

Centre for Rural Health BULLETIN

July 2020

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Nursing and Allied Health student placement evaluation



The Australian Rural Health Education Network (ARHEN) student placement survey (Tasmania) is provided to all domestic students who complete placements, which are supported by the Centre for Rural Health (CRH), University of Tasmania (UTAS). For the 2019 period, 504 students completed the survey. The following information was derived from this data.

In addition to supporting placements for UTAS students, the CRH also supports students from interstate universities to undertake placements in rural and regional Tasmania. During 2019, the CRH supported students from 11 other universities, including Charles Sturt University (n=13), University of Canberra (n=6) and La Trobe University (n=4).

Most students were from UTAS (n=465) and studying Nursing (n=401). Other prominent disciplines were Social Work (n=30) and Paramedicine (n=21). Most were undergraduates in their 2nd and 3rd years of study.

Just over one in twenty (6.6%, n=33) students identified as either Aboriginal, Torres Strait Islander or both, and were enrolled in two disciplines, Nursing and Social Work.

Students identified 39 different locations around the state where their placements were undertaken: from larger population areas such as Burnie, to small remote towns like Zeehan and Swansea, and the very remote King and Flinders Islands.

When it came to placement choice, three quarters (74.8%, n=369) of students indicated they were not given a choice, with only 16.8% (n=83) receiving their first preference.

Placements ranged from one week up to six months in duration, with the majority being between two weeks and three months in length. Overall placement satisfaction was greater for shorter duration placements and gradually decreased as placements extended.

Rural and regional hospitals, along with aged-care facilities, made up nearly two thirds of all placement settings.

Almost half of all students engaged in some form of community activity whilst on placement. Of those, most agreed that it improved their placement experience.

"The amazing staff, great accommodation and such a wide variety of patients and experiences that you wouldn't get in a really large hospital"

Prior to placement, around half (51.4%, n=257) of students indicated they were considering living and working in a rural or remote location after graduation. After placement, this number increased to two thirds (67%, n=334).



Nine in ten (90%, n=291) students who had undertaken a previous metropolitan-based placement indicated their rural placement was as good, if not better, than their previous metropolitan placement.

"I was the only student and was therefore given more opportunities. Also, there are many areas of nursing at Smithton District hospital, inpatient, A and E, community, child health, midwifery, all of which I spent time in"

Overall, the responses from students were very positive, highlighting the positive effects that rural/regional placements have in encouraging students to consider relocating to a rural setting for work after they graduate.



Further Information

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News and Activities

2019 Student accommodation summary

The Rural Health Multidisciplinary Training Expansion (RHMT) Program has continued to provide funds to support and enhance rural clinical placements for nursing, dentistry and allied health students.

In 2019, the Centre for Rural Health provided support to 679 health students for a total of 3,062 placement weeks:

380 students were provided with free accommodation for a total of 1,491 placement weeks. Included in this number are 28 students who were provided with a total of 90 weeks of accommodation at commercial and Rural Clinical School managed properties.

299 students were provided with a Rural Placement Allowance (only) for a total of 1,571 placement weeks.

The number of allied health students from interstate universities undertaking placements in rural Tasmania continues to be strong. The provision of free

accommodation at Burnie and Latrobe has been a major factor in attracting students to the state, especially those who are studying to become physiotherapists.

In 2019, the Centre for Rural Health offered students free accommodation at 19 locations: Beaconsfield, Burnie, Campbell Town, Deloraine, Dover, Flinders Island, George Town, Huonville, King Island, Latrobe, New Norfolk, Nubeena, Oatlands, Queenstown, Scottsdale, Smithton, St Helens, St Marys and Swansea. Accommodation comprises 23 properties with a total of 95 bedrooms and 106 beds.

Staff from the Centre for Rural Health and the College of Health and Medicine visited each of the properties during the year to identify maintenance requirements and opportunities to improve the amenity of the properties. This resulted in major refurbishments at Oatlands, George Town and St Marys, while routine maintenance was carried out at Campbell Town,

Nubeena, Queenstown and Swansea. Whitegoods and furniture were replaced at Latrobe, Scottsdale, Smithton and St Marys.

Also, Remote Access Point devices were installed at Burnie, Deloraine, Flinders Island, Huonville, New Norfolk, Nubeena, Oatlands, Queenstown, St Helens and Swansea. These devices channel all internet traffic through Eduroam, an international roaming service for users in research, higher education and further education. Students are required to use their University email accounts to access the service, therefore providing a higher level of security and online safety.



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Rural Psychology Student Supported on Local Placement



Emma Langley recently completed her Masters in Clinical Psychology, studying by distance with the University of New England (Armidale). Emma is originally from Deloraine, Tasmania and has been an active student representative on the Northern Tasmania Branch committee of the Australian Psychological Society (APS). With psychology co-supervision support from the Centre for Rural Health, Emma was able

to successfully complete her final year placement of her Masters at the UTAS student counselling service. Here's a Q&A with Emma:

1. Why did you want to become a psychologist?

I am passionate about helping individuals to achieve their goals, make changes, whatever they may be. I also have a strong interest in supporting individuals to manage their difficulties by identifying and capitalising on their strengths and values. A career in psychology allows me to engage with individuals in this way, using evidence-based approaches.

2. How has coming from a rural town influenced your practice?

An awareness of the limited number of psychologists in rural areas motivated me to complete further study to increase my competency to practice in various position and to equip me with the skills to work with a diverse range of clients. Coming from

a rural town has also increased my awareness of the need for a psychologist to build trust and respect within a community.

3. What are the challenges you see in practicing rurally as a psychologist?

An ongoing challenge I foresee in practicing rurally is anticipating and managing any dual relationships that may emerge. Similarly, ensuring that I proactively address the possibility of public encounters and determine a mutually agreeable response with each client may also be an ongoing challenge.

4. What has your current placement experience been like?

My final placement was completed at the UTAS Counselling Service. This setting allowed me to focus on developing skills in case formulation and intervention. Specifically, due to the nature of service provision, I honed my therapy skills in the context of brief and focussed intervention.

5. What are your plans for work post graduation?

I will remain in the Launceston area across two different settings – private practice and NGO. My private practice work allows me to engage in outreach work in my hometown of Deloraine, which will begin sometime in the coming months. My work in the disability sector at Life Without Barriers also often takes me beyond the Launceston area to provide behaviour assessment/intervention and training in positive behaviour support.



