government's NSPT Evaluation Framework, the local evaluation will focus on gathering and analysing information from the Tasmanian sites. The evaluation seeks to determine what strategies are effective in preventing suicide at a local level specifically within the target populations (men aged 40-64 and men and women 65 years and older) and to consider the implications of these findings for future suicide prevention activities.

Planning and implementation of the local evaluation is being conducted alongside an extensive National evaluation of all NSPT sites conducted by the University of Melbourne.

A team of researchers from the Centre for Rural Health and the School of Health Science at the University of Tasmania, have been commissioned by PHT to undertake the local evaluation. All Tasmanian trial sites have adopted the Black Dog Institute (BDI) LifeSpan Framework as the basis for the design of local suicide prevention activities and initiatives. A key focus of the local evaluation is on processes relevant to determining the effectiveness of local trial site governance structures, strategies and activities adopted by site working groups under the LifeSpan framework/systems-based approach. Through the adoption of a participation action research evaluative approach, the evaluation team actively engages with trial site working group members and governance structures through a cyclic process of action and reflection. This approach aligns with the principles underpinning the LifeSpan model such as collaboration, co-design, capacity building and inclusivity.

The current funding period for the evaluation concludes in June 2019, however, it is likely that the evaluation funding period will be extended for an additional 12 months in alignment with the extended funding period for trial site operations.



Further Information

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News and Activities

Allied health students enjoying rural placements

Attracting allied health professionals to live and work rurally is a major challenge and the Centre for Rural Health (CRH) has been actively encouraging interstate students, from a range of disciplines, to undertake a rural clinical placement in Tasmania. In 2018, the introduction of a targeted scholarship scheme, coupled with free accommodation, has been instrumental in a large increase in allied health students coming to the state – both in terms of absolute numbers as well as in the range of disciplines represented.

In 2018, the CRH provided support to a total of 48 interstate allied health students undertaking placements in rural Tasmania. This represents increases in the number of physiotherapy and radiography students as well as 10 oral health students who undertook placements in Deloraine, 4 nutrition students, 2 speech pathology students and an audiology student – all placed in the north-west.

While the benefits and attractions of a rural placement are obvious to those working in rural areas, financial incentives have been an effective way of encouraging students to find out first-hand what those benefits are. When asked what contributed most to students' educational experiences, three main themes emerged: the quality of

supervising staff, the increased learning opportunities which arise from working in a smaller health setting and the variety of clients.

"I think what contributed most to my educational experience was the diversity of people, communities and experiences I was able to observe and take part in."

A sense of community, the people and the ability to live in a rural town all helped make rural placements attractive. Students consistently referred to friendly people, a caring community and a slower pace of work and life which contributed towards a good learning environment. Students appreciated being provided with accommodation which was close to their health service, with less traffic and fewer parking issues than in metropolitan areas making commuting a breeze.

"I enjoyed the atmosphere in the hospital – it was much more welcoming and friendlier than any of my other placements. I felt respected and valued as a student. Everyone was very supportive."

There were however, aspects of rural placements which interstate students found challenging: being apart from friends and family, limited public transport options and not knowing other students. Several students felt a real sense of isolation. The provision of accommodation does go some way

to mitigating these feelings and allows students to meet students from other universities and disciplines.

"The accommodation and other students there, provided a welcoming environment that assisted in making the experience a positive one."

While an increase in allied health student placements has provided clear benefits to students, it is hoped that rural communities will benefit as well. Having had a taste of rural practice and rural life, and the experience of working in a smaller health setting, the CRH would like to see students return to Tasmania as fully qualified allied health professionals. Forty-three (43) students agreed that their placement had encouraged them to consider living and working in a rural or remote location after they graduate.

"Overall, amazing experience. I have learnt so, SO MUCH as part of this placement. I feel comfortable living in a remote area and will be applying for jobs here once my course is complete."



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Referral to gum specialists

Dr Jen Kraatz, a past practitioner scholar at the Centre for Rural Health, has recently had a paper accepted by the Journal of Investigative and Clinical Dentistry. The paper was a collaboration between the Centre for Rural Health and Griffith University. Using a sample of Tasmanian dentists, she found non-clinical factors that influenced referral from dentists to periodontists (gum specialists) were previous treatment by a periodontist, a complex medical history, the patient's reluctance to undergo periodontal treatment, medico-legal reasons, patient awareness of periodontal disease, and lack of



training. Patients frequently declined periodontal referral due to cost, oral health not being a priority, or inconvenience. The most important periodontist qualities were their reputation, patient feedback, ease of communication, report quality and location. This result is important to people in rural areas who are less likely to access dental care than their city counterparts.



