

1st SA PHCRED conference 2003

Growing Research in Primary Health Care

16 - 17 Oct 2003

**Enterprise House
Adelaide**

Program and Abstracts



**PHCRED
State Collaboration
South Australia**

www.phcred-sa.org.au

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**1st SA PHCRED
Conference 2003**

**Growing Research in
Primary Health Care**

Welcome

Welcome to Adelaide for the **First South Australian PHCRED Conference 2003**.

This conference is a key event for all primary health care professionals, general practitioners, students in medical and health sciences, and community members with an interest in primary health care research and evaluation

The conference program consists of an exciting mix of keynote presentations, paper and poster sessions, informal discussion forums for research in progress, and research training workshops

The PHCRED conference is an excellent opportunity to showcase the current research and evaluation in primary health care in Australia, to network, to share ideas, and to build statewide and interstate collaborations in primary health care.

The conference specifically encourages early career researchers to attend and mix with experts in primary health care research and evaluation. Delegates from rural areas were encouraged to apply for travel sponsorships.

All delegates will receive the first issue of the booklet series 'RED Snapshots', which features a compilation of the workshops run at the conference. Delegates are encouraged to express their interest in future advanced workshops following the introductory workshops at the conference.

The PHCRED State Collaboration looks forward to welcoming you to what promises to be an exciting conference.

Dr Karin Ried
Conference Convenor

**1st SA PHCRED
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**Growing Research in
Primary Health Care**

Acknowledgments

The First South Australian PHCRED Conference 'Growing Research in Primary Health Care' has been supported by:

Department of Health and Ageing

Primary Care Division
GPO Box 9848
Canberra ACT 2601
www.health.gov.au



Department of Human Services

PO Box 287
Adelaide SA 5001
www.dhs.sa.gov.au



Conference Organiser

Primary Health Care Research Evaluation and Development South Australia (PHCRED SA)

State Collaboration

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The PHCRED-SA State Collaboration

**1st SA PHCRED
Conference 2003**

**Growing Research in
Primary Health Care**

Conference Committee

Dr Karin Ried
Conference Convenor
PHCRED State Coordinator SA

Ms Judy Taylor
Ms Joanne Dollard
Mr Ian Gentle
PHCRED Program, Spencer Gulf Rural Health School, University of
South Australia, Whyalla, SA

Assoc Prof Liz Farmer
Ms Raechel Waters
PHCRED Program, Flinders University, Adelaide, SA

Dr Nigel Stocks
Ms Jessica Broadbent
PHCRED Program, University of Adelaide, SA

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Delegate Information

Conference Venue

The conference will be held in the Enterprise House, 136 Greenhill Rd, Unley.

The Enterprise House is a red brick building, located only 50-100 m west of the Unley Road/ Greenhill Rd intersection.

Maps to Conference Venue

A. Location of Venue in Adelaide



Conference Venue:

• E = Enterprise House

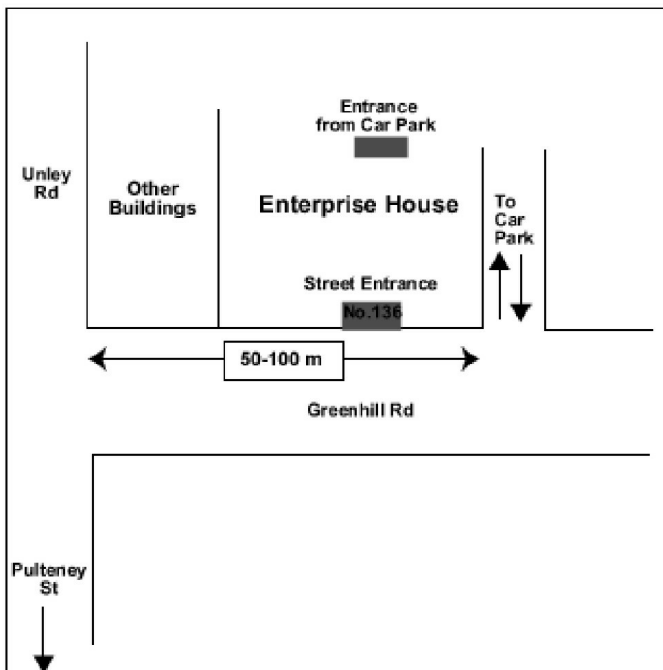
Accommodation:

* C = City Parklands Motel

* P = Parkside Motel

* T = Tiffins on the Park

B. How to find Enterprise House



Address:

Enterprise House
136 Greenhill Rd
Unley 5061
Ph: 8300 0108

Be alert, the entrance to the Car Park is very close to the Unley Road intersection.

Parking

Onsite 3-level car parking is available free of charge for 80 vehicles. The entrance to the car park is off Greenhill Rd, only 50-100 m west of the Unley Road/ Greenhill Rd intersection (see map B). We recommend arriving before 8.30 am for parking space availability. Please be aware the off-site parking is limited.

Public Transport

There is a tram stop only 10 min walk away from the Enterprise House on King William Road. The Adelaide tram runs from the City (Victoria Square) to Glenelg. To enquire about Timetables and Routes contact the Passenger Transport Info Centre on **(08) 8210 1000** or visit their website: www.adelaidemetro.com.au.

Registration

Thursday 17 Oct 03	8.15 am - 3.30 pm
Friday 18 Oct 03	8.30 am - 2.30 pm

Speaker preparation

All speakers were required to email or mail a copy of their PowerPoint presentation to the organising committee prior to the conference (9 Oct 03).

Please contact the registration desk for any enquiries regarding your presentation.

Poster presentations

Posters will be on display on both days of the conference in the foyer on the ground floor.

Poster session on Thursday, 16 Oct 03	2.15 - 3.15 pm
Poster session on Friday, 17 Oct 03	1.45 - 2.30 pm

Poster presenters are required to mount their posters by 11 am to allow delegates to view the posters during the lunch break. Velcro backing is available from the registration desk.

Presenters are requested to be at their posters on Thursday between 2.30 - 3.00 pm. Delegates wanting to meet the presenting author in the poster session on Friday, can leave a note at the respective poster.

Presenters were encouraged to bring handouts of their poster (A4) and their contact details for interested delegates.

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Informal Discussion Forum

Forum on Thursday, 16 Oct 03 2.15 - 3.15 pm
Forum on Friday, 17 Oct 03 1.45 - 2.30 pm

The discussion forums are concurrent to the poster sessions featuring 3-4 speakers each.

Please see the program for details.

Workshops

The concurrent workshop sessions are scheduled for:

Thursday, 16 Oct 03 3.30 - 5.00 pm
Friday, 17 Oct 03 2.40 - 4.10 pm

Each workshop will run 30 min.

Each workshop will be offered three times consecutively.

Delegates can choose 3 out of 4 workshops in one afternoon.

Workshops on Thursday:

1. Introduction to Electronic Databases
2. Consumer Participation in Research
3. Critical Appraisal Skills
4. Introduction to Focus Groups

Workshops on Friday:

5. Aboriginal Partnerships in Research
6. Current Issues in Ethics
7. Randomised Clinical Trials - Why and When?
8. Basic Principles in Evaluation

Delegates are required to enter their name on the lists provided at the registration desk for their choice of workshops. The workshops allow a maximum of 30 participants.

Planning of follow-up, advanced workshops

Delegates are encouraged to express their interest in participation in advanced workshops by filling in their contact details in the lists provided at the workshops. The advanced workshops will build on the information given in the introductory workshops at the conference. All delegates are provided with a workshop booklet containing the information covered at the conference.

Feedback

The Conference Organisers value delegates' feedback. Please fill in the coloured feedback questionnaire provided in your conference pack, and leave at the registration desk. Alternatively, fax your feedback to Dept General Practice, Flinders University on (08) 8276 3305.

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**Growing Research in
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Program at a glance

Day 1: Thursday 16 Oct 2003

Morning Session (Chair: PHCRED Flinders)

8.15 – 8.45 am	Registration	
8.45 – 9.00	Welcome Traditional Opening Performance	Tal-kin-jeri Dance Troupe
9.00 - 9.15	Overview: PHCRED in SA	Karin Ried PHCRED SA State Coordinator
9.15– 9.45	Keynote: The PHCRED Strategy	Susan Elliott Director Evaluation & Research Section PHC Commonwealth Dep. of Health and Ageing Canberra
9.45 – 10.30	Keynote: Growing Research in Primary Health Care	Doris Young Professor, Head Department of General Practice University of Melbourne Victoria
10.30 – 11.00	Morning Tea	
11.00 – 12.30	Plenary session: Paper presentations	
12.30 – 1.30	Lunch	

Afternoon Session (Chair: PHCRED Adelaide)

1.30 – 2.15 pm	Keynote: Challenges in Health Services and Health Systems Research	James Dunbar Director Greater Green Triangle University Department of Rural Health Victoria
2.15 – 3.15	Poster session & Informal Discussion Forum	
3.15 – 3.30	Afternoon Tea	
3.30 – 5.00	Concurrent Workshops: 1. Introduction to Electronic Databases 2. Consumer Participation in Research 3. Critical Appraisal Skills 4. Introduction to Focus Groups	

Day 2: Friday 17 Oct 2003

Morning Session (Chair: PHCRED SGRHS)

8.30 – 9.00 am	Registration	
9.00 – 9.45	Keynote: Methodological Challenges in Indigenous Health	Juanita Sherwood Indigenous Research Fellow Centre for Remote Health Alice Springs Northern Territory
9.45 – 10.15	Morning Tea	
10.15 – 11.45	Concurrent paper presentations	Indigenous Health Rural Health Research Capacity Building Student Learning Health Promotion, Prevention & Practice Mental & Community Health
11.45 – 12.45	Lunch	

Afternoon Session (Chair: Dept Human Services)

12.45 – 1.00 pm	Overview: State Agenda on Primary Health Care Research	Jim Birch CEO Department of Human Services Adelaide
1.00– 1.45	Keynote: Research Transfer as a process, not an event	Michael Duffy Coordinator Research Transfer+ Dissemination CRC for Aboriginal Health Darwin Northern Territory
1.45 – 2.30	Poster session & Informal Discussion Forum	
2.30 - 2.40	Intermission	
2.40 – 4.10	Concurrent Workshops: 5. Aboriginal Partnerships in Research 6. Current Issues in Ethics 7. Randomised Controlled Trials – Why and When? 8. Basic Principles in Evaluation	
4.10 – 5.00	Networking	Wine + Cheese

Detailed Program

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Thursday 16 Oct 2003

Morning Session

Time	Event	Speakers	Chairs	Venue
8.15 – 8.45 am	Registration			Foyer
8.45 – 9.00	Welcome Traditional Opening Performance	Tal-kin-jeri Dance Troupe	PHCRED Flinders Liz Farmer	Ground Level
9.00 - 9.15	Overview: PHCRED in SA	Karin Ried		
9.15 – 9.45	Keynote: The PHCRED Strategy	Susan Elliott		
9.45 – 10.30	Keynote: Growing Research in Primary Health Care	Doris Young		
10.30 – 11.00	Morning Tea			Foyer
11.00 – 12.30	Plenary paper session: Feeding Aboriginal Babies: What and How? Community Strength and Health in Rural Communities Needs assessment of women who gave birth in the Lower Eyre Health region in 2002 Statin prescribing in Australia, socio-economic and gender differences The “Work Practice Questionnaire”: Outcomes of a 2-year study ‘Keeping the blues away’ – pilot study aiming to prevent relapse of depression	Denise Thomas + Julia Vnuk Brian Cheers Georgie Stamp Nigel Stocks Darlene Addy Cate Howell	Paul Aylward Michael Duffy	Ground Level
12.30 – 1.30	Lunch			Foyer