Further Information
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PROFESSIONAL EXPERIENCE PLACEMENT (PEP)- RURAL EXPANSION PROJECT UPDATE

Welcoming Dr Sandra Coe to the Research Team



The PEP- Rural Expansion Project would like to welcome and introduce Dr Sandra Coe, who has recently joined the project in a research capacity. Sandra will be working to progress the project's evaluation and key research activities.

Originally from New Zealand, Sandra lived in Brisbane for 14 years and completed a PhD

at the Queensland University of Technology. Sandra has extensive research experience and is focussed on research that has application to practice and policy.

Sandra is currently undertaking qualitative interviews for the new research project, 'Understandings of quality professional experience placements in rural and remote areas: The lived experiences of students and their supervisors'. For further details or if you would like to participate in this study, please contact **Sandra Coe - ph. +61 3 6324 3577 or email sandra.coe@utas.edu.au**

Thankyou and farwell to Helen Zournazis



The PEP-Rural Expansion Project also farewells Helen Zournazis. Helen has been an integral part of the project's inception, establishment and ongoing activities. Her passion, knowledge and collaborative approach has underpinned the success of this project and her team wishes her all the very best for her future endeavours.

Placement amid Covid-19

Covid-19 has presented unique challenges for student placements, particularly in rural areas of Tasmania. The Whole of Community Facilitators, Field Work Coordinators and the Lead Facilitator (Allied Health) have worked collaboratively with students, supervisors and agencies to navigate factors related to safety in practice and safety of community. This has involved, among other things, developing and implementing an additional placement risk assessment process, as well as arranging alternate placement allocations for students. The project team would like to thank colleagues within the health sector for their ongoing commitment to student learning and teaching during this time.

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Rural Pharmacy Liaison Officer Program

The Rural Pharmacy Liaison Officer (RPLO) program was established to support rural pharmacists and pharmacy students undertaking placements in rural areas. RPLOs promote collaboration between pharmacists, pharmacy students, universities and the broader community.

Activities conducted this year include interacting with community pharmacists at the Pharmacist Guild Conference in Hobart on 15-16 February 2020 to discuss their perspective regarding the employability, recruitment and retention of recent pharmacy graduates. Overall, respondents

have positive perceptions of recent pharmacy graduates, and suggested areas where improvements may be required. Additionally, pharmacists and students have been supported in several ways, including ensuring an increase in the number of applicants for community pharmacy positions in rural areas and increasing the number of pharmacy placement sites for pharmacy students.



Photo: Suzanne Mallick and Kehinde Obamiro at the Pharmacist Guild Conference in Hobart



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News and Activities

Diary of a Speech Pathologist...

The COVID-19 pandemic changed the way I delivered my therapy overnight. Given that it's a bit tricky to explain social distancing to a 2 year old, it was a business decision to close our doors to face-to-face sessions and open our 'windows' to online therapy. Telehealth has been my 'new normal' for the past two months and I must say, it has been quite a rollercoaster. There are obvious benefits that come with working from home like being able to sleep in, wearing trackies and uggies, and saving on petrol. I think my dog is also enjoying having my company all day long (or at least I hope she is!), however, there have also been lots of challenges along the way! Virtually overnight I had to master Zoom (a platform I had never even heard of before), troubleshoot technical problems such as audio, headsets, sharing screens, mirroring iPads and the list goes on. I have also been providing technical support to parents when things go wrong over Zoom. I am seriously considering adding 'technical advisor' to my CV by the end of this pandemic! Once all the technology is working, then it comes time for the actual therapy to begin.

Engaging with a child and motivating them to complete speech therapy tasks can be difficult at the best of times but trying to engage with them over the screen poses a whole new challenge. I quickly learnt that I had to adapt my approach and think of creative ways to encourage children to participate. My dining room table is now covered in games and toys – not many other home offices have a giant Mr Potato Head as the centre feature! I have been pleasantly surprised at how well many of my clients have participated during online sessions given that the majority of my caseload are aged 3-5 years. I have been able to keep them relatively motivated just by holding up the game in front of my screen for them to watch. I try to actively involve the child as

much as I can by allowing them to give me directives, so they feel like they have some control over the game. I have had a few incidents such as nerf bullets landing in my cup of tea but all in all, most sessions have gone relatively smoothly and my clients have continued to make progress in the midst of this pandemic.

Switching to telehealth has had other benefits such as removing the barrier of accessibility to clients who live outside of Launceston, being able to offer therapy on an intensive basis and allowing parents to play a more active role in the therapy sessions. We keep hearing that the world will not be the same post-COVID-19 and speech pathology will be no exception. I had always been apprehensive when it came to telehealth and so I had continued to put it in the 'too hard basket'. The pandemic gave me the push I needed to dive straight into the deep end and discover that telehealth is not as scary as I thought it would be. There's no doubt that our service delivery model will look very different when this pandemic is over having now seen all the benefits that telehealth has to offer. While many clients will return to attending therapy appointments in person, we anticipate that there will be others who opt for a mix of online and face-to-face sessions. So, although the pandemic has had a devastating impact around the world, this experience has exposed the many benefits telehealth has to offer and has demonstrated how things can change for the better.



Further Information

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National Reconciliation Week 2020: In this together

The theme of Reconciliation Week for 2020, 'in this together' was announced well before the latest pandemic took hold. The theme takes on a double meaning that resonates across reconciliation and COVID-19 as Aboriginal people, Australians and guests of our country are all indeed in this together. What an equaliser!

Reconciliation Week symbolises the process of building positive, respectful relationships between Aboriginal people and other Australians; to work together, close inequality gaps and achieve a shared sense of fairness and justice. Social distancing meant that Reconciliation Week events and celebrations were undertaken quietly and online. Being 'in this together' through the pandemic gives us an opportunity to reflect on how we can reconcile our past and future as health researchers, as a people, a community and a nation.

To learn from the past, we need to acknowledge the ongoing effects of colonisation, characterised by dispossession, violence and disease. For Aboriginal people, the last 230 years has seen a devastating human toll following wave after wave of introduced epidemics and pandemics including multiple cases of influenza,

along with smallpox, tuberculosis, whooping cough, typhoid fever, rheumatic fever, polio, measles and HIV-AIDS. We can add COVID-19 to this growing list of introduced diseases.