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Professional Development for Whole of Community Facilitators

All (eleven) new and existing whole of community facilitators (WOCFs) attended a face to face professional development (PD) workshop at the Newnham Campus in February 2019. This workshop was initiated as a result of findings from the project evaluation and a recent workshop, where WOCFs requested specific information pertaining to supporting students and their supervisors in practice.

The workshop utilised the skills and knowledge of Juliet Sondermeyer and Elaine Bentley, two of the WOCFs, in engaging the participants on the journey towards their development in facilitating education for supervisors/preceptors. It included interactive discussions on supervising students from Culturally and Linguistically Diverse (CALD) backgrounds and supporting preceptors/supervisors in providing student feedback; and navigating students' scope of practice.

Participants provided positive feedback about this workshop. Future PD workshops will be initiated throughout the year with the choice of topics to be identified by the WOCFs.



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Researchers examine how being in nature improves health through DIGNity program

One program that has already demonstrated that being outdoors is good for people's mental and physical health is the DIGNity gardening program.



The program reaches out to people who are isolated because of physical and mental health, disabilities or social circumstances, such as having young children or being single parents.

Francie Korotki is an aged care resident who comes for lunches at one of the DIGNity community gardens, where adults with disabilities and their carers also share the space.

Ms Korotki uses a walker to move around

the garden and check the chicken coup for freshly laid eggs.
"It feels wonderful — I could stay here for a long time looking at the flowers and the chooks and the trees, there's so much here," she said.

DIGNity gardening co-ordinator, Gwen Egg, said carers were often shocked at how agile aged care residents can be when they enter the garden.

"People are more motivated to get up and go for a walk and feed the chooks, or check out the cherries and see if they're ripe yet," she said.

Anatoli Stirkul, another member of the groups on the outing, said he enjoyed being outside.

"Just the fresh air and sunshine — you feel free. Talking with the old people it's great," he said

University academic, Pauline Marsh, helps the visitors around the garden. She works at the Centre for Rural Health at the University of Tasmania, and is collaborating with academics from several disciplines, including exercise science and geography, to find out why being in nature keeps people healthy.



The research she has already done on the DIGNity program has found that people become more socially connected, rather than being stuck at home or in aged care.

The academics who are behind the DIGNity garden program said the program was so successful in improving health, they hoped GPs could start trialling prescribing being in the outdoors to their patients.



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Graduate Research

We have recently welcomed two (one PhD and one Masters) Higher Degree by Research (HDR) candidates. This increases the number of our current HDR candidates at Centre for Rural Health to 19! The new candidates have started their research journey with a lot of enthusiasm, motivation and commitment. Welcome Anne and Ashish to the UTAS HDR community!



Further Information

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Masters - Supporting Overseas Trained Health Professionals Working in Rural Australia and their Partners Through Dedicated Online Support Groups – Evaluation and outcomes from a pilot study

Anne Gillme obtained her Master of Science in France and Diploma of Counselling in Australia. She is the founder of an online resource for expatriates - (www.expatriateconnection.com). Since 2012, Anne has authored more than 80 in-depth articles and podcasts on issues faced by children, women, couples and seniors living aboard. The proposed research project has been developed by Anne's motivation and passion to support overseas trained health professionals and their spouses, working in rural and remote areas and is built on her existing work of providing online support group programs for expats around the world since 2014. Anne is based in Hobart.



PhD - Combating Early Childhood Caries in a Developing Country – A Preventive Approach

Ashish Shrestha is the Professor and Head, Department of Public Health Dentistry, College of Dental Surgery, BP Koirala Institute of Health Sciences, Dharan, Nepal. Ashish is also an International Editorial Board Member of the Journal of Oral Research and Review. His PhD research project aims to refine and standardize the risk assessment of Early Childhood Caries in the eastern Nepalese population and to develop a tailored and affordable, socially and culturally-sound health behaviour modification intervention for its prevention. Ashish is an external candidate and based in Nepal.