Thursday 16 Oct 2003

Afternoon Session

Time	Event	Speakers	Chairs	Venue
1.30 – 2.15 pm	Keynote: Challenges in Health Services and Health Systems Research	James Dunbar	PHCRED Adelaide Nigel Stocks	Ground Level
2.15 – 3.15	Poster session: The evidence based consumer in the health environment Actor Network Analysis and complexity of research in the healthcare fields Hydrotherapy treatment for older adults with hip and/or knee osteoarthritis Some foods may be protective against <i>Campylobacter</i> infection in children Patient's expectations of medical students in general practice Hospital discharge management for asthma; a systematic literature review	Meet the author: 2.30-3.45 Ann Alfred Patricia Everitt-Deering Amanda Foley Karin Ried Karen Salisbury Emily Steele		Ground Level
3.15 – 3.30	Informal Discussion Forum: Developing an interagency model for workforce development in the rural setting Building skills capacity in chronic disease management in the Aboriginal community Safety of GP proceduralists in rural hospitals and specialists in metropolitan hospitals Nutrition Training and Education for Aboriginal Primary Health Care Workers	Margaret Neumeister Sheila Neve + Michelle Baker Georgina Moore Carmen Dadleh+Craig Edwards	Liz Farmer	Level 1, Rm 4
3.30 – 5.00	Concurrent Workshops: 1. Introduction to Electronic Databases 2. Consumer Participation in Research 3. Critical Appraisal Skills 4. Introduction to Focus Groups	Eleanor Jackson-Bowers + Mick Draper Barbara Beacham + John Wishart Ellen McIntyre + Nigel Stocks Paul Aylward + Judy Taylor		Level 1, Rm 4 Ground, Rm 1a Ground, Rm 1b Ground, Rm 1c

Friday 17 Oct 2003

Morning Session

Time	Event	Speakers	Chairs	Venue
8.30 – 9.00 am	Registration			Foyer
9.00 – 9.45	Keynote: Methodological Challenges in Indigenous Health Epistemologies and paradigm shifts	Juanita Sherwood	PHCRED SGRHS Ian Gentle	Ground Level
9.45 – 10.15	Morning Tea			Foyer
10.15 – 12.00	Concurrent paper presentations:			
	A. Indigenous Health Cross cultural partnership in health between health services in Oodnadatta Culturally competent healthcare system: outcomes for indigenous Australians Medication management for Aborigines with mental health disorders Research in Indigenous Communities	Joy Penman Louis Msema Inge Kowanko Ian Gentle	Juanita Sherwood Colin Weetra	Ground Level Room 1a
	B. Rural Health Older rural people's awareness of falls and falls prevention Promoting nutrition - partnership between health, local government, community Evidence-based practice in rural multi-disciplinary setting	Joanne Dollard Nadia Mastersson Judy Taylor	Gary Misan Juanita Sherwood	
	C. Research Capacity Building Dissemination matters: effective ways that make research count Research Networks in primary health care; SARNet in South Australia Piloting a practice based research coordinator - report from Yorke Peninsula Effectiveness of community health: Finding the evidence	Ellen McIntyre Liz Farmer + Raechel Waters Sharon Campbell Gwyn Jolley	Jane Edwards Alison Jones	Ground Level Room 1b
	D. Student Learning Primary health care clinical placement for student nurses	Pat Barkway + Michelle Kempster	Alison Jones Jane Edwards	

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	<p>E. Health Promotion, Prevention & Practice General practitioners' responses to opportunistic reminders Partnerships for nutrition, physical activity needs within regional high schools Q fever in children: a case series Use of recreational drugs among employees of the seafood industry in Pt Lincoln Working towards decreasing back pain in our community Foot screenings of kindergarten-aged children on Lower Eyre Peninsula</p>	<p>Oliver Frank Richard Sager Jenny Barralet Alan Evans Emily Steele Julie Tunbridge</p>	<p>Louis Pilotto Paul Aylward</p>	<p>Ground Level Room 1c</p>
	<p>F. Mental & Community Health Analysis of bereaved persons perceptions of suicide postvention services Why HOPE? Building young people's capacity for life Primary health care initiatives in adult mental health services GPs' understanding and use of cognitive behavioural therapy in treating depression In-depth interviews with ageing men - the real issues. Social capacity of the faith community, knowledge and skills of registered nurses</p>	<p>Anne Wilson Lisa Brown-Campbell Jan Thompson Paul Ryan James Smith Antonia van Loon</p>	<p>Teresa Burgess Tori Wade</p>	<p>First Level Room 3</p>
<p>12.00 – 12.45</p>	<p>Lunch</p> <p>Foyer</p>			

Friday 17 Oct 2003

Afternoon Session

Time	Event	Speakers	Chairs	Venue
12.45 – 1.00	Overview: State Agenda on Primary Health Care Research	Jim Birch	Dept Human Services Helen van Eyk	Ground Level
1.00 – 1.45	Keynote: From here to there: Research transfer as a process, not an event	Michael Duffy		Ground Level
1.45 – 2.30	Poster session			Foyer
	Informal Discussion Forum: Partnerships + collaboration with stakeholders in general practice research Health and Housing working together The psychiatrist in the general practice setting: A description of one model	Barbara Beacham Nadia Mastersson Karen Magraith + Jane Elliott	Jeff Fuller	Level 1 Room 4
2.30 - 2.40	Intermission			
2.40 – 4.10	Concurrent Workshops:			
	5. Aboriginal Partnerships in Research	Michael Duffy + Ian Gentle		Level 1, Rm 3
	6. Current Issues in Ethics	Wendy Rogers + Annette Braunack-Mayer		Ground, Rm 1
	7. Randomised Controlled Trials – Why and When?	Kristin McLaughlin + Adrian Esterman		Ground, Rm 1b
	8. Basic Principles in Evaluation	Belinda Lowcay + Liz Farmer		Ground, Rm 1c
4.10 – 5.00	Networking, Wine & Cheese			Foyer

Keynote Speakers

Susan Elliott is a health planner with a strong focus in primary health care policy, research and evaluation. She has worked in both government and non-government capacities and has a strong consumer appreciation through her work with organisations such as the Consumers' Health Forum of Australia.

Susan is currently the Director of the Evaluation and Research Section in the newly formed Primary Care Division of the Commonwealth Department of Health and Ageing where she is responsible for the Primary Health Care Research, Evaluation and Development Strategy. Susan has a long standing interest in primary health care research and evaluation and was involved in the early days of the General Practice Evaluation Program.

Prior to her recent return to the Department Susan spent time in Papua New Guinea dealing with health care policy in a developing country context, and in the USA. Susan holds a Bachelor Degree from Flinders University of SA, and a Masters degree from the University of NSW. She is married with two children.



Susan Elliott

Professor Doris Young (MBBS, MD, FRACGP) is Professor of General Practice, Head of the Department of General Practice at the University of Melbourne. Professor Young has extensive teaching, clinical and research experience in general practice, adolescent and community health. Her research interests are in the evaluation of integration of general practitioners with the wider health care system and in enhancing the population health role of general practitioners in particular focussing on interventions in general practice care that can improve health outcomes.

Professor Young has been actively involved in the Divisions and Projects Grants Program since its inception in 1991 firstly as the Director of the Victorian Field Support service and then as Co-Directors of the Access and Public health /Health Promotion Support and Evaluation Resource Units. She was a co-opted member with an evaluation and monitoring role on the National Divisions of General Practice Standing and Primary Health Care Committees, subcommittees of GPPAC in 2002.

She has been active in the PHCRED movement as a participant of the University Program as well as an inaugural member of the advisory committee of the Australian PHC Research Institute. She is currently Chair of the RACGP National Standing Committee on Research.

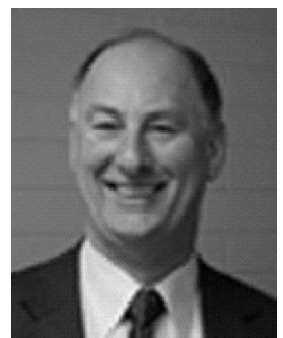


Doris Young

Professor James Dunbar received his MB ChB from the University of St. Andrews in 1972, followed by a MD from the University of Dundee in 1990. He holds Fellowship of the Royal Australian College of General Practitioners, Fellowship of the Royal College of Physicians of Edinburgh and is also a Fellow of the Faculty of Public Health Medicine.

Professor Dunbar has recently taken up post as the inaugural Director of the Greater Green Triangle Department of Rural Health, a joint venture between Flinders and Deakin Universities. The main office is based at the Warrnambool campus of Deakin University. The mission of the department is "To create a 'Network for Excellence' in health professional education, population health services, research and clinical service throughout the Greater Green Triangle (GGT) region."

Prior to Professor Dunbar taking up his current appointment he was the Medical Director at the Borders Primary Care NHS Trust in the UK and Honorary Reader in Health Care Policy at St Andrews University. For over twenty years he was a GP in Dundee and had a research interest in the identification of problem drinkers among drinking and driving offenders. His current interests lie in population health, and quality improvement in healthcare.



James Dunbar

Juanita Sherwood is an Aboriginal woman from the Wirradjuri Nation. She is currently working at the Centre for Remote Health in Alice Springs, a University Department of Rural Health. Her position is Indigenous Research Fellow for the Northern Territory PHCRED program.

Her working background has been in both Indigenous health and education. Ranging from child health, women's health and family health in urban, rural and remote settings. She has also worked as a senior project officer for the NSW Department of Health, Aboriginal Health Branch and as a lecturer at Yoorang Garang, Indigenous School of Primary Health Care, University of Sydney and the Koori Centre, University of Sydney.

Juanita has research working experience in many areas: otitis media, otitis media and its implications for education, national review of education and health service provision for Aboriginal children with otitis media, Respiratory and ENT (Ear Nose Throat) Review with QLD Health, Indigenous Education Review with the University of NSW, National Eye Health Review, Indigenous Women's Health - Cervical and Breast Cancer, Indigenous Community Health Needs Assessments, Family Violence, Drug and Alcohol.

Juanita is currently enrolled in a PhD at the University of NSW. She is a member of CATSIN (Congress of Aboriginal and Torres Strait Islander Nurses) and the Indigenous Staff Network of the University Departments of Rural Health (UDRH).

Juanita Sherwood

Jim Birch has been employed as Chief Executive of the Department of Human Services since March 2002. Immediately before taking up this appointment he was Deputy Chief Executive in the Attorney-General's Department.

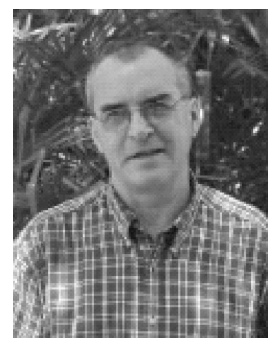
He completed a Bachelor of Health Administration in 1983. During his career Jim has held a number of CEO positions within the public health sector including positions at Whyalla Hospital, the North Western Adelaide Health Service and, more recently, at the Women's & Children's Hospital. Over the last decade he has also served on a number of Boards with a focus on providing health care services and is the current President of Women's Hospitals Australia.



Jim Birch

Michael Duffy is acting co-ordinator of research transfer and dissemination at the Darwin-based Cooperative Research Centre for Aboriginal Health. He has a background in journalism and has been a speechwriter, policy advisor and public affairs officer. For most of the past 20 years, he has worked closely with Indigenous people and organisations in the Northern Territory, Queensland, NSW and more recently in South Australia.

'I count myself very much a learner in the field of research transfer and I'm relatively new to health,' he says. 'Research transfer is an emerging discipline and that means there are plenty of people sharing ideas and bringing a variety of insights and experience to it. I'm hoping to learn from what the PHCRED network has been doing in South Australia.'



