



## NEWS DIGEST

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# E-health triumph for team

**T**HE rollout of the National Broadband Network is creating new opportunities to improve the delivery of health care to rural and remote communities

and, thanks to a substantial grant from the Federal Government's Department of Health and Ageing, two UDRH professionals, will play a significant role in this revolution.

Under the \$533,280 grant, Sue Whetton, senior lecturer at the UDRH, and Jackie Hartnett, part-time e-health lecturer, will develop training programs in the use of online technologies to deliver specialist services via real-time, online video conferencing.

The programs will be available to existing health professionals, as well as those entering the workplace.

The project will, in consultation with stakeholders, develop a modularised training program.

The hub of the program will be a multi-layered interactive website providing training modules supplemented by resources that present the views of various stakeholders involved in delivering health services via telehealth. These may include issues papers, video presentations, reference materials and discussion



**NATIONAL PROJECT:  
UDRH's Sue Whetton**

forums. The website will be supplemented by the development of stand-alone information packages and training kits.

The latter will focus specifically on the communication and interaction skills fundamental to the success of video consultation.

Development of the program began this month and will end in May next year. There will be a progress report in November this year and a final report on the project by the end of April 2013.

**T**HE Department Of Rural Health in Launceston will be under one roof next year at the Newnham campus.

The home for the past 15 years, at the Anne O'Byrne Centre in Howick St, Launceston, opposite the Launceston General Hospital, has been vacated and staff are now in various temporary offices across the Newnham campus - a move that will no doubt improve cardio-vascular fitness and fine-tune navigational skills.

While we farewell an old home (and a mighty clean-up of many rooms and offices), there is promise of a brighter future.

By early next year all northern staff will be located in premises closer to our faculty colleagues in Nursing and Midwifery, Human Life Sciences, Psychology and Social Work.

### National strategy

The long-awaited National Strategic Framework for Rural and Remote Health (2012) and the Federal Government's budget both recognise that more work is needed to promote the health of rural and remote communities. The framework provides a useful summary of the state of rural health across the nation and also "aims to identify systemic issues that most require attention" in this area.

### Farewelled

The department has farewelled two esteemed colleagues. **Helen Howarth**, after nine years coordinating the UDRH Pharmacy Academic program, will continue her work with the PSA and the School of Pharmacy in Hobart, while completing her doctoral studies.

**Samantha Splatt** from our mental health team has accepted a senior clinical position in Victoria. We wish them both every success.

### Welcomed

We have welcomed **Annabelle Bond** (allied health), **Dr Len Cromcombe** (oral health) and **Dr Merylin Cross** (nursing). Annabelle and Merylin join the UDRH at Launceston and Len is based in our Hobart office.

### Our mission

As we move into this three-year funding cycle (2011-2014) we have updated our mission statement to reflect changing times and the new program objectives.

# One home, many talents



## DIRECTOR'S CHAIR

Associate Professor  
Tony Barnett

Our new statement, while reflecting the core business around support for learning and teaching in rural health, increasingly emphasises research and the continued development of an evidence-based approach to rural health service delivery.

It states:

- Our multi-disciplinary department is committed to building excellence in research that can help improve access to appropriate health services and contribute to improved health outcomes for people in rural and remote areas of Tasmania.

We will:

- Facilitate education and training of medical, nursing and allied health students in rural and remote regions of Tasmania in order to encourage

recruitment and retention of health care professionals in these areas.

- Support health care professionals currently practising in rural settings.
- Be recognised for undertaking high quality, innovative research in focussed and clearly identifiable areas of rural health that also attract competitive research funding.
- Be sustainable within UTAS, with financial stability and a diverse funding base.
- Promote and support an evidence-based approach to community health, development and health service delivery.

### Pharmacy deal

THE agreement for the Rural Pharmacy Liaison Officer (RPLO) program has been signed off.

We can now press ahead with initiatives to support rural pharmacy and the placement of students in rural areas.

We have also started several learning and teaching initiatives related to e-health (**Sue Whetton**), mental health curriculum mapping (**Martin Harris**) and distributed simulation. These projects have been funded by the Department of Health and Ageing and Health Workforce Australia.

### Conferences

OUR beautiful island state will host several conferences later this year.