Changing the philosophy of dental treatment for children

Dr Diana Godwin, a recent PhD graduate from the Centre for Rural Health, has under the supervision of A/Prof Crocombe and Dr Chris Handbury from Oral Health Services Tasmania, overseen a randomised control trial of non-invasive silver diamine fluoride dental treatment on the primary teeth of Tasmanian children. Preliminary results show that the silver fluoride treatment arrested tooth decay, while the previous standard sodium fluoride treatment did not. Oral Health Services Tasmania has subsequently changed its treatment policy to use silver diamine fluoride rather than sodium fluoride for children waiting for dental care under a general anaesthetic. Silver diamine fluoride was also more cost effective than dental restorations and extractions. This treatment has the potential to change the philosophy of dental treatment for children, particularly in rural areas, where access to dental care can be poor.

Jackie Stuart - PhD Candidate



Dr Jackie Stuart graduated from Dentistry with the University of Queensland in 1986. She has worked for Queensland Health in both Government Hospital Dental Practice and the School Dental Service. She also spent 24 years in her own private general dental practice in Mackay, Queensland.

Dr Stuart began her association with the University of Tasmania as a voluntary research assistant. She contributed as part of a larger team project which explored the relationships between non-dental primary care practitioners and dental practitioners in rural and remote Australia. The data was then used as the basis for Jackie's PhD project with the Centre for Rural Health, University of Tasmania.

Her topic explored the impacts that interprofessional collaborations, or lack thereof, between non-dental and dental practitioners had on patient health outcomes. She also explored the interest of both dental and non-dental practitioners, in rural and remote Queensland, in tele-dentistry to improve interprofessional communication.

One of the most significant outcomes from the research throughout rural and remote Queensland was the overwhelming desire, reported from medical practitioners, for more education about how they might manage dental emergencies when there was no dental practitioner available.

The long term impact of this PhD and subsequent presentations has been to break down the siloed natures of medical and dental practices. The segregation between oral health and medical health was reported in the PhD as a major barrier to good oral health in the bush.



Presenting at the Primary Health Network Conference 2018 in Mackay.

Lorraine Walker - PhD Candidate

Lorraine grew up in a tiny hamlet in Gippsland, Victoria and maintains a passion for the rural setting. She has a background in a broad context of nursing including: critical care, emergency, education and clinical placement in Australia and the United Kingdom. As part of her academic role in Nursing at Monash University, Lorraine is a member of the Faculty interprofessional committee which has developed a core collaborative healthcare curriculum.