Michael Duffy

Keynote Abstracts

The Primary Health Care Research, Evaluation and Development Strategy

Susan Elliott

Director of the Evaluation and Research Section, Department of Health and Ageing

Through the Strategy, a total of \$50M has been allocated to build capacity in primary health care research and evaluation. The overall aim of the Strategy is to embed a research culture in general practice and, more broadly, in primary health care. The four major initiatives funded under the Strategy are:

- research priority-setting to identify areas most in need of a stronger evidence-base in primary health care;
- the establishment of the Australian Primary Health Care Research Institute (the Institute) to provide leadership nationally in this area;
- the allocation of funding for research to broaden the evidence-base (including Scholarships and Fellowships, investigator-driven research, and priority-driven clinical and health services research); and
- provision of funding to University Departments of General Practice and Rural Health to improve the capacity of practitioners to undertake research and to apply the evidence.

In terms of Commonwealth health policy, the Strategy represents a commitment to evidence-based practice in primary health care and an acknowledgment that practitioners themselves are the key to ensuring that evidence-based care is delivered in this setting. In particular, the Strategy acknowledges the significant work that must be done in addressing current barriers to practitioner involvement in research, in training individuals to undertake research, and in supporting the application of evidence in this setting.

Our most pressing challenges at present and over the next 12 months relate to:

- supporting the final Strategy Initiatives to become operational – particularly the Institute and the programs of priority-driven research; and
- pulling all components of the Strategy together in one cohesive program, with linkages, and support, between each part.

Another major challenge will be the evaluation of the Strategy to determine its impact and to inform deliberations on the future of the Strategy and other programs of this type.

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**Growing Research in
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Growing Research in Primary Health Care

Doris Young

Professor of General Practice, Head of the Department of General Practice University of Melbourne, VIC

In many countries, the need to improve the research capacity, research base or infrastructure for primary health care (PHC) research has been identified. In Australia, we have developed a PHC Research Evaluation Development (RED) strategy since 2001 and it's time to implement its various components. In order to grow research in PHC, we need to create a research culture amongst PHC practitioners, trained a critical mass of researchers and obtain sufficient research funds to sustain the research programs. Creating a research culture amongst primary care practitioners remains a major challenge. It requires each academic department of general practice/primary health care to identify research leaders as role models, recruit talented people from early to middle career via active mentorship, plan and focus on relevant research themes and seek funding support from various sources. Once the research is completed, researchers need to market and disseminate their research findings and put it out to the media. We must tell good research stories in PHC in order to attract more researchers and funding.

Building collaborative research in a competitive environment requires generosity of spirit, sharing of resources and sometimes even funding to get a kick-start. Other initiatives such as joint supervision of PhD students, staff visits to other Departments to seek collaborators and learn from each other. Days of individual researchers are gone, good researchers seek out collaborators. We have to establish strategic links, think ahead, be astute and watchful for the right collaborators, and work with others who have research skills that complement ours.

Finally in order to obtain research funds, we need to develop multidimensional themes, find a market niche, and seek out big questions that need answering be it clinical or health services related research. We must try not to see obstacles but opportunities.

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Challenges in Health Services and Health Systems Research

James Dunbar

Professor, Director of the Greater Green Triangle Department of Rural Health Flinders and Deakin Universities, Warrnambool, VIC

The relationship between emerging trends in healthcare systems and the consequent research priorities will be explored.

Governments and policy makers in developed countries are increasingly focused on the management of chronic disease, reflecting demographic changes and shifts in the burden of disease. Systems of quality improvement and reward are increasingly based on performance in chronic disease management. There is some evidence that countries with well-developed systems of primary care, such as Australia, achieve better health outcomes at less cost. In the past 15 years, almost all developed countries have undergone some type of health care reform. There has been a major focus on reducing costs; often involving shifting services from secondary to primary care. While there are few international comparisons, most suggest a complex relationship between the strength of primary care within the overall health services system and good performance, particularly with regard to lower costs of care and particularly relevant measures of health.

Aims for 21st century health systems

What, then, are the issues which are shaping contemporary general practice in developed countries? There are several imperatives: *Safety, effectiveness, patient-centredness, timeliness, efficiency and equity*. A study by the Nuffield Trust (Dargie, 1999) projected the shape of healthcare for the first fifteen years of this century. The study identified six issues that need to be addressed in the process of formulating health systems policies:

- Peoples' expectations and financial sustainability
- Demography and ageing
- Information and knowledge management
- Scientific advance and new technology
- Workforce education and training
- Systems performance and quality (efficiency, effectiveness, economy and equity)

Each of these six issues requires innovative thinking and priority setting on the part of the health sector, such as the delivery of health services in new and creative ways. Furthermore, there is a clear need for a finely-tuned research, development and evaluation strategies to match these goals.

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Epistemologies and paradigm shifts

Juanita Sherwood

Indigenous Research Fellow for the Northern Territory PHCRED program
Centre for Remote Health in Alice Springs, University Department of
Rural Health

It is an exciting and groundbreaking time to be doing research especially within the framework of health. We are at a stage universally to take important steps in the area of developing new knowledges that are reflective of the world we live in. As in the past theories have evolved through the practical application and actioning of epistemology leading to break throughs in altering discourses. Today we have a larger menu to select from in relation to discourse and more importantly additional epistemologies.

Research has not always made me feel this way. As an Indigenous Health and Education worker I have felt that the past research agenda simply reinforced a positivist perspective of Indigenous people that being the essentialised and primitive “other”. It ensured any negotiation from my theoretical field was questioned and marginalised as it did not fit with the knowledge of those who held power and owned the knowledge of the ‘other’. Today there is a great opportunity to make dramatic changes in that negotiation relationship and subordinate the power differentials, the exchange of knowledge and experiences that could occur, would be transforming for all Australians.

Indigenous people have brought to the lecterns Indigenous epistemologies. They are responsive to our worldview and in their praxis have been valuable in developing a discourse that privileges and hears the once silenced Indigenous voice. The method evolved from this praxis provides imperative outcomes that have so far in Australia’s research history not been forthcoming.

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**Growing Research in
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State Agenda on Primary Health Care Research

Jim Birch

Chief Executive, Department of Human Services, Adelaide, SA

The Department of Human Services, through its response to findings of the Generational Health Review, has signaled a commitment to primary health care and primary health care research to ensure the South Australian health system has the capacity to meet the health care needs of the whole of South Australia. The launch of the DHS Primary Health Care Policy on September 12, 2003 signals this commitment. This presentation will discuss the variety of approaches the Department uses to foster and promote primary health care research and to develop an evidence base for policy and practice in South Australia. Reference will be made to national primary health care priorities, linking these to those of the South Australia Government.

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**Growing Research in
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From here to there: Research transfer as a process, not an event

Michael Duffy

Acting co-ordinator of research transfer and dissemination
Cooperative Research Centre for Aboriginal Health, Darwin, NT

What is research transfer?

The Cooperative Research Centre for Aboriginal Health (CRAH) sees research transfer as the application of research to changes in policy, practice, service delivery and ultimately, health outcomes.

Our own research indicates that research is most likely to be transferred if:

- Stakeholders are engaged and involved throughout and there are strong relationships between researchers and stakeholders.
- It has an outcomes focus from the start.
- It targets multiple levels of change.
- It is high quality research.

Stakeholder involvement means:

- Research initiated or championed by stakeholders
- Stakeholders help shape, plan, conduct and disseminate research and
- There are genuine partnerships (communication, power sharing).

An *outcomes focus* takes a broad, applied view of research and:

- Sets out to have an impact
- Defines outcomes which are of value to stakeholders.

Change usually requires understanding and action on several fronts, so it should *target multiple levels of change*.

It is therefore *how* you plan and conduct your research that is the key to making the difference.

Research transfer is therefore 'front-end' and 'right through', rather than 'add-on' activity that is applied specifically during project development, throughout the conduct of a project and through dissemination to reporting on outcomes and involves:

- Structures – developing policy and procedures and new tools within your organization, influencing change outside
- Building relationships with, and linking, all stakeholders
- Awareness raising – for researchers and other stakeholders
- Capacity building – promoting research transfer capacity
- Evaluation and learning – continuing analysis, research, discussion to improve transfer processes and outcomes.

Getting from here to there takes purpose and persistence and each research transfer journey is informed by experience, but may not follow the same route.

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**Growing Research in
Primary Health Care**

Plenary Abstracts

'Growing Research in Primary Health Care'

Feeding Aboriginal Babies: What and How? (FAB Study)

Denise Thomas, Julia Vnuk

Flinders & Far North Division of General Practice, Port Augusta, SA

Aim:

To investigate the knowledge base and attitudes of Aboriginal Health Workers (AHWs) and the Aboriginal community in Port Augusta around Infant Feeding, in order to understand the supports and barriers for an Aboriginal mother to optimally feed her baby, and how AHWs can best support mothers.

Background:

The idea for this project arose out of discussions among the Port Augusta participants of the *State Aboriginal Women and Breastfeeding Forum* (November 2002). AHWs identified the important need for more training in breastfeeding - particularly training that is relevant and culturally appropriate.

We believe this research is important as an early step in the development of this training.

Method:

The project commenced on 25 July 2003 and will run for 3 months. Ms Denise Thomas (AHW) works 1 day/week and Dr Julia Vnuk supports her for 3 hours/week.

The qualitative data will be collected via a series of focus groups which will include representation from a wide range of Aboriginal people including AHWs. Focus groups will be followed up with individual interviews as necessary.

Results:

We hope to gain some understanding of the barriers for an Aboriginal mother to optimally feed her baby in Port Augusta. We will get ideas about how she can best be supported, including the role of the AHW.

Discussion:

Results from the *Aboriginal Breastfeeding Forum* suggest that the major factors that determine what and how an Aboriginal baby is fed are different from the non-Aboriginal community. Our research will further explore these factors. It will also encourage discussion about Infant Feeding in the Aboriginal community and the Aboriginal health service in Port Augusta. The project will ensure Aboriginal input into finding solutions for supporting mothers to feed their babies.

From this research we would like to further work with AHWs to determine their training needs in this area, and facilitate their contribution to developing relevant, useful and culturally appropriate training.

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Community Strength and Health in Rural Communities

Brian Cheers, Jane Edwards, Litza Graham

Centre for Rural and Regional Development, University of South Australia, Whyalla, SA

Aims:

To present a comprehensive model of 'community strength' for rural communities and develop implications for health and social care policy and services.

Background:

A number of social variables (e.g. status, power, income, dispossession) are known to be associated with health outcomes and health service access. In line with current worldwide trends, recent interest has focused on variables relating to ideas of community. Early evidence suggests that these, too, might be related to outcomes and access. But exactly what this community factor is remains elusive. Many concepts exist (e.g. social capital, community capacity), although each describes only a particular facet of it. Consequently, we now have a confusing jumble of concepts and theories, very few of which are explicitly related to rural communities, or 'communities of place'.

Method:

In this paper, we present the results of a grounded-theory, iterative study that sought to organise these into a comprehensive model of 'community strength' through a literature review and qualitative field research. Our presentation of constructions of community strength are derived from a comprehensive, critical analysis of existing literature and fieldwork in rural communities. Fieldwork involved in-depth interviews and focus groups with residents, and text analysis of documented community narratives.

The paper addresses seven questions:

1. Why this worldwide resurgence of interest in community?
2. How do rural people construct the concepts 'community' and 'community strength'?
3. To what extent are these constructions consistent with those in the literature?
4. Can these 'grassroots' and academic constructions be brought together into coherent, theoretically sophisticated, empirically based models?
5. What is community strength?
6. Is community strength related to (a) community wellbeing and (b) health outcomes in rural communities?
7. What are the implications for health and social care policy and services?