This includes:

- The annual Services for Australian Rural and Remote Allied Health conference in Launceston from September 20 to 23. (<http://www.sarrah.org.au/site/index.cfm?display=259112>).
- A major international conference on technology and simulation in health (<http://www.cdesign.com.au/simulation2012/>).
- Rehabilitation nursing (<http://www.arna.com.au/edu.html>).

I would encourage everyone to consider supporting and attending one of these important events.

**R**URAL communities are set to benefit from a new online project that will help foresee and manage the health risks linked to climate change.

UDRH researcher Associate Professor Erica Bell is working with Associate Professor Paul Turner from the UTAS School of Computing and Information Systems, and Frank Sainsbury of the IT company ITSoil, to develop a health impact and risk assessment tool (HIRA).

“Rural Tasmania led the nation in loss of farm income over the recent drought yet the health effects there were scarcely noticed by national media and even climate change and health research,” says Erica.

“Even in areas such as rural Tasmania with relatively benign climate predictions, climate change may bring disproportionately negative health impacts in communities already socio-economically stressed and with unequal health service access.

“Research that supports local health service adaptation actions for vulnerable groups can do much to reduce the rising health burden of climate change.”

The team has completed a pilot project in three Tasmanian local government areas, funded by the Office of Climate Change, and is developing the tool with the aid of a UTAS Research Enhancement Grant.

Results of the project were presented at the recent National Climate Change Adaptation Research Facility 2012 conference.

The work includes analysis of the strengths and weaknesses for rural



# Climate for change

communities of emerging international HIRA approaches developed by agencies such as the UK's Climate Impacts Program.

Data from the online HIRA pilot offers key theoretical and technical learnings about how to integrate local-area climate science predictions and local impact/risk assessments to assist community health planning and development and prepare rural communities for the health challenges of climate change.

“Our work suggests that current efforts to develop local-area climate science projections on smaller ‘grids’, ostensibly for community

decision-makers, are unlikely to be valuable without sophisticated translational research techniques for transforming those scientific projections into informed community adaptation priorities and strategies, especially in health,” says Erica.

“That’s one important reason why there’s growing international interest in this tool for better understanding and managing climate and health dynamics.”

**For more information, contact Associate Professor Erica Bell on [erica.bell@utas.edu.au](mailto:erica.bell@utas.edu.au)**

## E-health course shows its strengths

IN nine years the E-Health (Health Informatics) course has grown from just three students to 86 in 2012.

At the recent meeting of the Course Advisory Committee, course coordinator Sue Whetton advised that it was anticipated that 18 students would graduate this year.

The enrolments are:

- Graduate Certificate: 37.
- Graduate Diploma: 24.
- Masters of E-Health: 9 (7 new students, 2 ongoing).

- Masters of Business Administration (Health Specialisation): 6.
- Graduate Certificate Nursing: 2.

The majority of students are based in NSW, although all states and territories are represented. Students come from a range of backgrounds, including nursing, allied health, management and a range of general and specialist physicians.

Strengths of the program have been identified as flexible delivery arrangements, availability over four

semesters (thereby allowing students to graduate with a certificate in a single year) and no residential component.

The marketing strategy for the course, which includes advertising twice each year in newspapers and professional journals, has proved to be a useful recruiting tool, but as graduates communicate their satisfaction with the course, word of mouth is becoming an important factor.

## Six of the best for rural areas

THE Mental Health Academic program with the UDRH has supported six psychology students in gaining positions in rural Tasmania.

The department's strong history in this area has added to our mental health workforce.

In conjunction with the Tasmanian Clinical Placement Partnership Project, the mental health team has been working closely with the School of Psychology.

The TCPPP's assistance in supervising students has meant more personalised and focused placements.

This gives students a range of placement experiences, exposure to a number of supervisors and links them to other students who are at a similar stage in their training.

We have former students working in the mental health, education and disability systems.

The calibre of these students has added greatly to the organisations that they have been placed with and is great news for Tasmanian communities.

# New network for health training

A STATEWIDE network of health training centres is being expanded.

The project is a joint initiative of the university's Faculty of Health Science and the state Department of Health and Human Services.

The Rural Inter-professional Clinical Education and Training Centres aim to increase Tasmania's capacity for professional entry clinical education and training across health science disciplines.