If we look to the future, our political and public health leaders remind us we all have a role to play when it comes to COVID-19. Our Aboriginal and non-Aboriginal leaders remind us we all have a role to play when it comes to reconciliation, and in playing our part we can collectively build a future that values Aboriginal people. Our present journey towards reconciliation will only progress if we are truly 'in this together'.

Because of COVID-19 and social distancing, there were few community events this year, however the launch of National Reconciliation Week asked all Australians to take to social media as a show of respect and participate in an online acknowledgement to country, tag the Traditional Owners and/or your own mob plus #InThisTogether2020#.



Further Information

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New Staff - Dr Imo Inyang



Dr Imo Inyang was appointed with the Centre for Rural Health (CRH) at the University of Tasmania (UTas), Australia in mid-January 2020 as a Lecturer in rural health.

Imo has a Bachelor of Medical Radiation Science (Hon), a Graduate Diploma in Epidemiology and earned a Doctor of Philosophy (PhD) from Monash University for investigating associations of radiofrequency radiation from mobile telephones and associated base stations on population health with an emphasis on adolescent health outcomes.

A passionate medical radiation practitioner (medical imaging specialty)

spanning over 25 years, Imo has devoted the past decade to teaching, research and clinical work in rural Australia including Alice Springs in the Northern Territory, Bairnsdale in the Gippsland region, Victoria and Wagga Wagga in New South Wales.

As an Epidemiologist, Imo's research interests are multifaceted and include health effects of ionising and non-ionising radiations (2-5G networks). He also has interests in rural workforce development, recruitment and retention.

Imo is currently the Chief Investigator of the UTas medical radiation science graduates tracking study, a project of the CRH which aims to determine the contributions of UTas medical radiation science graduates to the Tasmanian health workforce. The opportunity to understand these contributions is of great significance given the chronic shortage

of Medical Radiation Practitioners in the state.

It is expected that the insights gained from this survey will help inform us of the determinants and predictors of graduates of this program in their decision whether or not to pursue a career in Tasmania upon graduation from the course. It will also help improve the UTas Medical Radiation course as currently offered.

Imo also teaches into the undergraduate Bachelor of Health Sciences/ Medical Radiation Science program at UTas and welcomes opportunities for research collaboration.

Further Information

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Graduate Research

Graduate Research News

In the current situation with the COVID 19 pandemic, our Higher Degree by Research (HDR) candidates at CRH are still progressing steadily with their research and remain connected with their supervisors and other students. We have also had candidates complete their studies, welcomed new candidates and hosted a forum for our candidates to share their research with staff and fellow students.



Further Information

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Completions

Since early this year, we have congratulated four HDR candidates, Peter Mulholland (PhD), Deb Zwolsman (PhD), Shah Khan (PhD) and Shoaib Hamrah (Masters) and their supervisors for their successful completions. These great achievements required a lot of hard work, commitment and persistence. We are so pleased to see their success and we know it was not easy. We wish these candidates all the best for their future endeavours!

Peter's PhD topic was "Interprofessional learning and rural paramedic practice". Peter's supervisors were A/Prof Tony Barnett and Dr Jess Whelan.

Deb's PhD topic was entitled, "Allied Health Leadership: Critical for successful primary health care reform". Dr Merylin Cross and A/Prof Lisa Dalton and Tony Barnett were Deb's supervisors.

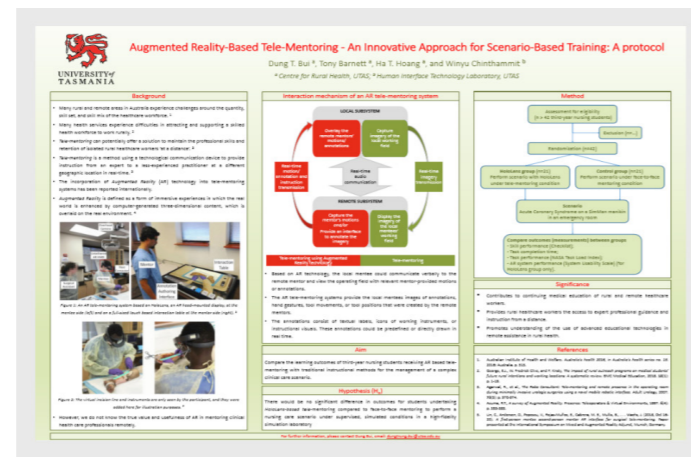
Shah's PhD project examined "Risk Factors of Periodontitis in Australian Adults". Shah's supervisors were A/Prof Len Crocombe and Tony Barnett, Dr Silvana Bettiol (School of Medicine) and Prof Joerg Eberhard (The University of Sydney).

Shoaib's Masters project investigated "Post-traumatic Stress Disorder (PTSD) and Depression and its Associated Factors Among Former Afghan Refugees in Launceston, Tasmania". Shoaib was supported by a team of supervisors: Drs Ha Hoang and Jon Mond and Mr Stuart Auckland.

Conference presentations



PhD candidate, Dzung Trung Bui, presented a poster (below) entitled, "Augmented reality-based telementoring - an innovative approach for scenario-based training: a protocol" as part of the Virtual Pre-Symposium Session Presenters at the 7th Rural and Remote Health Scientific Symposium: **Shaping the Future**.



CRH HDR Candidate Short Show and Tell

Since January, CRH has been hosting a regular forum for our candidates to share their work in progress or completed work with CRH staff and their fellow students. The forum is well attended by staff and HDR candidates. Thank you so much for your support and we hope we continue receiving it. So far we have heard from Lorraine Walker, Edwin Mseke, Vandana Bhagat, Dzung Bui, Priya Bindal, Melissa Kirschbaum, Abhinav Acharya and Christine Low.

We would like to congratulate all candidates for these wonderful achievements and look forward to other news in the coming months!

New HDR Candidates

We were excited to welcome two new PhD candidates, Laura Smith and Annika Wilson. Laura and Annika enthusiastically commenced their PhD journeys early this year.

Laura's PhD topic is, "Youth suicide prevention in regional and rural Tasmania: Towards best practice". Laura's supervisory team include Drs Jon Mond, Ha Hoang, Stuart Auckland and Prof Jane Pirkis (Uni of Melbourne).