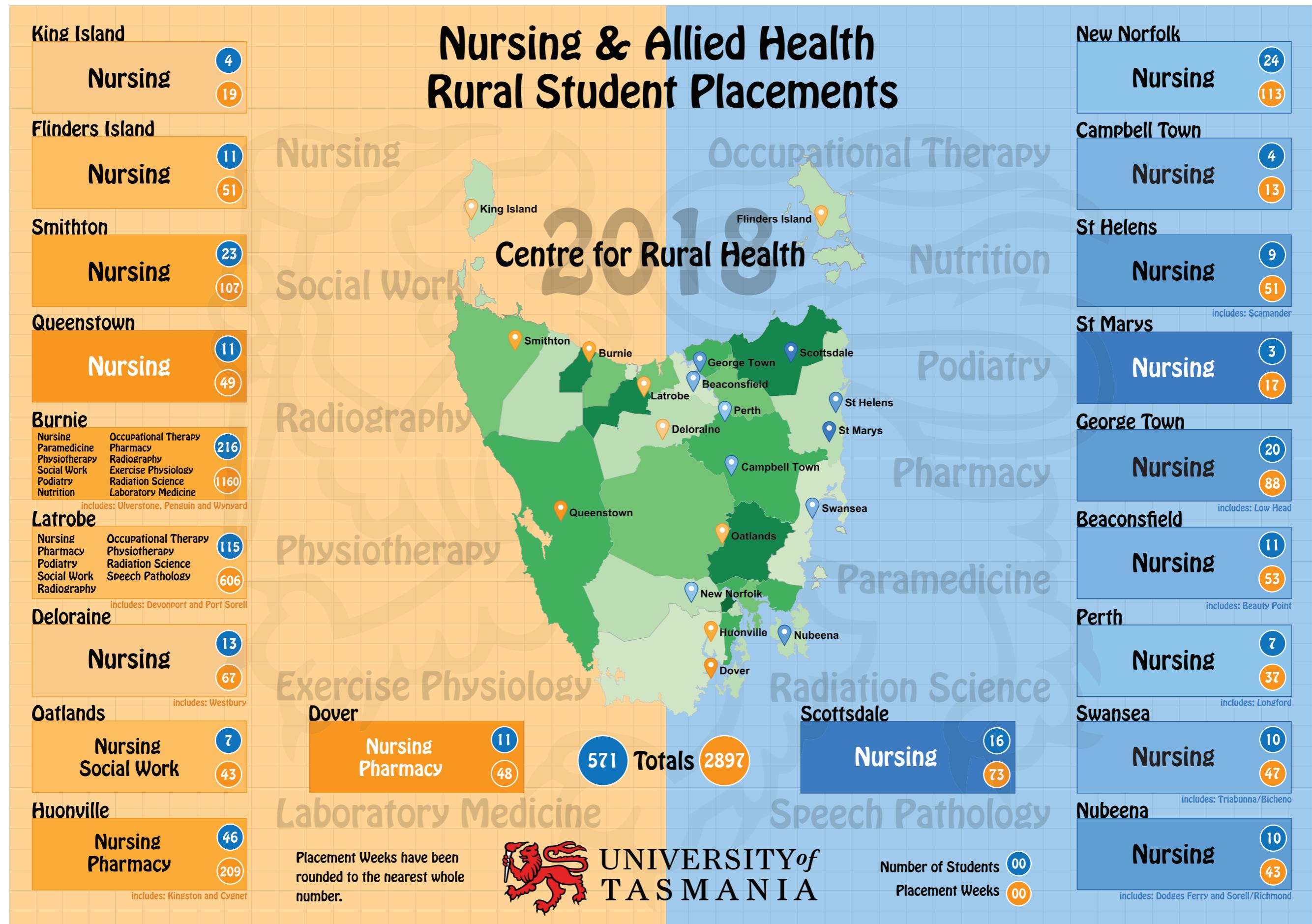


Her PhD research with the UTAS CRH is a mixed-methods study that explores how interprofessional education opportunities could be formalised and supported within the rural clinical learning environment to promote students' preparedness for interprofessional practice. Data collection has been finalised and analysis and chapter writing are ongoing. The desired impact of the research is to assist in generating future collaborative health practitioners through the development of a theoretical framework and guidelines for educators.

It is a constant challenge trying to maintain study momentum whilst juggling the requirements of a busy academic role. Intermittent frenetic periods of study are interspersed with long work days and being a champion procrastinator also plays a part in the turmoil of the work-study-life imbalance.

The research has been presented at three international conferences and several local seminars. Publications include a literature review and a paper reporting students' experiences and perceptions of interprofessional education during rural placement.

Rural Student Placement Summary 2018



2018 Publications



Journal Publication list 2018

In 2018, CRH staff (listed in bold) produced a total of 96 publications. 36 were Peer Referred Journal Articles with 9 of these published in Q1 journals.

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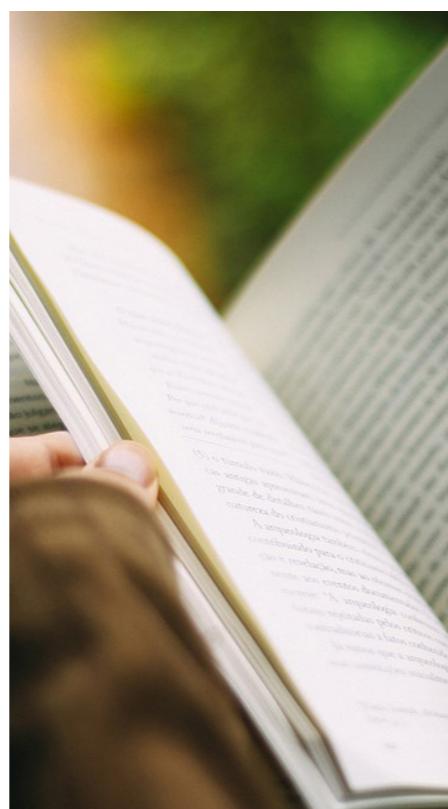
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Projects, Grants and Research

Recruitment and Employment of Recent Nursing and Allied Health Graduates across Tasmania: Opportunities, Barriers and Pathways

The higher education sector has seen rapid growth over the past decade in terms of the number of institutions offering accredited training courses for nursing and allied health professionals. As a result, there are record numbers of nursing and allied health graduates currently entering the health workforce. This influx of professional skill has raised new concerns about the balance of supply versus demand, with the increase in skilled labour resulting in fewer job opportunities. In particular, this impacts directly on the ability of recent graduates in some disciplines to obtain employment, given their lack of experience and need for supervision and support during their transition to work.