Results:

In general terms, community strength is the extent to which people in a community engage with each other and the available social infrastructure for community betterment.

Discussion:

The paper concludes with implications for health and social care policy and services.

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Needs assessment of women who gave birth in the Lower Eyre Health region in 2002

Georgie Stamp, Helen Casanova

Objectives:

To seek women's views of their care in preparation for pregnancy, labour and after birth and their met and unmet needs on a wide range of postnatal issues.

Background:

Women value choice, continuity and control around childbirth however gaps exist in postnatal care especially in rural areas. This study was conducted in preparation for the introduction of a limited rural community midwifery service.

Method:

A 52-item questionnaire was designed and piloted and ethics approval obtained. Fifty-nine women, (77% of those eligible) agreed to a face-to-face or phone interview.

Results:

As a model, midwife/GP shared care was rated more highly than GP only care. Caesarean section rates were higher (30.5%) than in South Australia for 2001 (27.7%). Fewer women (55%) were breastfeeding at 3 months than in South Australia and Australia (62% and 63% respectively). Although midwives met most women's needs for breastfeeding and related problems 19% who needed breastfeeding help did not reach out. Furthermore 22% of women who asked had their needs met *poorly or not at all*. Most women would have welcomed a visit and/or phone call from a midwife after discharge. At home, mothers/mothers-in-law and partners featured as major supports for new mothers and grandmothers have an important role in breastfeeding support. At home, there was a high prevalence of a self-reported postnatal low emotional mood (47%) but only 10 (17%) had sought help. There were two statistically significant associations with low mood: the presence of conflicting advice and not having an available "very supportive and helpful" family.

Discussion:

The early abandonment of breastfeeding and the role of grandmothers led to successful funding for a project to educate older women volunteers as a breastfeeding resource. Results from this needs assessment may be used as benchmarks against which later outcomes may be measured.

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Statin prescribing in Australia, socio-economic and gender differences

Nigel P Stocks, P Ryan, H MacElroy, J Allan
PHCRED, Department of General Practice, University of Adelaide, SA

Objective:

To assess if there are any differences in statin prescribing across Australia by socio-economic status or gender.

Design and setting:

Data on statin prescriptions by age, gender and patient postcode was obtained from The Commonwealth Department of Health and Ageing (DoHA) subsidised through the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) for the period May to December 2002. The Australian population was divided into quintiles of Index of Relative Socio-Economic Disadvantage (IRSD) based on 20% of postcodes.. Direct age standardisation was used to estimate rate of statin scripts per 1000 population in each IRSD quintile for each gender separately.

Results:

There were 9.1 million prescriptions for statins supplied between May and December 2002 for a total cost of \$570 million. The percentage of all statin prescriptions varied from 22.5% in (5) the least disadvantaged quintile through (4) 17.4%, (3) 18.8%, (2) 19.3 % and (1) 20.7% in the most disadvantaged quintile. When the data were analysed by gender the jump in prescriptions for the least disadvantaged quintile (5) persisted for males but not females with age adjusted rates per 1000 population per month for men varying from (5) 68.7 (4) 62.1, (3) 61.7, (2) 62.6 and (1) 65.0. Women in the most disadvantaged quintile were prescribed more statins (68.3/1000 pop/month) than their male counterparts (65.0/1000 pop/month) with the reverse applying for the least disadvantaged quintile (56.4 vs 68.7/1000 pop/month respectively).

Conclusions:

This study suggests that in males there is either over prescribing of statins in the highest socio-economic quintile or under prescribing in the lowest with a gradient in-between. Furthermore, contrary to expectation, women - relative to men – are prescribed statins at higher rates at lesser degrees of risk (using CHD deaths as a proxy measure of risk). There is clear evidence of the inverse care law affecting males in the most disadvantaged quintile with respect to statin prescribing.

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**Growing Research in
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The “Work Practice Questionnaire”: Outcomes of a 2-year study to develop a valid and reliable evaluation measurement tool

Darlene Addy, Ann Roche, Jodie Shoobridge, Natalie Skinner, Helen Maxwell, Margaret O’Neill, Toby Freeman.
National Centre for Education and Training on Addiction (NCETA),
Flinders University, Adelaide, SA

Background:

A range of frontline workers respond to alcohol and other drug related issues in the course of their daily work. Diverse factors may determine the ways in which a frontline worker responds to alcohol and other drug related problems. Attitudes, willingness to intervene, confidence in providing a response, and perceived legitimacy of interventions can influence an individual’s response. In addition, the working environment, collegiate and organisational support, management and feedback mechanisms, and professional development opportunities, influence work practices in various ways.

Method:

For the past two years NCETA has been developing an evaluation tool to assess a range of individual, team and organisational factors that may impede or enhance professional responses to alcohol and other drug related issues in the workplace. The development of the “Work Practice Questionnaire” (WPQ) involved two large scale trials. The first phase involved a large (n=1024) validation study with frontline workers across Australia from health, welfare, education, and law enforcement. Phase two included a construct validation study, test-retest reliability study, and pilot predictive validity study.

Results:

This paper describes this conceptual and methodological framework for the development of the complex tool and presents some of the findings. In particular, all scales included in the tool will be presented, including examples of items used within each scale. Where possible, results from the construct validation study and predictive validation study (phase two) will be discussed.

Discussion:

Possible uses of the evaluation tool are discussed including measurement of training transfer, professional practice change interventions and other organisational change strategies.

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**Growing Research in
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'Keeping the blues away' – pilot study of a primary care treatment program aiming to prevent relapse of depression

Cate Howell

Department of General Practice, University of Adelaide, SA

Aim:

A primary care depression treatment program aiming to prevent relapse of depression was piloted. This provided a process evaluation before beginning the full study later this year.

Background:

Major depression is a recurrent disorder, and the relapse rate of depression in the primary care setting is 40%. Studies have concluded that

- addressing risk factors for depression might influence long-term prognosis
- a chronic disease model should be applied to the management of depression
- cognitive-behavioural therapy and psycho-social treatments are effective in preventing relapse
- higher intensity relapse prevention programs may be needed to decrease relapse rates.

The 'Keeping the blues away' relapse prevention program involves a multifaceted relapse prevention program, and incorporates the strategies listed above.

Methods:

The pilot involved three urban and five rural general practitioners (GPs) who were trained to carry out the treatment intervention. The GPs recruited a number of their patients with depression to participate in the treatment program which was carried out over a three month period.

Participating GPs and one urban and rural patient were interviewed to gather qualitative feedback about the treatment program.

Results:

Issues surrounding the implementation of the program were clarified and the program materials were refined following feedback. The pilot involved small numbers, but the program was received favourably by those GPs and patients involved. The pilot study supported the use of the program within the context of the 'Better Outcomes in Mental Health Care' initiative.

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Concurrent Paper Sessions

A. Indigenous Health

A cross cultural partnership in health between the Oodnadatta Health Service, Oodnadatta Community, Dunjiba Council and the School of Nursing and Rural Health

Joy Penman, Mary Oliver

School of Nursing and Rural Health, University of South Australia, Whyalla, SA

Aims/ Objective:

The School of Nursing and Rural Health in Whyalla undertook a community awareness project by engaging in health assessment and health promotion activities in Oodnadatta, a remote Aboriginal community. Our aims were: to conduct a community appraisal by way of personal interviews, observations and health assessments; promote good health among Indigenous people through meaningful education; and increase awareness of the importance of health and lifestyle issues that impact on health. The project will also expose students to primary health care practice in a remote and isolated community and provide opportunity for students to work closely with local health workers. It was envisioned to make a direct contribution to service provision and to have a positive impact on teaching and learning for students, faculty, health workers and community members.

Methods:

The nursing students conducted a health fair and assessed blood pressures, taught relaxation techniques, presented health-promoting materials, and prepared and served healthy foods to community members. These students also worked at the clinic with the local health professionals and helped developed health screening forms. They promoted good health amongst primary school students by giving talks on the value of nutrition, exercise, safety and hygiene. They identified health issues besetting the community, learnt about Aboriginal culture, and interviewed key people in the community to gain an understanding of the subsystems within the community. On returning to the School, the students gave a presentation to their peers and shared their experiences of visiting and working with people in a remote Aboriginal community.

Discussion:

The community visit was an innovative method of providing rich and meaningful learning experiences for students. It provided ample opportunities to put into practice what was learnt in the classroom and understand the expanded roles of nurses. The collaboration between the School and community agencies was beneficial as the goals of key stakeholders were accomplished.

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Culturally Competent Healthcare System: an Ingredient for Client Satisfaction and Improved Health Outcomes for Indigenous Australians

Louis Msema

Riverland Regional Health Services Inc, Barmera, SA

Aim/ Objectives (Research Proposal):

This study aims to describe dimensions of culturally competent healthcare system for providing appropriate and effective health care to Aboriginal and Torres Strait Islander (ATSI) people.

Methods:

A qualitative research design will be used for data collection in this study. This qualitative method is appropriate because it is essential for:

- exploring new topics and obtaining insightful and rich data on complex issues;
- describing rather than testing an explanation;
- providing understanding of meanings

Purposeful sampling will be undertaken to identify ATSI health professionals who will take part in interviews and focus group discussions. These health professionals will be selected from both Aboriginal community controlled health services and public health services.

Results:

The paucity of Australian data on culturally competent healthcare systems is an indication that this study will show that health organisations providing health care to Indigenous Australians should be culturally competent. The absence of well-developed culturally competent healthcare systems can be an obstacle to providing satisfactory health services to ATSI populations and to achieving better health outcomes for all.

Discussion:

This paper discusses the proposal of the research project that the author is going to undertake on culturally competent health system in South Australia that can effectively deliver better outcomes for ATSI people. Culturally skilled health professionals need to be sensitive to their own cultural backgrounds and heritage, and valuing and respecting cultural differences. Moreover, they should be prepared to access specific knowledge about the cultural group they work with. Indeed, this is likely to happen when a whole system approach of culturally competent healthcare system is in place.

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**Growing Research in
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Better medication management for Aboriginal people with mental health disorders, their carers and families

Inge Kowanko, Charlotte de Crespigny, Helen Murray
Flinders Institute for Health Research, Flinders University, Adelaide, SA

Aim/Objective:

This study explored issues around medication use among Aboriginal people with mental health disorders, including drug and alcohol problems, and their carers and other family members, from urban, rural and remote communities across South Australia.

Background:

Most participants were managing complex and chronic physical health problems in addition to mental health disorders. The project team was a partnership of researchers from the School of Nursing and Midwifery at Flinders University of South Australia and the Aboriginal Drug and Alcohol Council of South Australia in collaboration with all Aboriginal communities involved.

Methods:

We chose a multiple methods approach: Integrating findings from interviews with clients, carers, community leaders and health professionals; a survey of service providers; and a review of statistical hospital separation data and key documents. Recommendations for improving medication management, safety and related issues, and implementation and evaluation of targeted strategies, were developed collaboratively by the team, key informants, workers and local project committees.

Discussion:

The research highlights the complex needs of Aboriginal people with mental health problems and chronic disease comorbidity, lack of medication education, inadequate services, poorly integrated services, and unsafe practices. The project has led to effective collaborations between Aboriginal communities, service providers and researchers to provide staff training, community workshops, practice guidelines, and further research into coordinated Aboriginal mental health care and other strategies to improve safe use of medicines.

This research informs culturally appropriate policies and practices to enhance quality use of medication for Aboriginal people with mental health and other disorders. This study offers a partnership model for ethical research that can produce tangible benefits for participating communities.