Annika's project entitled, "Implementing the practice guidelines for oral health during pregnancy in general practices". Annika's supervisors are Dr Ha Hoang, A/Prof Len Crocombe, Dr Heather Bridgman and Dr Silvana Bettiol (School of Medicine).

Laura Smith - PhD Candidate

Laura started her PhD in medical sciences, part time at the Centre for Rural (CRH) in February 2020, alongside her project role managing several evaluations including the Tasmanian arm of the National Suicide Prevention Trial. Funded through Rotary Health Australia, the Rotary Club of Deloraine, and the CRH, Laura's PhD is tackling suicide and its prevention in young people living in rural Tasmania and across the world.

A systematic review and scoping activity is currently underway exploring what suicide prevention (SP) strategies are most effective for rural youth. The first study currently in planning, will use a Delphi consensus method to draw SP expertise from around the world to develop 'International Best Practice Guidelines for Youth Suicide Prevention in Rural Areas'.

These guidelines will then be implemented in youth services organisations across Tasmania, and an implementation evaluation undertaken to test fidelity and process/outcome measures. The aim of this evaluation will be to see whether the guidelines have made any difference to service providers' attitudes towards, and confidence in, working with suicidal young people in rural areas. Importantly, the evaluation will seek to explore whether there are any flow-on effects in terms of reductions in suicidal thoughts and behaviours among young Tasmanians. Evaluation findings will determine the effectiveness of the guidelines in the Tasmanian context, with a view of updating these as needed to accommodate any contextual nuances and service requirements.

Throughout these studies, Laura will engage SP networks both locally and internationally, as well as people with lived experience of suicide, to co-design the guidelines. As experts of their own experience, engaging people with lived experience will ensure the guidelines and implementation of service changes and programs are more effective and efficient, meeting the needs of people and their communities.

Laura's superstar supervisory team consists of Dr Ha Hoang and Dr Jon Mond from the CRH, and Professor Jane Pirkis from the University of Melbourne. Mentor support is also gratefully provided by Stuart Auckland from the CRH and A/Professor Jo Robinson from Orygen, Youth Mental Health.



Annika Wilson - PhD Candidate

Annika Wilson is a PhD candidate in the Centre for Rural Health and casual academic tutor at the University of Tasmania. Her doctoral research investigates the implementation of oral health guidelines by antenatal care providers for pregnant women in general practice. The project is planned to involve a multidisciplinary and mixed-methods approach to develop an implementation strategy with a focus on improving oral health guideline adherence by antenatal care providers.

Annika holds a Master of Public Health and a Bachelor of Health Science in Dentistry/Master of Dentistry and has clinical dental experience working in regional and rural Tasmania.

Prior to starting her doctorate, she had the opportunity to undertake a project exploring the barriers and enablers to skill-mix in the oral health workforce under the Health Practitioner Research Development Programme with the University of Tasmania.

2019 Publications

Journal Publication list 2019

In 2019, CRH staff (listed in bold) produced a total of 43 Peer Refereed Journal Articles with 23 (over half) of these published in UTas listed Q1 journals.

Astill, S and Corney, S and Carey, R and **Auckland, S** and **Cross, M**, "Reconceptualising 'community' to identify place-based disaster management needs in Tasmania", *The Australian Journal of Emergency Management*, 34 (1) pp. 48-51. ISSN 1324-1540 (2019)

Barnett, T and **de Deuge, J** and **Bridgman, H**, "Promoting mental health through a Rural Art Roadshow: Perspectives of participating artists", *International Journal of Mental Health Systems*, 13 (1) pp. 44. doi:10.1186/s13033-019-0302-y ISSN 1752-4458 (2019)

Barrington, G and **Khan, S** and **Kent, K** and Brennan, D* and **Crocombe, LA** and Bettiol, S, "Obesity, dietary sugar and dental caries in Australian adults", *International Dental Journal* doi:10.1111/idj.12480 ISSN 0020-6539 (In Press)

Bindal, P and Bindal, U and Kazempoor, M and Kazempoor, M and Jha, SK, "Hybrid machine learning approaches in viability assessment of dental pulp stem cells treated with platelet-rich concentrates on different periods", *Applied Medical Informatics*, vol. 41, no. 3, pp. 93-101. (2019)

Bindal, P and Gnanasegaran, N and Bindal, U and Haque, N and Ramasamy, TS and Chai, WL and Kasim, NHA, "Angiogenic effect of platelet-rich concentrates on dental pulp stem cells in inflamed microenvironment", *Clinical Oral Investigations*, pp. 1-11, doi: 10.1007/s00784-019-02811-5. (2019)

Bridgman, H and Ashby, M* and Sargent, C* and **Marsh, P** and **Barnett, T**, "Implementing an outreach headspace mental health service to increase access for disadvantaged and rural youth in Southern Tasmania", *Australian Journal of Rural Health* ISSN 1038-5282 (In Press)

Brooks KR, Baldry E, **Mond J**, Stevenson RJ, Mitchison D and Stephen ID, "Gender and the Body Size Aftereffect: Implications for Neural Processing", *Frontiers in Neuroscience* 13:1100. doi: 10.3389/fnins.2019.01100 (2019)

Brooks, K.R., Keen, E., Sturman, D., **Mond, J.**, Stevenson, R.J. and Stephen, I.D., "Muscle and fat aftereffects and the role of gender: Implications for body image disturbance.", *British Journal of Psychology* doi:10.1111/bjop.12439 (2019)

Bullivant, B* and Mitchison, D* and **Skromanis, S** and **Mond, J**, "Elucidating individuals' beliefs about the severity of eating disorders and obesity: Implications for public health programs", *Eating and Weight Disorders*, May doi:10.1007/s40519-019-00708-6 ISSN 1590-1262 (2019)

Byrne, L and Ogden, K and **Lee, S** and Ahuja, K and Watson, G and Bauman, A* and Fell, J, "Mixed-method evaluation of a community-wide physical activity program in Launceston, Australia", *Health Promotion Journal Australia* doi:10.1002/hpja.241 ISSN 2201-1617 (2019)