In recognition of the long standing difficulties recruiting health professionals to rural and remote areas and the current potential oversupply of skilled graduates, a team of researchers from the Centre for Rural Health has been conducting a project exploring job opportunities across Tasmania for recently graduated nursing and allied health professionals. The study has focused on identifying the number and type of job opportunities available for recent graduates, and the pathways graduates have found successful to gain employment. The project has also explored employers' perceptions about the barriers and enablers to employing recent graduates, as well as final year health students' knowledge about ways to get a job after graduating.

After completing data collection, project staff are now interrogating a number of datasets including:

- Over 4000 job advertisements that appeared for nursing and allied health professional vacancies in Tasmania across a full 12 month period;
- Interviews held with government and non-government Tasmania health employers about their recent recruitment experiences, and their perceived barriers and

enablers to employing recent graduates;

- Surveys completed by recent nursing and allied health graduates who have been able to find work in Tasmania and interviews about their experiences finding work locally; and
- Interviews with final year students in nursing, social work, exercise physiology, pharmacy, paramedicine and psychology about their perceptions of the job market in Tasmania and strategies they plan on using to gain employment after graduation.

Key findings emerging from the data suggest that there are not many job opportunities available to recent graduates in rural and remote settings. Further, the opportunities that are available may require that additional support be provided to graduates given the broader scope of practice often required in rural settings. Rural health multidisciplinary training programs could be further enhanced by acknowledging that the employment of recent graduates can be challenging and that additional strategies and support may be needed to enable them to enter and remain in the workforce in some rural and remote areas. Without this support, the full benefit of promoting rural clinical placements and similar experiences at undergraduate level may not be realised. Further, the lack of employment opportunities for new graduates in rural areas is likely to undermine the benefits of rural placements and erode the aspiration of graduates who might otherwise be highly motivated to consider a rural career path.

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Projects, Grants and Research

Factors associated with bowel cancer survival in Tasmania: a data linkage study

Tasmania consistently records some of the highest death rates from bowel cancer in Australia, but Dr Simone Lee from the Centre for Rural Health hopes to turn these statistics on their head by understanding some of the key factors associated with bowel cancer survival in Tasmania.

Funded by the University of Tasmania's Data, Knowledge and Decision Research Theme, Dr Lee along with Dr Kehinde Obamiro (CRH), Associate Professor Jan Radford (UTAS, Launceston Clinical School) and Associate Professor Vincent Versace (Deakin Rural Health), is working closely with the Tasmanian Data Linkage Unit to generate the information needed to understand this issue.

"Data linkage is a method of bringing information from different sources together about the same person to create a new, richer dataset" says Simone. "Linking information from various sources will allow us to construct a chronological sequence of events and provide us with valuable information for policy and research into the health and wellbeing of the population".

This study will examine linked health data from various state sources to try and understand why Tasmania has the highest death rate from bowel cancer in Australia.

"We know that early detection and treatment saves lives, but anecdotal evidence suggests low bowel cancer screening participation rates combined with lengthy colonoscopy wait times in Tasmania are contributing to poorer outcomes" says Simone.

According to the Tasmanian Data Linkage Unit, research using linked data is very reliable and efficient as it uses data from the whole population not from small samples of the population. The linkages between administrative and research or clinical datasets provides an evidence base for policy makers and researchers to better understand population health and wellbeing and implement and evaluate service delivery and programs".

The results of this study will therefore:

- Identify areas for improvement in bowel cancer screening and diagnostic pathways to optimise survival rates in Tasmania
- Provide the foundation for interventions to improve bowel cancer survival rates in Tasmania
- Provide evidence for key stakeholders to advocate for health policy change and increased funding



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Facebook to assess cardiovascular disease risk awareness and determinants of health-checks in Tasmania

In the past decades, strategies that have been implemented to reduce the burden of cardiovascular diseases (heart disease and stroke) have essentially focused on improving the healthcare system and promoting best prescribing practices. However, in recent years, the role of individuals and the community in the prevention of cardiovascular diseases has been continuously emphasized. Recent data showed that Tasmania has a higher number of cardiovascular disease-related deaths per 100,000 people compared with the overall national rate. This could be due to knowledge gaps regarding cardiovascular health or low utilization of preventative healthcare services in the Tasmania population.