It will encourage high-quality and effective clinical placements in a range of rural settings.

The project has the potential to improve the recruitment and retention of health professionals in those areas by increasing clinical education and training capacity, developing innovative approaches to clinical education and training, and focusing on inter-professional learning.

The first stage of the project is almost finished with the development



**NEW CENTRE: Oatlands ready**

of accommodation at Deloraine, Oatlands, St Helens and Zeehan.

Additional accommodation will be developed at Smithton later this year.

Other initiatives include:

- The installation of virtual clinical training technologies at several sites.
- Installation or refurbishment of clinical education and training infrastructure modules.
- A focus on inter-professional practice and learning through multi-disciplinary primary health care clinics for student learning.

## Positive steps on ageing in West Tamar

LED by the UDRH's Dr Jess Woodroffe, the West Tamar Council's first Positive Ageing Strategy has been developed.

It is designed to create a platform to support and value the residents of the West Tamar community as they grow older and to build opportunities for partnerships, planning and participating for positive ageing.

The strategy has been designed for use by not only council but also the community and relevant stakeholders.

It was developed in collaboration with more than 650 community members and stakeholders and a comprehensive review of research and policy relating to positive ageing.

The new Windsor Community Precinct was a key rationale in the development of the strategy as it has the potential to become a hub for positive

ageing through the services it provides.

The precinct has health and fitness facilities and other potential health and wellbeing services.

The community and health services provided include medical, pharmacy, dental, child care, physiotherapy, and optometry.

The strategy report contains more than 50 recommendations and actions for positive ageing in the region.

They tackle issues as diverse as social isolation, council support for community events, ongoing research, formation of community partnerships, lobbying for better transport options, and encouraging the design of new homes that encompass the principles of positive ageing.

## Booking system funding

THE Faculty of Health Science has received funding to integrate the Rural Health Teaching Site booking system into the university-wide Student Placement Management System.

The expansion of the RHTS to include new accommodation requires a new robust booking system with more functions.

The new system will allow users real-time access to occupancy information and provide more accurate data for reporting purposes.

**For more information please contact Karla Peek on 63 244012 or email [K.Peek@utas.edu.au](mailto:K.Peek@utas.edu.au).**

# Our vital research rescued

**T**HE end of a federal funding contract hasn't stopped a major research program for Tasmanian health care practitioners.

The Primary Health Care Research Evaluation and Development program (PHCRED) finished at the end of 2011 after a decade of outstanding results.

As a result, there was a significant threat to research capacity- building opportunities for Tasmanian primary health care practitioners.

However, the University Department of Rural Health has stepped in to remedy this by launching an internally funded scholarship program, offering short-term, paid research opportunities to primary health care practitioners around the state.

These scholarships allow primary health care practitioners to explore and expand their interest in research, build research skills with the guidance of an experienced researcher and begin to develop a research record through hands-on involvement in an existing or new research project.

While the mix of duties is broadly those of a research assistant, a strong emphasis has been placed on providing mentoring, training and tailored practical experience for the scholarship holders.

Four scholarships have been awarded this year and the recipients

have begun work on diverse projects.

- Rosemary (Rose) Hennelly has a background in occupational therapy and is working from our Launceston office on a project titled *Rural Demographic Change and the Volunteering Future*. Rose is being mentored by Dr Peter Orpin from Hobart.

- Linda Bowers-Ingram (Lin) has an extensive nursing background and is working from our Hobart office on a project titled *Eating With Friends: Is it addressing social isolation and nutritional needs for older Tasmanians?* Kim Boyer from the Hobart office is Lin's mentor.

- Melanie Spiers is a physiotherapist who will work from the Rural Clinical School in Burnie on a project titled *Student transition: The challenges of an allied health career*. Dr Martin Harris from our Launceston office will support Melanie.

## BACKGROUND

**A decade of success and why we need to build on it**

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- Ann Crocombe has a background in dentistry and is working on the **project Oral health policy: International policy learnings for Australia**, mentored by Associate Professor Erica Bell, both working from our Hobart office.

**For further information about these scholarships please contact Sarah Brinckman at the UDRH on [Sarah.Brinckman@utas.edu.au](mailto:Sarah.Brinckman@utas.edu.au) or telephone 6226 7375.**

## Research students inducted

SIX new students joined the UDRH graduate research family at the formal induction day on March 19 .