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**Growing Research in
Primary Health Care**

Research in Indigenous communities

Ian Gentle , Judy Taylor

PHCRED, Spencer Gulf Rural Health School, University of South Australia, Whyalla, SA

Objective:

This paper presents the achievements of Indigenous Health Workers, Indigenous health and health related services and Indigenous communities achievements in learning about and undertaking research in rural and remote areas of South Australia. It also covers the issues Indigenous communities and individuals face when undertaking research and how Indigenous people have been subjected to research and the methods of which it has been carried out.

Methods:

The Spencer Gulf Rural Health School, Primary Health Care Research Evaluation and Development Program (PHCRED), has implemented three strategies to build capacity in grass roots primary health care professionals so that they are better able to understand, undertake, and use research findings in their practice.

Principal Findings:

The focus in this paper is on the results these initiatives have had in

- Collaborative research with Indigenous communities:
Three participatory action research projects have been undertaken collaboratively with Indigenous communities: A study of family violence in the Indigenous community in Ceduna; a model of diabetes self management for Indigenous families in Port Lincoln; and a model to provide a community emergency medical response in Point Pearce.
- The provision of small grants to health professionals working in Indigenous health organisations. Two seeding grants have been made available to health professionals working in Indigenous health.
- The provision of research training and opportunities to two research-training seminars in 2001 and 2002 have provided opportunities for Indigenous researchers to networking, develop knowledge and skills and showcase their research.
- The issues that face Indigenous people when research has been carried out within their communities.

Discussion:

This paper will cover the value of seeding grant/bursaries that enabled the introduction of research projects within Indigenous communities and that value of building research collaborations with Indigenous community health services. It will also cover negative aspects of research in Indigenous communities and promote solutions for this.

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**Growing Research in
Primary Health Care**

B. Rural Health

What is older rural people's awareness of falls and falls prevention?

Joanne Dollard

PHCRED, Spencer Gulf Rural Health School, University of South Australia, Whyalla, SA

Aim:

To determine rural older people's (>65yrs) awareness about falls and falls prevention.

Background:

Stay on your feet Whyalla is a falls prevention project funded under a grant from the Commonwealth Department of Health and Ageing. The project targets community dwelling older people in Whyalla and one strategy is community promotion. A baseline survey was conducted to determine awareness levels held by older people about the causes of falls and falls prevention prior to promotion.

Method:

A cross sectional survey of older people living in the Whyalla community was conducted in local shopping centres.

Results:

Of 330 participants, 70% stated that falls was a problem for older people. Respondents nominated both extrinsic and intrinsic risk factors for falls in older people, and mostly extrinsic factors to decrease the risk of falling. Almost half (49%) said that older people can avoid falling. Older people (82 years vs 75 years) were significantly more likely to believe that falls were inevitable.

Discussion:

Older people understand that falls are a problem for older people but have a poor awareness of what causes falls and how to prevent falls. Falls prevention programs need to target older people knowing that many incorrectly believe that falls are inevitable, and that falls and falls prevention is mostly limited to extrinsic risk factors. Falls prevention programs need to raise the awareness that intrinsic risk factors are modifiable.

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**Growing Research in
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Promoting nutrition – a partnership between health, local government and the community

Nadia Mastersson, Kate Thomson, Jennifer Lutze, Pauline Linke, Clarence Fisher, Heather Moore
Dept Nutrition & Food Services, Women's and Children's Hospital, Adelaide, SA

Aims and objectives:

The *Coorong Good Food Program* aimed to improve the supply and consumption of 'good food'* in the Coorong. In addition, the Program aimed to increase the involvement of local government and the community Auxiliary groups in nutrition promotion activities and to foster links between community organisations to address food and nutrition related issues.

Background:

The *Coorong Good Food Program* was a partnership between the Department of Nutrition and Food Services Women's and Children's Hospital (WCH), Meningie and Tintinara WCH Auxiliaries and the Coorong District Council (CDC) funded by Health Promotion SA. The program targeted the CDC population of 6,400 with a particular focus on children and their families.

Methods:

A broad range of strategies was used to complement the involvement of local council and the community including;

Recognition awards for schools promoting good food

A nutrition and food safety accreditation scheme for retail food outlets

Promotion and fundraising with local produce

Vegetable garden promotions

The South Australian Community Health Research Unit and Health Promotion SA conducted independent mid and post program qualitative evaluation including focus groups and phone interviews.

Results:

Evaluation showed;

increased awareness, availability and consumption of good food in the Coorong

the local council and Auxiliaries strongly supported the project, integrated its principles into their organisations and increased their involvement in nutrition promotion

new links were formed and existing networks strengthened between community organisations working together to address food and nutrition-related activities

Discussion:

Although initially led by the hospital, the program is now strongly owned by the community and local council. This is evidenced by a \$74,000 federal grant recently received by the Coorong Council to continue the program as lead agency. Health services can benefit from working in partnership with local government to promote nutrition in their community.

*'good food' is defined as enjoyable, nutritious, safe and environmentally friendly food.

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**Growing Research in
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Can we increase the use of evidence-based practice in a rural multi-disciplinary setting?

Judy Taylor, John Campbell, Sharon Campbell
PHCRED, Spencer Gulf Rural Health School, University of South Australia, Whyalla, SA

Aim:

An action research project, designed to increase the uptake of EBP, is being trailed over a six-month period in a rural multidisciplinary setting.

Background:

Evidence based practice (EBP) is accepted worldwide as being both the most effective and the safest way to provide health care. High quality resources are available to assist practitioners' access 'best evidence'. Additionally learning opportunities are available to support the use of evidence-based practice.

Systematic reviews identify that interventions to increase practitioner's use of EBP should be related to the clinical setting in which they work and that multi-faceted interventions are preferred over a single strategy. However there are few Australian or international studies of the effectiveness of interventions to increase the uptake of evidence-based practice in rural or remote settings specifically, in spite of empirical knowledge suggesting that rural/remote practitioners face particular barriers.

Methods:

In a rural multidisciplinary health care setting general practitioners, community nurses, Aboriginal Health Workers and allied health professionals have been invited to participate in the research. Four interventions will be trailed over a six-month period.

The provision of hard copy and CD Rom Clinical Evidence and other sources of evidence

Training in EBP

Monthly discussions/problem solving

Education for patients/consumers about EBP

A checklist will be devised to measure the use of EBP and information sessions will be conducted for consumers/patients. An outcome and process evaluation, using surveys and data provided by the checklist, will measure the usefulness of each of the interventions in enabling the uptake of EBP.

Results:

Practitioners' understanding of EBP at the outset of the project will be presented in this paper.

Discussion:

The rural/remote context of practice presents barriers to using EBP including difficulty in accessing evidence and distance from a culture supporting it. If interventions are locally relevant and applied 'in situ' this may increase the uptake of EBP.

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**Growing Research in
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C. Research Capacity Building

Dissemination matters: effective ways that have made research count

Ellen McIntyre

Primary Health Care Research and Information Service, Department of General Practice, Flinders University, SA

Aim:

Using examples from several research projects, this paper focuses on how research can be disseminated to effectively contribute to policy and/or practice.

Background:

While peer review publications and conference paper presentations are the most common ways used to disseminate research results, there are other effective ways to ensure research will be considered by relevant audiences. These include processes that can be implemented before, during, and after the research has been completed, ranging from oral presentations, networking and collaboration, through to tailoring written work for diverse stakeholder groups.

Methods:

This work is based on both a comprehensive review of the literature on dissemination and the author's experiences of dissemination before, during and after several projects she has been involved with in the area of breastfeeding promotion.

Results:

Several dissemination processes incorporating both written and oral methods will be appraised and illustrated with vignettes in the area of breastfeeding promotion.

Discussion:

Dissemination processes have benefits and barriers that need to be considered when developing and implementing a dissemination strategy for a project.

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**Growing Research in
Primary Health Care**

Research Networks: enhancing change in Australian primary health care

Farmer EA, Waters R, Weston KW
PHCRED, Department of General Practice, Flinders University, Adelaide, SA

As primary health care disciplines evolve and strengthen both in Australia and internationally, primary care practitioners need to develop their research capacity at all levels. This paper discusses the changing face of primary health care and the emergence of primary care research networks as agents for research skills capacity building. Much can be learnt from international experiences, such as those in the United Kingdom, in terms of network models and approaches that have demonstrated successful outcomes including increased grant applications, research higher degree completions and publications. However, these outcomes are at least partly dependent on different contexts of health care services, and higher levels of funding. Enhancing change in Australian primary care research must take into account the Australian context, available resources, and be prepared to innovate in response to widely varying local and regional needs. The paper will discuss options and challenges for future directions in Australian research networks.

Linking Primary Health Care researchers in South Australia: a network strategy: SARNet

Waters R, Farmer EA, Weston KW
PHCRED, Department of General Practice, Flinders University, Adelaide, SA

In response to the changing definitions of primary care delivery there is a growing need for research to be practitioner-driven and multidisciplinary. This paper addresses the strategies used to enhance multidisciplinary participation and capacity building in research in the South Australian primary health care Research Network (SARNet). This network has 170 members currently. Membership is strongly multidisciplinary and spans all levels of research expertise. The services offered by the network are member-driven and include competitive bursary funding for research and evaluation skills development, writing groups, training events, access to web-based resources and information, special interest groups, and email alerts. Potential future directions include a database of members' research interests and an online discussion forum or list server. The strategies, challenges and future impact of the network are discussed.

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**Growing Research in
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Piloting a practice based research co-ordinator: a report from the Yorke Peninsula

Sharon Campbell, Caroline Laurence
University Primary Health Care Network, Maitland, SA

Aim:

The aim is to pilot a position of a Practice-Based Research Co-ordinator at Maitland Health Centre which is part of the University Primary Health Care Network (UPHCN).

Background:

Infrastructure, support and maintenance are key elements of a successful research network. To date the UPHCN has been developing support for research projects through its Research Manager, however for the network to mature and become sustainable this needs to be broadened. While PHC RED has focused on building individual research capacity, capacity can also be built by providing the structures and support for ongoing research within practice settings, which the Co-ordinator can facilitate.

The main objective of a practice is providing a health service to patients with research being a low priority. By having a dedicated research staff based at the practice it encourages research through improved systems for implementing projects, provision of direct support to researchers and can foster a research culture among all practice staff.

Method:

A Practice Based Research Co-ordinator has been employed at one UPHCN site - the Maitland Health Centre on the Yorke Peninsula. The position has been funded jointly by the PHC RED programs from the Department of General Practice, University of Adelaide and the Spencer Gulf Rural Health School. The day to day management of the position is through the Research Manager, UPHCN.

Results:

This paper will describe the role of the Practice Based Research Co-ordinator, the research being undertaken and an outline of the evaluation process that is currently being developed.

Discussion:

In discussion we will describe how this new position has assisted GPs and other practice staff to undertake research within their community and the lessons learnt from the establishment phase.

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**Growing Research in
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Effectiveness of community health: finding the evidence

Fran Baum, **Gwyn Jolley**, Stacey Masters
South Australian Community Health Research Unit, Flinders Medical Centre,
Bedford Park, SA

Aims:

There is increasing pressure for health services to be accountable in terms of their effectiveness. Community health service managers and primary health care advocates are concerned that, while measurement of effectiveness in terms of health outcomes is hard to obtain for all health services, health service funders tend to be convinced of the value of short term outcome measures for acute services (such as hospital throughput) and do not see readily available equivalent measures for community health services. The aim of this research was to assess the applicability and feasibility of various approaches to measuring short and long term outcomes achieved by the community health sector.

Method:

A literature review conducted in 2002 examined the appropriateness of performance measurement, economic evaluation and meta-analysis/systematic review to the assessment of effectiveness of community health services. The usefulness of routine data collections was examined through interviews with key informants.