The Centre for Rural Health staff members, Dr Kehinde Obamiro, Dr Simone Lee, Pharmacist Amanda Cooper and Associate Professor Tony Barnett, are assessing Tasmanians' knowledge concerning the prevention of cardiovascular disease and identifying factors influencing visits to doctor surgeries for cardiovascular medical check-up.

The project aims to recruit 2000 participants for an online survey using Facebook across Tasmania, including those in hard-to-reach rural and remote areas.

Facebook to assess bowel cancer awareness in Tasmania

Strategies to reduce the burden of bowel cancer often focus on improving screening rates, yet little focus has been placed on assessing bowel cancer awareness in the population to address knowledge deficits or misconceptions.

Research suggests that increasing patients' bowel cancer knowledge is important for promoting lifestyle changes and screening behaviours that can reduce bowel cancer risk.

Centre for Rural Health staff members, Dr Kehinde Obamiro and Dr Simone Lee, have partnered with Associate Professor Vincent Versace, Deakin Rural Health, to assess bowel cancer awareness in the Tasmanian population.

"We suspect low levels of health literacy around bowel cancer exist in Tasmania", says Dr Obamiro, "and this is likely to be more pronounced in regions that have reported higher incidence and mortality rates, including regional and remote Tasmania."

"It is therefore valuable to assess the level of awareness around bowel cancer in the population, and subsequently design interventions to improve knowledge of modifiable risk factors, the benefits of participating in bowel cancer screening, and symptoms."

Funded by Cancer Council Tasmania, up to 2400 participants will be recruited for an online survey through Facebook and assessed using the Bowel Cancer Awareness Measures tool developed by the University College London and Cancer Research UK.



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Aboriginal men creating a therapeutic Men's Shed

A recent publication in Ageing and Society (2019) illustrates the health benefits for older Aboriginal men in rural Tasmania and the benefits of engaging in their community Men's Shed. The project initially emerged as a partnership involving the Centre for Rural Health (CRH) and the Circular Head Aboriginal Corporation (CHAC). The project is the first to examine the value of Men's Sheds from the perspective of rural Tasmanian Aboriginal men, and among the first to conceptualise a Men's Shed environment as a therapeutic landscape.

Men's Sheds have emerged as a relatively new part of the cultural landscape with close to 50 sheds in Tasmania and 1000 sheds throughout Australia and New Zealand, and more recently into the UK, Europe and North America. The available literature depicts mainly retired men participating in various social, wood-work and other Shed activities on a regular basis. However, research has yet to fully explore how Aboriginal men engage in Men's Sheds.

Using participatory action research, the project proceeded with community endorsement and ethics approval. Aboriginal community leaders and Elders supported the study and maintained oversight to ensure the study aligned

with their community health aspirations.

The study was situated at the community's cultural centre Trawmanna (our place). The interview findings were based on the contributions of 10 Aboriginal men (mainly 60-70 years of age, mean=62.6). They spoke of dealing with chronic health issues including diabetes, cancer, heart and kidney diseases; while stoically downplaying the impact of these conditions as part of 'normal ageing'. However, these men described various circumstances that resulted in being disconnected and marginalised that in turn led to issues with anxiety, depression and/or a loss of hope. Social and emotional well-being therefore emerged as their priority health concern.

A typical day at the Shed may start with lighting the fire, having a cuppa and starting on their latest project. Conversations moved on to discussing diabetes, diet, cricket, depression medication and football. However, these activities were 'a sideline' to the real value of the Shed – of Aboriginal men getting together, being more socially connected and physically active in a culturally safe environment. The informal shed environment provides the conditions in which to lessen stigma and normalise conversations about men's health, medications and care plans. Other valued activities at the Shed included

intergenerational mentoring with visiting school groups; and peer mentoring between Shed members.