It was a great opportunity to share with the inductees some important aspects of graduate research in the context of the university as well as the UDRH and RCS.

The new students are Peter Mulholland, Julie Porter, Joanne Yeoh, Helen Edwards, Peter Arvier and Jessica Kawa.



# Ten years of success

## Building a research culture in Tasmanian primary health care



**F**OR more than a decade, the UDRH and Menzies Research Institute built the research culture amongst Tasmanian PHC professionals through the Federal Government's primary health care research evaluation and development strategy (PHCRED).

It is vital to capture through research the hands-on insights that primary health care practitioners develop through their work.

Since 2000, through PHCRED funding, the UDRH was able to build the confidence of these practitioners to include research as part of their work.

However, with that funding ending last year the UDRH has decided to continue supporting the most successful aspect of the program from within its own budget.

An important part of the UDRH's PHCRED program was a forum to disseminate local research project findings and build on collaborative relationships between PHC academics, policy makers, and those on the ground.

Over 10 years program the highlights have been:

- Direct and indirect mentoring opportunities with UDRH academics.
- Annual research skill workshop programs.
- Supported opportunities to co-

author academic publications.

- Paid opportunities to work on short-term, part-time research projects with a senior academic mentors (mini-research apprenticeships).
- Annual researcher development program opportunities (one-year, part-time employment to work on a larger research project with a senior academic).
- Support to present at, and attend, valuable industry conferences.
- Opportunities to improve academic presentation and writing skills by participating in an annual academic symposium (in collaboration with MRI).
- Sharing of local PHC research findings and experiences with practitioners, policy makers and academics through the annual symposium (in collaboration with MRI).
- Scholarships to pursue honours in a PHC discipline.
- Access to internationally significant PHC experts through special events.
- Collaborative relationships built between UTas and PHC organisations such as the Tasmanian Department of Health and Human Services and Tasmanian Aboriginal Centre (in collaboration with MRI).
- Three books published involving

PHCRED salaried staff and PHCRED mentoring program participants, including one which specifically sought chapters from senior researchers asked to collaborate with beginning or early-career researchers from PHC backgrounds (in collaboration with MRI)

• More than 25 academic publications involving PHCRED-supported staff and mentorees.

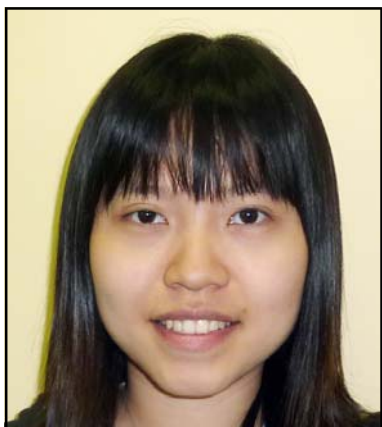
Many of the participants in the UDRH's PHCRED program have pursued research, higher degrees or taken positions which include a research component, even some who were later appointed to roles within the university.

The topics tackled by PHCRED program participants have varied enormously across allied health and general practice.

In recent years two-thirds of practitioners applying for mini-research apprenticeships were interested in the climate change projects, an interesting fact about our green state!

A common theme is how valuable they found these opportunities in considering research as part of their PHC career.

**For further details please contact Sarah Brinckman on Sarah.Brinckman@utas.edu.au or 6226 7375.**



JOANNE YEOH



HELEN EDWARDS

## Scholarships awarded

HELEN Edwards and Joanne Yeoh have been awarded Elite Research Scholarships in 2011 and 2012.

Helen's research will investigate the impact of online counselling and support programs on wellbeing and diabetes distress for people with diabetes in rural and remote Australia.

Joanne will investigate food security and the cultural identity of migrants in a rural health context.

Helen graduated with an honours degree in social work in 1988 and worked in the family and worked in the child and family welfare sector for 13 years.

A diabetic herself, Helen founded Diabetes Counselling Online in 2001. Her work in the field led her to do a PhD with the Rural Clinical School.

Joanne has an education degree from Malaysia and started a master of Education at UTAS in 2011.

# Closer ties on research

**T**HE UDRH and the Institute for Regional Development at the University of Tasmania have signed a memorandum of understanding, consolidating a productive informal working relationship and opening the way to exciting new projects.