Results:

Services use routine data in organisational planning but such data are not used systematically by DHS. Routine quantitative data are too blunt for measuring effectiveness. Performance measurement can be useful for quality improvement and assessing efficiency but is limited in measuring effectiveness. Performance indicators need to be interpreted carefully and in context. Economic evaluation has been used in specific behavioural or single facet interventions, however, many community health programs are too complex for current economic methods. Meta-analysis demands statistical data, but systematic review does have the potential to include qualitative evaluation data.

Discussion:

Measuring interventions in complex community based settings, attributing an intervention to an outcome and measuring the avoidance of illness rather than treatment and cure are difficult. An approach that draws on the strengths of different models and a systematic, common framework for collection and analysis of evaluation data are needed. The next stage of this work is in progress. A systematic review of metropolitan community health evaluations is being conducted. The research will assess the effectiveness and appropriateness of systematic review to community health evaluations.

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**Growing Research in
Primary Health Care**

D. Student Learning

Primary Health Care Clinical Placements for Student Nurses: A Pilot Study

Pat Barkway, Helen Harmer, Marian Rich
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Background:

Since the introduction of an integrated undergraduate nursing curriculum at Flinders University in 1999 student nurses were not placed in primary health care community settings for clinical practice experience until 2003. In first semester of this year a pilot study was undertaken, in conjunction with a southern Adelaide community health service, to evaluate the learning outcomes of undergraduate students who undertook their clinical placement in a primary health care setting. This paper reports on the evaluation of this pilot study.

Methods:

On completion of the clinical placement students evaluated their learning by attending a focus group and writing a SWOT (strengths / weaknesses / opportunities / threats) analysis of their clinical learning experience.

Results:

Findings indicate that contrary to students' initial expectations there was much to learn in community health and that the learning had relevance for not only community health, but also acute hospital and other health care settings. In particular, students cited an understanding of primary health care philosophy, principles and strategies as extremely valuable learning. A further finding was that the students indicated an interest in pursuing a career in community health nursing (an option they had not previously considered) suggesting that providing an undergraduate clinical experience for student nurses could be a recruitment opportunity for community health services.

Discussion:

It is, therefore, recommended that the study be replicated with a larger cohorts of students in a wider range of primary health care settings to further investigate the role that a community focussed placement has in preparing nurses for practice. Such a study would be particularly timely in the light of the new directions recommended for South Australian health services in the *Final Report of the Generational Health Review*, 2003 and the Government's response to the report in the document *First Steps Forward*, 2003.

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**Growing Research in
Primary Health Care**

Beyond the acute care setting: Student nurses' perspective of a primary health care placement

Michelle Kempster, Amanda Hall
School of Nursing & Midwifery, Flinders University, Adelaide, SA

This paper presents our student perspective as participants involved in a pilot study, which examined student's learning in a primary health care setting. During our time in a southern Adelaide community health service we spent two days a week over a period of three and a half months working alongside community health nurses within the multi-disciplinary team. We were involved in a broad range of community development and health program activities. This included planning and delivering a health education seminar on menopause, being involved in a breakfast club at a local school that served to access a transient population, and developing an information package to meet the needs of this transient population. The outcomes of this were that we gained an increase in awareness and value for primary health care, and the registered nurse's role within primary health care. In addition we learnt to work within a multi-disciplinary team and learnt valuable lessons in teamwork. We discovered services that are available to the community and how to access them. This knowledge could only be acquired because of hands-on experience in this setting, and has been very influential in forming our identities as professional registered nurses. We believe all student nurses should have this experience in order to be able to deliver truly holistic nursing care to their patients.

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**Growing Research in
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E. Health Promotion, Prevention & Practice

General practitioners' responses to opportunistic reminders for preventive care activities

Oliver Frank, John Litt, Justin Beilby
Department of General Practice, University of Adelaide, SA

Aim:

To examine the responses of general practitioners (GPs) who were using a computer medical record system to opportunistic reminders for preventive care activities, and to examine characteristics of patients, doctors and consultations associated with the taking of opportunities to provide preventive care.

Background:

The visits to GPs made by more than eighty five per cent of the Australian population annually provide opportunities for GPs to offer and perform preventive care activities, but many of these opportunities are not taken. Studies in other settings have found that doctors respond to opportunistic reminders, but there have been no studies to date examining Australian GPs' responses to reminders presented on their computer screens.

Methods:

Ten GPs in one practice received opportunistic reminders on their consulting room computer screens for twelve preventive care activities for patients in an intervention group, but no reminders for patients in a control group during a one year randomised controlled trial.

Results:

When reminded, the GPs took higher proportions of opportunities for tetanus immunisation, recording of allergies, pneumococcal immunisation and recording of weight. Factors associated with the taking of these opportunities were:

- patient: age, gender, number of consultations during previous two years and number of long term problems;
- GP: gender and whether the GP was the patient's usual GP;
- consultation: length, number of preventive opportunities, ordinal number of the opportunity, number of problems coded, elapsed time since the activity became due and whether the doctor received reminders.

Discussion:

Opportunistic reminders can improve the performance of preventive care by Australian GPs using computer medical record systems. Further research is needed to confirm the findings of this study in a larger number of practices, explore other characteristics of patients, doctors and consultations which are associated with the taking of opportunities to perform preventive activities and to develop more effective reminder systems and evaluate their costs and benefits.

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**Growing Research in
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Partnerships for Nutrition & Physical Activity Needs within Regional High Schools

Richard Sager, Mary Fielding, Clare Vaughan

University Department of Rural Health, Warrnambool, VIC

Aim and Objectives:

The study aims to implement processes and strategies towards a successful implementation of nutritional policy in secondary schools

The objectives are to:

- support the development of a relevant curriculum;
- increase the level of student health food opportunities; and
- promote relevant students lunch and snack ideas for the day.

Background:

Warrnambool College has a Health and Nutrition Policy, which was adopted by the College Council in April, 2003. In addition, due to escalating youth obesity an Executive Memorandum was issued this year with guidelines for school canteens and foodservices. A joint venture was commenced by four different government sectors with the purpose of establishing a baseline of current health sustaining nutritional and physical activity knowledge within the student population.

Methods:

Two final year dietetics students undertook a comprehensive needs assessment for public health intervention that included the student populations' identified normative, comparative, expressed, and felt needs.

A validated cross-sectional questionnaire regarding current lifestyle, physical activity and nutritional knowledge was sent out to the student population. Focus groups were also implemented on a randomised sample population.

Results:

To date data collation is still ongoing. The study is expected to provide data on and recommendations for the:

- provision of nutritionally dense food choices;
- promotion of healthy eating and physical activity behavioural strategies;
- appropriate professional development for teachers in relation to nutrition education;
- implementation of nutrition education as part of the school curriculum.

Discussion:

The study implemented models of capacity building at the local level for community development. Significant to this study is the collaborative efforts undertaken by different Government sectors of the community. As a result positive health promotion activities and curriculum development is to occur by non-traditional health promotion providers. The process will be adopted across all secondary schools in the region so that a cohesive approach to healthy nutrition can occur. Ideally, school boundary policies for lifestyle behaviours will be improved.

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**Growing Research in
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Q Fever in children: A case series

Jenny H. Barralet

Communicable Diseases Unit, Queensland Health, Brisbane, QLD

Background:

Testing for Q fever in people presenting with fever or other non-specific symptoms in Queensland has focussed on those adults who are at high risk by involvement in meat and farming industries. There has been a small and increasing number of notifications among children. There is no known published literature on Q fever in children in Australia and limited international literature.

Aims:

A case series was undertaken to gain a greater understand of clinical presentation, exposure to risk factors for infection, treatment and disease outcome in children.

Methods:

Children under 15 years of age notified with Q fever infection in 2001-2002 from the Darling Downs and South West region of Queensland were selected. Letters were posted and parents interviewed by telephone. Medical practitioners were contacted to discuss treatment and disease outcome. Basic descriptive analyses were completed and qualitative comments reviewed.

Results:

There were 22 children notified with 21 diagnosed with acute and one with chronic Q fever. All of these children had identified exposures to risk factors for Q fever infection. Clinical presentations and disease outcomes were variable.

Discussion:

The increase in cases among children is likely due to increased testing and awareness that children may be at risk of Q fever. However, this disease is still likely to be under-detected in children from rural areas of Queensland. This case series identified education needs for rural communities and among medical practitioners about the risk of Q fever in children because effective treatment is available and prevention of chronic disease a priority. It highlights the need for further study of this disease in children at high risk of infection.

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**Growing Research in
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A Pilot study to establish the use of recreational drugs among the employees of the seafood industry in Port Lincoln

Alan R. Evans

Lincoln Garden Medical Centre, Port Lincoln, SA

Aim:

To compare the recreational drug use of the employees of the seafood industry with that of the general population.

Background:

The fishing industry is one of the top three most dangerous in regards to deaths occurring within the work environment. The part that recreational drugs play in these deaths is not clearly understood as figures are incomplete. Other industries/occupations that rank above fishing, mining, forestry and airline, all have a drug policy in place. These policies are based on recreational drug usage of the population at large, the known physical and psychological side effects of that usage and the requirements/obligations of the employer and employee under the OHSW Act.

Objective:

The hypothesis of this pilot study is that recreational drug usage within the fishing/seafood industry within Port Lincoln is the same or greater than that of the general population. If proven it is proposed to use this evidence to stimulate discussion within the industry to formulate changes in work practices and develop a drug policy applicable to the seafood industry at large.

Methods:

The research is being undertaken by the administration of a questionnaire to about three hundred of seafood industry employees. Ethical considerations were examined and ethical approval was gained. Reliability is enhanced by the research assistant giving a short presentation prior to the questionnaire completion. Quantative analysis will be undertaken using the general population figures given in the 2001 National Drug Strategy Household Survey as control.

Results:

This project is in the data collection phase and early analysis indicates that the use of recreational drugs among employees of the seafood industry is significantly higher than that of the general population.

Discussion:

The researchers foresee this research as a pilot study prior to a possible nationwide project incorporating the key fishing centres in the other States.

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**Growing Research in
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Ergonomics and computer use: Do not underestimate its importance

Janet K. Sawyer

University of South Australia, Whyalla, SA

Aim:

The aim of this longitudinal study was to ascertain how organisations are responding to ergonomics in their quest to provide a safe work environment for computer users. This paper presents the findings of research that investigated the knowledge of and priority given to the principles of ergonomics that relate to the use of desktop keyboard-operated computers within organisations of various types and sizes.

Background:

It is generally acknowledged that using computers continuously for prolonged periods may result in visual, musculoskeletal and psychological health problems for the user. This is relevant in our increasingly computerised society due to the social and economic costs involved for individuals, businesses and the wider community. The application of ergonomic principles to computer work can reduce health risks and increase productivity. Therefore, the knowledge of and priority given to ergonomics and computer use is an important consideration.

Method:

To determine the knowledge of the relevant ergonomic principles and the priority given by organisations, a survey instrument was devised and mailed to managers and computer operators within the organisations selected as the sample.

Results:

The study found that the majority of managers and computer operators were not aware of the principles of ergonomics relating to computer use. The survey also indicated that the ergonomic principles were given low priority within organisations and were generally not applied to the work situation. The same organisations were surveyed again four years on. The findings of the second survey are then compared with the initial findings.

Discussion:

It would appear that opportunities exist for suitably qualified people to act as consultants to organisations in the areas of ergonomic education and training and ergonomic assessment of work places. Schools, Institutes of TAFE and Universities can also assist by ensuring appropriate workstations are provided and that all courses involving computer use include instruction in the relevant ergonomic principles.