Cheek, C and Hays, R and **Allen, P** and Walker, G and Shires, L, "Building a medical workforce in Tasmania: A profile of medical student intake", *Australian Journal of Rural Health*, 27 pp. 28-33. doi:10.1111/ajr.12445 ISSN 1038-5282 (2019)

Cox, T and **Hoang, H** and Goldberg, LR and Baldock, D*, "Aboriginal community understandings of dementia and responses to dementia care", *Public Health*, 172 pp. 15-21. doi:10.1016/j.puhe.2019.02.018 ISSN 0033-3506 (2019)

Cox, T and **Hoang, H** and **Barnett, T** and **Cross, M**, "Older Aboriginal men creating a therapeutic Men's Shed: An exploratory study", *Ageing and Society* pp. 1-14. doi:10.1017/S0144686X18001812 ISSN 0144-686X (2019)

Crocombe, L. A. and **Allen, P** and Bettiol, S and **Khan, S** and Godwin, D and **Barnett, T** and **Hoang, H** and Goldberg, L, "Geographical variation in preventable hospital admissions for dental conditions: An Australia-wide analysis." *Australian Journal of Rural Health* 27(6): 520-526. (2019)

Crocombe, LA and **Allen, P** and **Khan, S** and Godwin, D and Bettiol, S and **Barnett, T** and **Hoang, H** and Goldberg, L, "Preventable hospital admissions for oral health-related conditions in Australia: a descriptive analysis", *Australian Journal of Rural Health* ISSN 1038-5282 (2019)

Cross, M and **Lee, S** and **Bridgman, H** and Thapa, DK and Cleary, M and Kornhaber, R, "Benefits, barriers and enablers of mentoring female health academics: An integrative review", *PloS one*, 14 (4) pp. 1-21. doi:10.1371/journal.pone.0215319 ISSN 1932-6203 (2019)

Goode, J and **Hoang, Ha** and **Crocombe, LA**, "Strategies to improve access to and uptake of dental care for people experiencing homelessness in Australia: A grey literature review", *Australian Health Review* doi:10.1071/AH18187 ISSN 0156-5788 (2019)

Hoang, H and **Barnett, T** and **Kirschbaum, M** and **Dunbar, S** and **Wong, R**, "'The public rely on me a lot': Rural pharmacists' perspectives on their roles in oral health care", *Australian Journal of Rural Health*, 27 (1) pp. 57-63. doi:10.1111/ajr.12460 ISSN 1038-5282 (2019)



The study examined rural pharmacists' perspectives on their roles in oral health in rural communities and collaborations with dental practitioners. Individual, face to face interviews were conducted with 20 community pharmacists in 11 rural communities across rural Tasmania. Findings from the study suggests that rural community pharmacists had advisory and referral roles in oral health and acknowledged that they could play a greater role in oral health promotion.

It was suggested that oral health could be incorporated into existing pharmacy health promotion and surveillance activities. There was a lack of collaboration between pharmacists and dentists or dental services and limited oral health education and training provided to pharmacists. Stronger collaboration between pharmacists and dental practitioners and better oral health training for pharmacists may enhance their role in promoting oral health within rural communities.

Hoang, H and Feike, S* and Lynden, T* and **Barnett, T** and **Crocombe, L**, "Oral health needs of older migrants with culturally and linguistically diverse backgrounds in developed countries: a systematic review", *Australasian Journal on Ageing* doi:10.1111/ajag.12759 ISSN 1741-6612 (2019)

Hooshmand, J* and Rothschild, P and **Allen, P** and Kerr, NM* and Vote, BJ* and Toh, T*, "Minimally invasive glaucoma surgery: comparison of iStent with iStent inject in primary open angle glaucoma", *Clinical and Experimental Ophthalmology* pp. 1-6. doi:10.1111/ceo.13526 ISSN 1442-6404 (2019)

Kent, K and **Jessup, J** and **Marsh, P** and **Barnett, T** and Ball, M*, "A systematic review and quality appraisal of bereavement care practice guidelines", *Journal of Evaluation in Clinical Practice* doi:10.1111/jep.13225 ISSN 1365-2753 (2019)

Khan, S and Bettiol, S and **Kent, K** and **Barnett, T** and Peres, M* and **Crocombe, L**, "Obesity and periodontitis in Australian adults: a population-based cross-sectional study", *International Dental Journal* doi:10.1111/idj.12514 ISSN 0020-6539 (In Press)

Kirschbaum, M and **Barnett, T** and **Cross, M**, "'For pain, no shame' and 'My secret solace': accounts of over-the-counter codeine dependence using Q methodology", *International Journal of Drug Policy*, 73 pp. 121-128. ISSN 1873-4758 (2019)

Kirschbaum, M and **Barnett, T** and **Cross, M**, "Q sample construction: A novel approach incorporating a Delphi technique to explore opinions about codeine dependence", *BMC Medical Research Methodology*, 19pp. 101. doi:10.1186/s12874-019-0741-9 ISSN 1471-2288 (2019)

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This article reports data from a larger PhD study by the lead author, Lorraine Walker, that explores opportunities for interprofessional education (IPE) in rural clinical learning environments.

While IPE is necessary for preparing a practice-ready and collaborative health workforce, IPE in Australian universities can be fragmented and presents challenges that can be addressed through clinical placements. The rural environment was chosen for the study setting as interprofessional learning and collaboration 'is inevitable' in rural areas.

A mixed methods approach was used to collect data from 60 undergraduate healthcare students at two rural sites during their clinical placement. Quantitative data included a survey incorporating

the Readiness for Interprofessional Learning Scale, the Interdisciplinary Education Perception Scale and focused interprofessional questions. Qualitative data were collected via survey comments, interviews and focus groups.

Students identified that in the rural clinical environment, they had numerous opportunities for IPE with other professions, to observe role modelling in the workplace and considered that learning with other professions would help them become more effective members of the health care team. Students valued learning about collaborative practice, the roles of other professions and identified activities that enhanced interprofessional engagement.

In an unexpected finding, some students, predominantly final year medicine, revealed uncertainty about their future professional roles, which may be influenced by the diversity of roles available in the profession and indecision about their future direction.