The project portrays Aboriginal men constructing a therapeutic community Shed environment. The importance of culture, place and belonging in a male-friendly environment is central for shaping their sense of health and well-being. These men make no claims of Shed activities alleviating cancer, kidney disease or other chronic conditions. Yet alternative forms of holistic health emerged as the men spoke of the Shed as a place of belonging, a place of hope, a place to mentor others and a place to share their illness experiences; despite the effects of declining health and ageing.

References

Cox T, Hoang H, Barnett T and Cross M. Older Aboriginal men creating a therapeutic Men's Shed: an exploratory study. *Ageing and Society* (2019) 1-14 DOI:10.1017/S014468X18001812



Further Information

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Projects, Grants and Research

Identifying opportunities to promote effective bushfire survival in a rapidly ageing rural Tasmanian community: developing a pilot model



The rapid ageing of the population in rural Tasmanian communities means more elderly are ageing-at-home with limited family support and are increasingly reliant on government-subsidised care agencies. Tasmanian Fire Service's Bushfire Survival Plan (TFSBSP) which outlines the actions required to reduce bushfire risk, relies on householders being physically, cognitively and financially able to action the recommendations. Many older residents residing in bushfire-prone areas are physically unable to prepare their properties, financially unable to pay others to assist, or are living with visual, auditory or cognitive impairments that may impede their understanding of fire warnings.

Building on our multidisciplinary workshop 'Enhancing disaster research opportunities and outcomes in Tasmania' in August, the Centre for Rural Health, in partnership with a researcher in the School of Technology, Environments and Design, secured an internal University of Tasmania grant through the Creativity, Culture and Society Research Development Program.

The aims of the project were to build stronger relationships, highlight community perspectives and foster a community-based bushfire management plan that considers the challenges and risks to elderly residents ageing-in-place.

A project advisory group (PAG) was formed comprising key disaster/

emergency management stakeholders, local emergency service manager, managers of local Neighbourhood Houses and other community groups involved with older residents living in the Break O'Day municipal region.

Two pilot community forums for a Community Bushfire Connection program, allowed fire experts to discuss TFS bushfire survival plan expectations, provided an opportunity for the Break O'Day Emergency Services manager to engage with the TFS, community members and other key stakeholders to identify opportunities to promote its successful implementation within the community, and a mechanism to focus on the most vulnerable. They also provided an opportunity to test a jointly developed bushfire preparedness survey.

Survey data revealed that many older residents were unclear about fire ratings and when and under what conditions it would be safe and suitable to leave early. Most did not have a clear exit plan or an emergency kit and those that did, tended to have a limited one that overlooked anything other than immediate needs. Most of those surveyed valued people and animals above material possessions with the result that few had plans in place regarding what they considered their most valuable items or back-up plans. Those who were new to the area or not engaged in the local community had difficulty articulating an exit route, destination, or nominating local support.

Those that attended a community forum reported having learned valuable information that they would factor into their future planning and preparation. They also expressed concern that more members of their community, especially older people, should have attended. It was highlighted that such forums should be offered on more than one occasion.

Future extensions of this research project could build on the structure



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and methodology adopted to facilitate additional community forums.

Project team

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Social Attention and Communication Study

The Social Attention and Communication surveillance tool (SACS-R), developed and researched over the past 10 years in Australia by the Olga Tennison Autism Research Centre at La Trobe University is used to assess social attention and communication development in infants and toddlers. Health care professionals, trained in use of this observational tool, can apply it whilst undertaking routine surveillance and checks on children to identify whether their development is typical for age. Social attention and communication skills might include regular eye contact with people, interest in others, smiling at others, sharing interest in an object or event with others, and communicative vocalisations. It can be used to assess the likelihood of Autism (ASD).

Early identification of ASD is an Australian public health priority. Various opportunities exist for early identification, intervention and therapy. For this reason, regular developmental surveillance and screening to detect the early emerging symptoms of ASD is recommended. The tool enables the assessment of different key developmental milestones depending on the presenting age of the child to support early identification and intervention.

The SACS-R is being used as part of a research study undertaken in Tasmania through a partnership between the CRH, the Olga Tennison Autism Research Centre at La Trobe University, the Tasmanian Health Service (THS), the Autism Cooperative Research Centre and St Giles. The Child Health and Parenting Service (CHaPS) nurses across the State have completed over 6,000 consultations using the SACS-R as part of their routine 12, 18 and 24 month child health checks. Around one-half of these consultations were undertaken outside of Hobart.