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**Growing Research in
Primary Health Care**

Working towards decreasing back pain in our community

Emily Steele, Karen Grimmer, Debra Kay

Centre for Allied Health Research, University of South Australia,
Adelaide, SA

Aim/ Objectives:

To work with high school communities to identify and implement public health strategies aimed at decreasing the prevalence of back pain in high school students.

Method:

We identified the concerns of high school students, and their parents and teachers regarding back pain in adolescents, and developed practical strategies that could be used to decrease the prevalence of back pain in schools. Stakeholders worked together, coordinated by our research team, to develop and implement these strategies, which are in various stages of evaluation.

Results:

We have had the following results to date;

- A 'Spinal Health for School Students' policy was launched late in 2002 by the Centre for Allied Health Research and the Department of Education and Children's Services
- The second generation of a laboratory tested school backpack (Physiopak) is about to be released.
- A spinal health promotion program, based on the Health Promoting Schools model, has been designed and partially trialled. The program is due to be implemented more widely in the near future.

Discussion:

Decreasing the prevalence of spinal pain in adolescents, in order to decrease adult back pain, is a significant public health issue and to our knowledge this is the first attempt to address this issue with public health strategies that are evidence- based. The multi- disciplinary nature of our research team, and the involvement of stakeholders throughout our work to date have been essential to the progress we have made. Our research has the potential to reduce the burden which back pain places on our society.

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**Growing Research in
Primary Health Care**

Foot Screenings of Kindergarten- Aged Children on Lower Eyre Peninsula

Julie Tunbridge

Port Lincoln Health Services, Port Lincoln, SA

Aim/Objectives:

To screen all 4 year olds attending Lower Eyre kindergartens for foot problems and formulate a useful screening tool.

Methods:

Liaise and gather appropriate consent to screen individuals on their foot type, footwear and walking. Provide written feedback and educational materials to every parent.

Results:

The number of children screened in Port Lincoln was 166. It has been found that the majority of kindergarten-aged children have a degree of 'knock – knees' while walking and pronate (roll-in) their feet excessively. Most children were wearing appropriate footwear, e.g. lace-up or velcro or buckle fastening shoes.

Approximately 20% of children were found to have either excessive pronation or other forefoot problem to a degree which require orthotic therapy. Feedback was given to the parents of these children to follow-up with a podiatry consult. To date, a number of these children have been reviewed at the health service and prescribed orthotic devices.

Discussion:

Kindergarten screenings provide a great opportunity to review childhood foot and leg development. It also provides an avenue to provide parents and care givers with education on foot health and normal 'stage for age' development. Growing pains were not addressed in the education pack but from the number of parents who commented on them it is recommended that they will be addressed in any future screenings. The majority of children pronated excessively and require review in a year. This results in a recommendation that a school foot screening or education program should be implemented to enable this. Foot screenings are a part of health promotion in the field of podiatry and should be encouraged as part of a complete podiatric service to the community.

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**Growing Research in
Primary Health Care**

F. Mental & Community Health

Hidden or missing? A contemporary analysis of bereaved persons perceptions of suicide postvention services.

Anne Wilson

South Australian Suicide Postvention Project, Department of General Practice, University of Adelaide, SA

Aim:

The aim of the current project is to examine the current approaches to postvention for those bereaved through suicide in Metropolitan Adelaide and to make recommendations to Mental Health Services.

Background:

It is estimated that around 250 people each year in South Australia take their life. To compound this already startling statistic, for every death it is estimated that six individuals are severely affected by the suicide, translating into 1,500 people suffering as a result each year. The death of a close relationship is acknowledged as one of life's greatest stresses and grief following suicide has its own particular difficulties. The care of those bereaved through suicide is a neglected area of community development. Supporting those bereaved through suicide is an important factor in suicide prevention. To try and better understand how the bereaved are coping with their loss, the University of Adelaide and the Department of Human Services have launched the South Australian Suicide Postvention Project.

Methods:

The project is in its early stages. A combined qualitative and quantitative approach has been designed. Planned methods include a survey of persons bereaved through suicide, an audit of current postvention services in metropolitan Adelaide and a survey of health professionals providing postvention services.

Results:

An extensive search was undertaken to find whether a similar research study had been conducted elsewhere in the world. Validated questionnaires were obtained from Ireland, Norway, Belgium and New Zealand. Some required translation before a decision of which to use could be made. Response to the project from the public has been overwhelming and has included offers of participation from overseas and interstate.

Discussion:

The presenter will discuss some of the challenges, methodological issues and ethical issues that have been faced, including some of the early responses from participants.

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**Growing Research in
Primary Health Care**

Why HOPE? Building young people's capacity for life

Lisa Brown-Campbell, Natalie Szabo, Jane Edwards
Whyalla Community Health Services, Whyalla, SA

Objectives:

The HOPE project- Helping Ourselves through Personal Education- is a mental health promotion framework for young people, involving peer education and support. The project objectives are to:

- Enable young people to access current and appropriate information about mental health issues
- Increase young people's understanding of and skills in relation to • factors affecting their mental health
- Increase young people's capacity to positively respond to and their own life circumstances.

Methods:

Over the three years of conducting HOPE, peer education has been utilised as the principle strategy. Active participation is an essential step for young people to engage with the project. Young people have been involved in program design, as well as in resource collection and collation. In addition to developing the personal capacity of young people, the project seeks to develop community capacity as a means of enhancing the well being of young people in the Northern and Far Western Region.

Results and Discussion:

Formative evaluation has suggested that the project has immediate benefits for participants. However, long-term outcomes for participants are not well documented and the effects of community setting on the implementation and success of the project also need investigation. The Project Management Team and the Spencer Gulf Rural Health School will undertake collaborative research to identify long-term outcomes and the influence of community setting. Case studies, involving interviews and focus groups, will be conducted in four of the eight settings in which the project was implemented. These studies will allow evaluation of the long-term outcomes of the project for those who participated and will identify the influence of community setting on the implementation of the project as well as on its outcomes. The information generated by the research will help the Project Management Team assess the long-term impact of the project. In addition, by identifying the influence of community setting on the implementation of the project, the Management team will be able to tailor project implementation to meet the needs of particular settings.

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**Growing Research in
Primary Health Care**

When Mental Illness affects parents and families: Primary Health Care Initiatives in Adult Mental Health Services

Jan Thompson, Elizabeth Fudge,
School of Nursing & Midwifery, Flinders University, Adelaide, SA

Aim/Objectives:

- To gather information from Registered Psychiatric/Mental Health Nurses working in in-patient and community adult mental health settings, about their *beliefs and practices* in relation to assisting their clients with enduring mental illness in addressing parenting roles and family issues.
- To determine their level of *factual knowledge* and the *practices related to that knowledge* with regard to their statutory obligations, pertaining to the children of their clients.

Background:

This project was developed to explore several hypotheses:

- that most psychiatric/mental health nurses working in adult mental health settings are aware that some of their clients are parents of children under 18,
- that these nurses are aware it is possible that when their client is unwell, that their children may possibly be 'at risk' in some way,
- that despite knowing this, these nurses are often reluctant to engage in their statutory 'duty to protect' these children, in the manner specified by the Children's Protection Act 1993, as they don't want to put their therapeutic relationship with their client in jeopardy.

Methods:

Data was collected in March / April of this year, via a questionnaire sent to every registered psychiatric/mental health nurse on the register of the S.A.Nurses Board. One question asked participants whether they were interested in taking part in a series of focus groups at a later date, to explore the complexity of these issues further.

Results / Discussion:

It is quite clear from the data analysed to date, that many nurses have grappled with what they see as a moral / ethical / legal / 'conflict of interest', in meeting the needs of their adult clients and the client's children. It is therefore crucially important that these nurses in *adult mental health services*, be consulted when any primary health care initiatives for 'at risk' families are implemented by Mental Health Services.

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**Growing Research in
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GPs' understanding and use of Cognitive Behavioural Therapy (CBT) in the treatment of depression: A focus group study

Paul Ryan, J Richards, M McCabe, D Pierce, G Blashki, G Groom, I Hickie
Department of General Practice, Monash University, Melbourne, VIC

Objective:

To investigate what GPs' understand by the term CBT and what components of CBT they use when treating patients for depression.

Background:

The current study sought to clarify the results of the 'National Study into the Management of Depression in General Practice' which found that one third of GPs reported using CBT techniques. Many GPs had completed some form of non-pharmacological training but the quality and type of training varied considerably. There may very well be a disparity between the number of GPs who have completed training in CBT and the number of GPs who indicate they are utilising these strategies.

Methods:

Sixteen GPs who attended two focus groups arranged by National Mental Health Council and Beyondblue as part of the review of the National Mental Health Strategy were invited to participate in this study.

Results:

There was agreement among the GPs about what they understood by the term CBT but considerable variation in how they utilised the techniques. This was despite the groups being composed mainly of GPs who were interested in mental health issues, some with formal post-graduate qualifications in mental health. Variations in practice included: agenda setting, use of assessment questionnaires, use of homework tasks with patients, length of session, and whether to deal with other medical problems during the consultation.

Discussion:

These results suggest that the CBT techniques used by GPs in their clinical practice may differ from those used in specialist mental health settings where for example completion of homework would be considered an essential and routine part of treatment. They raise questions about the factors that shape the implementation of the individual components of cognitive and behavioural techniques (i.e., Focused Psychological Strategies - FPS) in general practice settings and highlight the need to clarify the GPs actual practice of FPS.

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**Growing Research in
Primary Health Care**

In-depth interviews with ageing men – the real issues

James Smith, Murray Drummond

School of Health Sciences, University of South Australia, Underdale, SA

Aim:

The objective of this study was to gain a more detailed understanding of ageing men's thoughts, feelings and perceptions in relation nutrition

Background:

It has been argued that men are reluctant to talk about issues concerning their health. Further, such hesitation is particularly prevalent in older males. However, an array of factors can contribute to the openness and willingness of ageing men to participate in research. These are pertinent when utilising in-depth interview techniques to investigate personal health issues, such as those related to nutrition. To overcome limitations that exist with regard to how ageing men divulge personal information throughout in-depth interviews, one must investigate existing barriers.

Method:

This presentation is based on 50 in-depth interviews with male defence service veterans. The study was a joint initiative between the University of South Australia and the Department of Veterans' Affairs (national office). Interviews lasted between one to one and half hours, and were conducted at convenient location for participants. Each interview was recorded and transcribed verbatim.

Results:

Through repeated examination of transcripts, 7 definitive themes emerged with regard to nutrition. These included: health literacy levels, habit and routine, the role of wives, concern regarding polypharmacy, alcohol use, food choice and social interaction. Findings have implications with regard to physical, mental, social, emotional and environmental health.

Discussion:

Discussion related to the interview process will outline how rich descriptive data was drawn from participants. The presentation will then explore the limitations and barriers observed when interviewing ageing men and how these barriers could have been prevented or overcome. Recommendations on how to establish a rapport with research participants to ensure effective data collection will also be discussed. This will provide guidance for future health research aimed at drawing rich descriptive data through the use of in-depth interviewing practices, particularly those involving ageing men.

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**Growing Research in
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A new model of primary health care utilising the social capacity of the faith community and the knowledge and skills of registered nurses

Antonia van Loon

School of Nursing & Midwifery, Flinders University, Adelaide, SA

Objective:

To develop the social and cultural conditions that promote community health, and provide individual primary care and support for families and carers of those with existing illness and/or conditions.

Background:

Research verifies mutual support and discipline, opportunities for contribution, being valued for that contribution, recognition and self-respect, personal control, autonomy and security are important preconditions to community health. Faith communities have the capacity to meet these needs. They are ideally placed to provide socially acceptable, accessible, sustainable PHC programs that promote community and personal capacity. Registered nurses are perfectly positioned to manage this model of care because they have broad knowledge crossing many health disciplines.