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CRH team member joins editorial board of the Australian Journal of Rural Health

Dr Heather Bridgman, who is a lecturer in Rural Mental Health and a Clinical and Health Psychologist was recently invited to join the editorial board of the Australian Journal of Rural Health (AJRH) as an associate editor. The AJRH has an impact factor of 1.037

The AJRH is published on behalf of the National Rural Health Alliance for: Rural Nursing and Midwifery Faculty, Royal College of Nursing Australia, Council of Remote Area Nurses of Australia Inc. (CRANA), and Services for Australian Rural and Remote Allied Health (SARRAH).

The AJRH is a multidisciplinary journal, which aims to facilitate the formation of interdisciplinary networks to build and advance rural practice for all health professionals. The AJRH publishes articles in the field of rural health. It facilitates the formation of interdisciplinary networks, so that rural health professionals can form a cohesive group and work together for the advancement of rural practice, in all health disciplines. The journal aims to establish a national and international reputation for the quality of its scholarly discourse and its value to rural health professionals.

All articles, unless otherwise identified, are peer reviewed by at least two researchers expert in the field of the submitted paper. The Journal is taken by subscribers in Canada, Japan, USA and the United Kingdom. Readership includes general practitioners, nurses, allied health professionals, pharmacists, health administrators, universities, rural health units and libraries.

If you are interested in becoming a reviewer there are free peer review learning channels: <http://news.wiley.com/revieweracademy> and <https://publons.com/community/academy/>. If you are interested in reviewing for the AJRH please contact Dr Bridgman.



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Projects, Grants and Research

Review of the Tasmanian Health, Welfare and Care Workforce: 2011 - 2016

On a per capita basis, rural communities are underserved by healthcare professionals when compared to metropolitan areas of Australia. However, most studies evaluating health workforce focus on discrete professional groups (e.g. physiotherapists, nurses) rather than the collective contribution of the range of health, care and welfare workers available within communities. A research team from the Centre for Rural Health subsequently undertook a novel project to examine changes in the broader composition of the health, welfare and care (HWC) workforce in Tasmania to inform future workforce policy and planning.

By obtaining census data from 2011 and 2016, the team was able to identify all workers involved in health, welfare and care service provision in Tasmania and in each statistical level 4 area (SA4) of the state. The team then developed a novel system for grouping workers into seven different categories: medicine, nursing, allied health, dentistry and oral health, health – other, welfare and carers. Census data obtained allowed for calculation of total headcount, total full time equivalent (FTE) positions and total annual hours of service per capita, with changes observed over the five year period.

Overall, the study found all categories of the Tasmanian HWC workforce except welfare grew between 2011 and 2016. While

this growth occurred in all SA4 regions across the state, the HWC workforce remains maldistributed, with variation in annual hours of service per capita observed across the four SA4 regions. Whilst the HWC workforce remained highly feminised, a move toward gender balance was observed in some categories, including medicine, dentistry and oral health, and care. The HWC workforce also saw an increase in part time workers across all categories.



Collectively, the study highlighted that rural communities may be drawing on a diverse range of workers to provide health care. This may, in part, be a response to difficulties attracting and retaining specific types of professionals to rural areas. Failure to identify and recognise the broad range of workers who contribute to health, welfare and care service provision may mask or underestimate workforce capability and its potential to meet local need. Acknowledgement of existing workforce capacity and how 'total care' may be provided to rural communities though delivered by different combinations of health, welfare and care workers may be a useful strategy when faced with entrenched workforce shortages and recruitment difficulties in some areas.



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Cut smoking, increase fluoride — give Tassie kids reason to smile.

A/Prof Len Crocombe and a PhD graduate from the Centre for Rural health, Dr Diana Godwin, were cited in Hobart's "The Mercury" recently.

Children who go to the dentist with tooth decay in more than one tooth often require invasive procedures under general anaesthetic at a hospital or a day theatre. Poor oral health is still Tasmania's leading cause of preventable hospital admissions, largely due to young children needing to have teeth extracted. Having treatment under a general anaesthetic is often stressful for the children and their parents.

Oral Health Services Tasmania collaborated with the Centre for Rural Health at the University of Tasmania and trialled silver diamine fluoride treatments that can stop active tooth decay in its tracks, making fillings and

extractions unnecessary. The results from the trial are still being analysed, but they already show a massive decrease in costs for supplying dental care, but more importantly, a large decrease in the number of young children who needed dental treatment under general anaesthetic.

Although oral health has improved in Tasmania, it is lagging behind the rest of Australia. We need to break the cycle of poor oral health in Tasmanian children, not just for the sake of the children, but so that it does not lead onto poor oral health in Tasmanian adults. Ideally, good oral health should be achieved by preventing dental diseases.

Tasmania should continue to lead the nation in the area of water fluoridation, which massively decreases the incidence of tooth decay. As Tasmania has the

highest smoking rate in Australia, one area that Tasmania could improve is in reducing its rate of smoking. Smoking is strongly linked to gum disease and oral cancer. Oral health and general health are strongly associated with a person's education and income levels. A third way to improve oral health is to improve educational achievement and retention in Tasmania.

A/Prof Crocombe noted that we need to continue to be innovative with both prevention of dental diseases, and if dental disease is present, with the use of minimally invasive dental procedures.



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Projects, Grants and Research



Food insecurity in Tasmania during the COVID-19 pandemic

The Tasmania Project is a UTas collaboration established by the Institute for Social Change to understand how Tasmanians are experiencing and adjusting to the social, political and economic responses to COVID-19. Co-collaborators from the CRH, Katherine Kent and Stuart Auckland, have been involved with The Tasmania Project's Food Survey, which examined how the pandemic has affected food access and supply, including levels of food insecurity, in Tasmania between late May to early June 2020.

The large survey of 1,170 Tasmanians showed that food insecurity had increased on pre-COVID levels, with one in four respondents to the survey reporting that they had run out of food and that they could not afford to buy more during the COVID-19 pandemic. Concerningly, 14% of respondents reported experiencing moderate to severe food insecurity, meaning they are regularly going without food, and do not have access to enough healthy food to meet their needs.

Some Tasmanians reported experiencing higher levels of food insecurity than others. Food insecurity was higher among respondents with a disability (39%) and younger Tasmanians, with nearly half (43%) of 18-24 year old respondents, and 31% of 26-35 year old respondents food insecure. While there was no difference across the Tasmanian geographic regions, rural Tasmanians were more likely to be food insecure, with 33% of rural respondents food insecure compared with 23% of urban respondents. Low income and loss of income (more than 25% of usual income) were also major factors impacting food insecurity in Tasmanian households.