The synergies are evident in three projects now under way.

- A future options study into the operations of a not-for-profit organisation providing aged-care and family services in the North-west.
- A food security project looking at food access for vulnerable youth.
- An investigation into the variables impacting on communicating with Tasmanian farmers about their health needs.

Said IRD director Associate Pro-

fessor Robyn Eversole: "We often work in the same area but bring different perspectives and skill base to research projects."

UDRH director Professor Tony Barnett agrees. "Given the complexity of conducting research at a local level, there is a need to combine specialist skills and knowledge with a deep understanding of the local landscape."

The opportunities under the MoU extend to other pursuits, such as joint publications and supervision.

In September this year the UDRH's Stuart Auckland and the IRD's Maree Gleeson will present a joint paper, *Innovative Partnerships for Improved Farmer Health in NW Tasmania*, at the National Farmer Health Conference in Victoria.

## Name change for network

THERE has been a change of name for the organisation representing Indigenous staff in rural health departments at universities around the nation.

The Indigenous Staff Network (ISN), which is part of the Australian Rural Health Network (ARHEN), is now called the Aboriginal Staff Alliance (ASA).

The roles of ASA members vary in each university but the shared objectives are the same. They are:

- Assist and support Aboriginal communities toward self-determination of local health priorities in remote and rural settings.
- Provide support and encouragement to Aboriginal health workforce, researchers, educators and students, working within and for rural and remote communities.
- Ensure that non-Aboriginal health workers, professionals and academics are equipped with cultural safety and protocols when dealing with Aboriginal health issues.
- Develop guidelines and processes to ensure Aboriginal communities and UDRHs work together in providing education and research initiatives.
- Strive to ensure Aboriginal issues are acknowledged and acted upon in the forefront of the national and state health agendas.
- Provide mechanisms for partnership and alliance with peak Aboriginal health bodies ensuring representation on Aboriginal health issues is presented as a collaborative voice.

**For more information about the ASA please contact Sharon Dennis on 64 304506 or email [Sharon.Dennis@utas.edu.au](mailto:Sharon.Dennis@utas.edu.au).**

# Services research a boon to Brighton

**T**HE Brighton Municipality will benefit from a detailed report by UDRH researchers Dr Romy Winter and Associate Professor Erica Bell on the services in the area.

Their work addressed the complex challenge of how to map community services and make recommendations for their development in the light of a wide range of population health data for a community.

The project was conducted for the Salvation Army and the Brighton Council, who asked the researchers to map services in the Bridgewater-Gagebrook-Brighton area.

The project aimed to provide an up-to-date register/database of services with which vulnerable families may engage within the Brighton municipality and develop recommendations for addressing service gaps.

“The project was very applied, and involved developing a document which outlines the current services available to families in this area,” says Associate Professor Bell, “and providing current information about the target groups and programs offered as well as current contact information and timetabling where appropriate.

“Community databases and reports were researched to identify services which could be potentially included on the Brighton Service Map. These identified services were then contacted to ascertain their interest in being included on the map and sent a template on which to provide the relevant information, with follow-up.

“We also offered directions for service development using diverse population data for that region in the report to help identify the match



**ERICA BELL**

between what is offered and what is needed.”

Several Australian and international organisations have done this type of exercise.

“The literature recommends undertaking this kind of mapping process as part of a strategy to address the needs of hard-to-reach families,” says Dr Winter.

“The Salvation Army and Brighton Council are aware that there are a number of agencies providing services to families in this area.

“As well as providing a comprehensive dossier of services to be used to improve access to services and information-sharing among related services, the project report enables these organisations to identify gaps and overlaps, which will assist in the strategic development of services for



**ROMY WINTER**

vulnerable families.’

Associate Professor Erica Bell says applications of such service mapping approaches are needed in many policy areas, from social inclusion for specific groups to workforce development to planning for a climate-changing world.

“As has been suggested by the short-comings of a singular reliance on big-N approaches in this area, the art of doing service mapping is about bringing together what is happening on the ground in communities, especially vulnerable communities, with big-N population data.,” she said.

“Dr Winter is a very experienced community researcher and we hope to build on and integrate this approach into other areas of rural need, particularly for vulnerable populations.”