Children who are being identified at 'high likelihood' on the SACS-R are being referred to a community organisation (St Giles) for a comprehensive developmental assessment. Diagnostic assessment undertaken on all children presenting at-risk on the SACS-R has demonstrated the potential for accurate, early diagnosis of ASD and therefore opportunity for early intervention.

The roll-out of the SACS-R state-wide in Tasmania has equipped CHaPS nurses with the SACS-R knowledge to give them confidence to communicate and refer children for further assessment.

The study commenced in 2017 and aims to conclude in late 2019.



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Director's Report

We were very pleased to submit our third annual report and first 3-year report under the new Rural Health Multidisciplinary Training (RHMT) Program to the Federal Government Department of Health. The reports capture key work activities and outcomes of staff from the CRH, the Rural Clinical School (RCS), the College of Health and Medicine's Professional Experience Placement (PEP) unit and from the "HUB" project.

The primary focus of the RHMT program remains on the clinical placement of health students, recruitment and retention of health care professionals and on improving health services and health outcomes for people living in rural and remote areas of Tasmania.

We were able to report significant progress in meeting our targets against all 'core requirements' of the program including a significant **growth in nursing and allied student placement** numbers. Over the 2018 calendar year, the RHMT program funding supported a total of 2892 weeks of clinical placement in rural areas of Tasmania, with 487 nursing/midwifery and 84 allied health students placed for clinical fieldwork (work integrated learning) as part of their course. In 2018, over 434 students were provided free accommodation across 20 towns in rural and remote areas of Tasmania. The provision of free or low-cost accommodation for students remains a cornerstone of our program and enables many students who would otherwise find it very difficult, to undertake a rural placement in rural areas.

In 2018, we increased the level of support provided to **interstate allied health students** choosing to undertake a period of clinical experience in rural Tasmania. From a rural workforce perspective, this has become especially important across those allied health disciplines that are not included in the suite of courses offered by the University of Tasmania. In the absence of a 'domestic' supply of new graduates, it is in these areas that there is more likely to be a workforce shortage. We are hoping that a number of these

students will return to rural Tasmania to work at some stage in their career. Over the 2016 to 2018 funding period, the number of student placement weeks supported through training/supervision, travel and accommodation assistance has more than doubled. Over this same period, the average length of multidisciplinary (non-medical) placements has increased to a little over 5 weeks overall – though placements for allied health students are generally of longer duration than nursing placements.

Staff within rural health have also been very **research** active over this period. We supervised 24 PhD students, published 137 refereed international journal papers and been awarded over \$2million in competitive research grants.

We have also maintained our Health Practitioner **Research Development Program**. This program provides an opportunity for clinicians and busy practitioners to take some time out from their mainstream job to learn new skills and to work with CRH staff on research, student learning and quality improvement projects. Over the 3 years, 32 practitioners participated in the scheme. Each person is on a short term (6month) part-time secondment to gain skills that they can then apply within their professional and local work environments.

Our plan for 2019-2020 is that our research will contribute to the improvement of the health and wellbeing of Tasmanians living in rural and remote areas. We aim to work collaboratively with our communities and key partners to undertake high quality research

focussed on: the rural health workforce, rural training strategies, health service delivery models, health issues that impact rural people, and on ways to improve the health of Aboriginal and Torres Strait Islander people.

At the end of last year, we bid a sad farewell and a very big thank you to Dr **Lyndsay Quarmby** and **Sharon Dennis**. Lyndsay, a Clinical Psychologist with special expertise in Autism Spectrum Disorders, will continue with research supervision and maintain active links to CRH projects in this area.

Sharon, a strong advocate for Aboriginal and Torres Strait Islander health and well-being has been with rural health for over 15 years. She started her career as an Enrolled Nurse and worked at the North West Regional Hospital (Burnie) and in Rosebery and Queenstown. Sharon later completed a Bachelor of Nursing and then an honours degree (with a focus on Tasmanian Aboriginal food). As an active Aboriginal community member, Sharon has a deep understanding of issues that affect Aboriginal People and brought these insights to her work with the CRH. This work included bridging programs that enabled Aboriginal people to go on to further study, delivering cultural awareness programs to students, staff and others, and regular visits and engagement with students in secondary schools. We wish Sharon every success in her new endeavours and will be sure to stay connected with her.

Tony Barnett (Director)



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