These findings have been incorporated into submissions to inform responsive policy interventions at a state level, and the CRH team will continue collaborating with The Tasmania Project to monitor levels of food insecurity throughout Tasmania's recovery from the COVID-19 pandemic.



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Improving city-based accommodation sites for UTas rural students

The recent Productivity Commission Report into the impacts of demand-driven university initiatives (2019) showed that while there has been increased enrolments by students from rural and remote areas, overall drop out rates remain higher than for their urban peers. Part of the reason for this is thought to be the extra stresses faced by students when relocating to a city. As part of the University shift from Sandy Bay into the Hobart CBD, plans are in place to improve the outdoor landscapes around the student accommodation sites – to improve the access to nature and therapeutic spaces for students who are living in the city, and to find ways to improve social connectivity. The first initiative is the establishment of a community garden at the Hobart Apartments - the accommodation site intended for mainly rural Tasmanian students who re-locate to Hobart to study.

The CRH is collaborating with the Healthy Landscapes Research Group to undertake research to understand whether the establishment of a campus community garden at the Hobart Apartments might improve resident-students' quality of life.

The first phase of this research project has now been completed, which involved qualitative, quantitative and observational data collection and analysis before the community garden was installed.

In summary, a community garden was seen as a worthy initiative that could improve the public spaces at the Hobart Apartments accommodation, and potentially help integrate UTas and the student body into the local community and broader urban greening community. However, success for the community garden (and the broader shift of the campus into the city) is dependent on respectful engagement and improved relations with the local community, the integration of the student body into the broader community, and the adoption of sustainable management practices.

The second phase of the project will collect and analyse data after the community garden has been established in late 2020, COVID-19 restrictions permitting.



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Cultivating isolation: What role is there for community gardens during a pandemic

The Centre for Rural Health has had a long involvement in researching the role of community gardening in improving health outcomes in regional and rural communities. This research, along with much research nationally and internationally, has highlighted the important function of community gardening in maintaining good mental health and helping people to recover from mental illness. As COVID19 unfolded, Pauline Marsh and her collaborator from Swinburne University of Technology Dr Jonathan Kingsley, wrote a piece for the national Health Blog Croakey that discusses the potential role for community gardens during a time of increased stress and isolation.

The key points of the article are summarised here: The obvious consequences are decreased opportunities for social connection, face-to-face encounters that are not via

computer screens, and access to shared outdoor spaces. There is genuine concern that the impacts of isolation may exacerbate other health issues beyond the virus itself, including impacts on mental health.

In Australia, 1 in 4 people already feel socially isolated and lonely. Furthermore, it is now well-established that human connection with nature and green spaces can be positive for mental health, drastically alleviating stress, fatigue and anxiety. Indeed, current public health advice includes suggestions to increase opportunities for open spaces and fresh air.

An outdoor activity that might be a go-to space during this time is community gardening (i.e. gardening collectively in shared public spaces). Not only do community gardens

enable contact with nature, they can accommodate physical distancing while also giving opportunities for safe face-to-face human contact. The therapeutic combination of physical activity, healthy eating, company and exposure to sunlight – plus important ecological and civic contributions – is what has been making community gardening an ideal health and wellbeing strategy for a number of years now.

The benefits of cultivating food, flowers and kindness cannot be underestimated. At this time of increasing challenges to our mental health, the acts of gardening on common ground have potential to make significant positive impacts on our own, the community and the planet's wellbeing.

We believe community gardening is worthy of inclusion in discussions of how to safely keep our hearts, minds and

bodies healthy during and following this time of extreme uncertainty. Ensuring spaces that safely connect people to nature and to each other requires resourcing them accordingly, with paid coordinators who have access to professional mental health outreach workers, to maximise their capacity to function as outdoor healthcare spaces.

The full article can be read <https://croakey.org/a-call-to-cultivate-mental-wellbeing-through-community-gardening/>



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Projects, Grants and Research

Understanding End of Life and Bereavement Care Experiences of Migrants, Humanitarian Entrants and Refugees in Tasmania

The World Health Organization recognises access to appropriate palliative care as a human right to health and advocates for provision through 'person-centered and integrated health services that pay special attention to the specific needs and preferences of individuals'. Previous research has shown that people from refugee and migrant backgrounds, especially those less integrated, describe feeling alone and misunderstood, fail to comprehend medical instructions, are often unable to communicate questions and concerns and experience a lack of consistency in interpreters and interpretation in the end of life and bereavement care context.

The Centre for Rural Health, in Collaboration with the School of Health Sciences and School of Nursing and the Tasmanian Bereavement Care Network (BCN) has been funded to undertake a research project exploring the end of life and bereavement experiences of Tasmanian migrants, refugees and humanitarian entrants from various cultural backgrounds, across the state. Outcomes will inform the development of online educational resources to be hosted on the Tasmanian BCN website, complementing their existing resource section. These resources will be aimed at raising the awareness about the importance of understanding the individual needs and preference of community members from varying cultural backgrounds in relation to end of life and bereavement support. The online resources will be publicly accessible by the whole community including formal and informal end-of-life and bereavement support services, organisations, volunteers, community members, family and friends. The project will run until February 2021.



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Update on Suicide Prevention Evaluation Research

Staff from the UTAS Centre for Rural Health (CRH) continue their involvement in the evaluation of local suicide prevention (SP) activities:

The local (Tasmanian) evaluation of the National Suicide Prevention Trial (NSPT), on which CRH staff have been involved since July 2018, is scheduled to conclude in December 2020. Qualitative and quantitative data has been collected from the three Tasmanian trial sites, namely, Launceston, the North-West coast and Break O' Day.

Preliminary analysis of survey and qualitative data has highlighted, among other things, how difficulties in engaging working group members and other key stakeholders can hinder the development and implementation of local SP activities and how the involvement of, and input from, individuals with lived experience in these processes can facilitate successful outcomes.

The final deliverable will be the development of a media-vignette-based "resource kit", which will encapsulate key learnings from each of the trial sites. This resource will provide an opportunity for "local voices" to reflect on their experience of developing and implementing a community-based SP initiative and provide valuable insight for future initiatives.

The NSPT evaluation team has simultaneously been involved in, and recently concluded, an evaluation of the Community Responses to Eliminating Suicide (CORES) training program, a locally-established SP program developed by community members in the Kentish region. Sites for this evaluation were Launceston and Devonport.

As a form of gatekeeper training, and utilising a Train the Trainer (TTT) approach, CORES aims to impact suicide rates by intervening before a potential crisis occurs to support at-risk persons to

access appropriate services. The evaluation aimed to assess the extent to which training processes reflected "best practice".

Survey results from 180 program participants, and qualitative data from 18 participants, indicated a high level of satisfaction with the design, structure, delivery, and sustainability of the training program and suggested that the TTT approach did indeed equip trainees with the essential skills, knowledge, and resources required to identify and respond to a person at-risk of suicide.

In a third stream of research, the team's Project Manager, Laura Smith, is currently undertaking PhD research focusing on SP for young people in rural and remote areas (see pg.7 of this Bulletin).

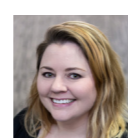
If you are concerned about your own or someone else's mental health, please do not hesitate to seek help, for example Lifeline, at www.lifeline.org.au or Telephone: 131114



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Co-design of health and wellbeing services for LGBTIQ+ individuals on Tasmania's east coast: advancing evidence, principles and practice

The LGBTIQ+ community face significant barriers to equitable healthcare. Fear of discrimination from service providers, lack of support services, service providers who lack awareness and understanding of the health needs of LGBTIQ+ individuals can impact on the extent, and effectiveness, to which sexual and gender minorities access health services. These barriers can have a profound impact on the overall well-being of LGBTIQ+ people and are particularly pronounced for LQBTIQ+ populations who live and work in rural and regional areas.

The Centre for Rural Health has been successful in securing a \$20,180 grant through the Tasmanian Government's Department of Communities Tasmania LGBTIQ+ Grants Program 2020 to undertake research aimed at identifying priority healthcare needs (mental and physical) of LGBTIQ+ populations residing on the east coast of Tasmania.

The researchers recognise "LGBTIQ+" to encompass a diversity of community members' identities and practices, and who may have differing priority health needs. The research led by the CRH in collaboration with investigators from Macquarie University and the Kentish Regional Clinic (KRC) Inc will gather evidence concerning the factors that either impede or support equity in access to quality and effective healthcare for members of the LGBTIQ+ communities living in rural areas. The research has multiple benefits to the LGBTIQ+ community in that it will contribute to building the evidence base concerning the priority healthcare needs of LGBTIQ+ populations living in rural and regional areas. The study will highlight specific risk factors which influence health seeking behaviour by LGBTIQ+ individuals and capacities of the local health service system to mitigate against these challenges. The research will adopt a solution focused approach through the implementation of a participatory research action (PAR) approach. Such an approach will benefit the LGBTIQ+ community as it will allow the research to capture the voices and experiences of LGBTIQ+ community members and service providers around their interactions. Specifically, the research will adopt an experience-based co-design (EBCD) methodology. This methodology is increasingly used with marginalised populations as it enables researchers to work in partnership with communities in a manner that leads to action for change. The study is due to commence on 1st July 2020 and will conclude with the presentation of a project final report on 30th June 2021.



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Director's Report

At this point in time, we appear to be emerging from at least some of the restrictions introduced in response to COVID-19. Our thoughts and support are extended to all those impacted, especially those who may have lost a loved one.

The pandemic has meant that some **student placements** have been curtailed, modified and postponed for health and safety reasons. This has been especially difficult for mainland students who had planned to come to Tasmania for their placement. Their plans have been affected by travel restrictions and quarantine arrangements. Over this period however, students and staff have become very 'zoomliterate' as face-to-face encounters have been replaced with other forms of communication that encourage social distancing practices and work-from-home arrangements.

A number of research projects have been affected by the pandemic. Where necessary, some have been modified or completion dates extended so that all public health guidelines are met. Staff have also become involved with projects that aim to assess the **impact of COVID-19** on areas such as food access and security and placement experiences. Outputs from some of this work should appear this year and continue to build the body of research work being undertaken on rural health here in Tasmania.

Early this year, we were very pleased to submit our **fourth annual report** under the Rural Health Multidisciplinary Training (RHMT) Program to the Federal Government Department of Health. The report captures 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 medical "HUB" project.

We were able to report good progress in **meeting our targets** against all 'core requirements' of the program. The University was also very proud to report that 22 Aboriginal and Torres Strait Islander students graduated from its multidisciplinary health courses over the year.

Over the 2019 calendar year, the RHMT program funding supported a total of 2,768 multidisciplinary (non-medical) rural placement weeks in Tasmania, with 448 nursing/midwifery and 149 allied health students placed as part of their course. Most noticeable, was a **significant (nearly 80%) growth** in the total number of allied health placement weeks supported over the year. This growth was in large part associated with the increased placement of students who were studying courses offered by mainland universities (13 different universities in total) including the disciplines of physiotherapy and medical radiation science. We are hoping that many of these students will **return to rural Tasmania** to work when they graduate. The average length of placement was a little longer for allied health students compared with nursing students (5.6 v 4.4 weeks respectively) though we expect that the duration of nursing placements will slowly increase over time when the new Bachelor of Nursing is introduced by the University next year.

As a workforce training initiative, the RHMT program aims to improve the **recruitment and retention of health professionals** in rural and remote Australia. Whilst the evaluation of the RHMT program is yet to be released, the Department has advised that funding will continue in 2021. The outcomes from this evaluation will be used to inform future program design, as well as the government's broader policy approach with regard to training the future rural health workforce.

One strategy to help improve the rural health workforce in those areas where there is a shortage and no 'local' course available, is to **collaborate and establish pathways** to courses offered elsewhere.

One example of this is in **radiography and medical imaging**. The BHLthSc/MedRadSc course is offered through a University of Tasmania collaboration with Charles Sturt University. The course has been running for some years so we are very interested in learning more about the impact it may have on the local (Tasmanian) workforce. Drs Imo Inyang and Denis Visentin are leading a research project that aims to track the career/employment pathways of students who have completed this course. The insights obtained will contribute to course improvements and may support future collaborations in other areas.

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