Methods:

A participatory action research process was undertaken with five faith communities, who met monthly for two years to collect qualitative and quantitative data analysed to define and refine this model.

Results:

The South Australian demonstration project served a population of 8-10,000 people. The model has been successfully replicated in over 50 faith communities across Australia and New Zealand. Registered nurses coordinate and manage volunteers to provide health support services to a defined geographic or cultural community. The nurse's key role is health education and counseling, resource and referral services, advocacy and care management.

Discussion:

The WHO noted nurses were integral to PHC strategy, anticipating their practice would shift into the community, where they would become, leaders of PHC teams that included lay workers. The Faith Community Nurse model based within the faith community, utilises government and community agencies to focus curative and restorative services and provide preventative and promotive services using an empowerment model. Including faith communities into the health care continuum has significant implications for provision of economically sustainable, socially acceptable health care in Australia.

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**Growing Research in
Primary Health Care**

Poster Abstracts

C. Research Capacity Building

Could Actor Network Analysis be a way to address the complexity of research in the healthcare fields?

Patricia Everitt-Deering

Central Highlands Division of General Practice Gisborne, Victoria University, Melbourne, VIC

Introduction:

The complexity of health delivery has increased the need to manage information in medical practices. Our research seeks to explain the patterns of computer use by rural GPs in the Central Highlands Division of General Practice and to draw out the barriers and enablers to use. We will compare two theoretical approaches which explain the adoption and use of computers by GPs.

Methods:

The most common approach to studies of adoption of information technology has been to use a diffusion model based on the work of Everett Rogers. This approach is essentially quantitative research. This research adopts an alternative view – Actor Network Theory. Unlike diffusion theory this is a qualitative methodology seeking to understand social phenomena.

Preliminary Results:

Recent national research shows that GPs mainly use information technology for administrative and clinical functions but very little use is made of online functions, this is even more pronounced for rural GPs.

Results of surveying at the Central Highlands Division of General Practice supports national surveys.

Discussion:

Past research shows there is reluctance from rural GPs to fully implement Information Technology in Primary Health Care (ITIM). This research is minimal and offers only quantitative data. The teasing out of the barriers and enablers will paint the full picture.

The ultimate aim of this project is to explain in detail the reasons for adoption and non-adoption of ITIM and to develop a model that will enable the process of innovation decision making, with particular reference to rural GPs.

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**Growing Research in
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D. Student Learning

Patient's expectations of medical students in general practice. – “They just sit and watch!”

Karen Salisbury, Anna Vnuk, Elizabeth Farmer.
PHCRED, Department of General Practice, Flinders University, Adelaide,
SA

Aim:

To explore patients views on medical student teaching in urban teaching General Practices in Adelaide.

Background:

The Doctor- Patient relationship is one of the key concepts taught to medical students during their General Practice teaching. Patient – centered health care is highly promoted encouraging involvement of patients at all levels of the health care system. The ideas and expectations of patients regarding the presence and involvement of medical students has the potential to impact on Doctor – Patient communication and therefore medical student learning. There is little research into the consumer's view of medical student teaching in General Practice although there are multiple anecdotes.

Methods:

We surveyed patients before and after consultations involving 3rd year medical students in a 4-year post-graduate training program. We used a random sample of 10 training practices and surveyed all consenting patients attending one session involving medical students in each practice. We explored different levels of medical student involvement to ascertain the preferences and expectations of the patient.

Results:

Patients' expectations of students in general practices were higher than their perceptions of actual levels of involvement within the consultation. Only 54% of patients had histories taken by students whilst up to 74% expected this to happen. Students saw 19% of patients alone whereas 40% of patients would have expected this.

Discussion:

This study seeks to create collaboration with patients, which will help to develop a more effective teaching program and improve patient participation.

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**Growing Research in
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E. Health Promotion, Disease Prevention & Practice

Hydrotherapy as treatment for community dwelling older adults with osteoarthritis of the hip and/or knee. Popular but is it effective?

Amanda Foley, Julie Halbert, Tony Hewitt, Maria Crotty
Division of Rehabilitation, Aged Care and Allied Health, Repatriation General Hospital, Adelaide, SA

Objective:

To investigate the effects of a hydrotherapy resistance exercise program in the treatment of osteoarthritis (OA) and to compare it with the effects of a gym-based resistance exercise program.

Background:

Hydrotherapy is a popular treatment for older adults with arthritis, as there are a range of benefits offered by the water environment including pain relief and reduced loading on affected joints. However, it is expensive and presently there is little scientific evidence on its effectiveness in treating OA.

Methods:

105 community-living participants aged 50 years and over with clinical OA (symptoms and X-ray signs) of the hip or knee were included in the study. Participants were randomised into one of three groups: hydrotherapy (n=35), gym (n=35), or control (n=35). The two exercising groups participated in three exercise sessions per week for six weeks. At six weeks an independent physiotherapist blinded to treatment allocation performed all outcome assessments.

Results:

The gym group significantly increased both left and right quadriceps strength in comparison to the control group, and right quadriceps strength was also significantly better than the hydrotherapy group. The hydrotherapy group increased left quadriceps strength only, significantly different to the control group. The hydrotherapy group was significantly different to the control group for distance walked, and the gym group was significantly different to the control group for walk speed. The hydrotherapy group was significantly better than the control group for the physical component of the SF-12 and the gym group was significantly better than the control group for self-efficacy satisfaction. Compliance rates were similar for both exercise groups, with 84% of hydrotherapy and 75% of gym sessions attended. There were no differences in medication usage between groups over the study period.

Discussion:

Functional gains were achieved with both exercise programs over the control group. The gym based exercise group demonstrated greater gains in strength over the hydrotherapy group. Hydrotherapy can impact on function and is popular among the public, but it is expensive, and our study suggests that hydrotherapy is not significantly better than conventional gym programs in improving physical function.

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**Growing Research in
Primary Health Care**

Hospital discharge management for asthma; a systematic literature review

Emily Steele, Claudia Peoples, Karen Grimmer
Centre for Allied Health, University of South Australia, Adelaide, SA

Aim/ Objectives:

Our systematic literature review aimed to determine best- practice hospital discharge management for patients with asthma. (Note that the Commonwealth Department of Health and Aging funded this review).

Method:

Twelve databases were searched, and two independent reviewers graded the papers according to a well-known hierarchy of evidence scale. All papers were then quality appraised. These scores informed the collation of evidence.

Results:

A total of 435 papers were identified through the database search. The results of the hierarchy of evidence phase were as follows:

Number of papers sourced according to hierarchy of evidence

Level of evidence	1	2a	2b	3	4	5	6	Total
Number of papers	13	33	56	186	4	29	114	435

The average quality scores for level 1- level 2b papers were as follows:

Analysis of methodological quality scores/ Average Scores of articles:

The average score (and standard deviation) for each research design type was

Meta- analyses of RCT's	8.7 (SD 1.2)	(maximum of 10)
RCT's	5.6 (SD 1.0)	(maximum of 11)
CCT's and CT's	3.4 (SD 1.8)	(maximum of 11)

Our team found little high level, high quality evidence that was specific to hospital discharge planning for asthma patients. Most of the literature described the benefits of educational interventions with the asthma patient population, but did not outline the educational components in a way that could be replicated. Some evidence was found for the use of clinical pathways and for timely communication between the hospital and general practitioner regarding patient admissions and discharges. The lower level, lower quality literature emphasized the importance of the continuum of care in effective treatment of asthmatic patients.

Discussion:

The lack of high level, high quality evidence regarding best- practice discharge planning of patients with asthma makes it difficult to apply evidence- based discharge planning practices in real life situations. We made draft recommendations regarding best- practice discharge planning. Hospitals should consider these recommendations in order to maximise the effectiveness of hospital-based treatment offered to patients with asthma.

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**Growing Research in
Primary Health Care**

***Campylobacter jejuni* infection: Some processed foods may be protective in young children - A pilot case-control study**

Karin Ried, Scott Cameron, Tony Worsley, David Topping
Department of Public Health, University of Adelaide, SA 5005

Aim:

To test the hypothesis that some nutritional aspects of the diet of young children are associated with notified *Campylobacter* infection.

Background:

Campylobacter jejuni is the most commonly notified bacterial cause of apparent food borne disease in developed countries with rates reaching 3000/100,000 per year. Children aged 0-5 years represent nearly 20% of all notified cases in South Australia. On the basis of dietary intervention studies of animals that showed a protective effect of resistant starch on gut infection, we hypothesised that the pattern of nutrition may be important in individual susceptibility to human food borne diseases.

Method:

172 children aged 1-5 with notified *Campylobacter jejuni* infection were compared to 169 age-matched controls by means of a food frequency questionnaire of 106 selected food and drink items.

Results:

Seven food and drink items appeared to protect young children aged 1-5 against *Campylobacter* infection ($p < 0.05$). Two food items appeared to increase the risk of *Campylobacter* infection in 1-5 year old children ($p < 0.05$).

Discussion:

The majority of apparently protective food items were low in carbohydrate but high in protein and fat. Dairy foods, such as cheese and milk, and foods containing bactericidal or enzyme inhibiting agents, such as salami or chocolate, were more frequently consumed by controls than by cases.

Conclusion:

This study confirmed the hypothesis that certain nutritional aspects of the diet of young children were associated with notified *Campylobacter* infection. Our data suggest that foods may act in a host-specific manner by altering individual susceptibility to bacterial infection. Our findings indicate that there may be opportunities for beneficial public health nutrition interventions to reduce the risk of food borne illness amongst young children.

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F. Community Health

The evidence based consumer in the health environment – dilemmas in decision making for consumers and directions for decision making support

Ann Alfred

PHCRED, Department of General Practice, Flinders University, Adelaide, SA

Aim/Objective:

This poster addresses decision making by the health consumer about possible use of therapies in an environment where clarity in choice is impeded by uncertain and conflicting evidence.

Methods:

The poster represents preliminary findings of a literature review undertaken as part of a research project funded by the NHMRC, investigating the evidence based consumer, in relation to decision making about menopause and menopause therapies.

Results:

The following are the broad areas emerging through the study as critical to the investigation of decision making

- the moves towards consumer participating and ownership in decision making
- the state of “evidence” as a basis for decision making
- key factors other than evidence in decision making
- development and attributes of decision making supports

Discussion:

These areas will be expanded in the poster and will demonstrate the critical need for access to decision making support which

- contains current and reliable information for consumers
- assists consumers in making decisions based on their personal profile in for example life values and risk assessment

These findings will shape the next phase of the study, which will consult both experts and consumers in the development of a decision making support strategy.

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Informal Discussion Forum

Developing an Interagency Model for Workforce Development in the Rural Setting

Margaret Neumeister

Port Pirie Regional Health Service Inc, SA

Points for discussion:

1. How agencies have been working together well for the Mid North Mentoring Program?
2. How can we then capture the essence or key components that made working together effective?
3. How can we then develop an interagency model that can be applied to other workforce development programs in the rural setting?

Building Skills Capacity in Chronic Diseases Management in the Aboriginal Community

Sheila Neve, Michelle Baker

Adelaide Northern Division of General Practice, SA

Points for discussion:

1. Do we need to deliver health care differently to improve Aboriginal health outcomes in the northern suburbs of Adelaide?
2. What are the barriers and benefits for Aboriginal health workers working in collaboration with general practices in the north to improving health outcomes in the northern Aboriginal community?
3. In what ways can Aboriginal health workers, general practitioners and other health providers collaborate to improve health outcomes in the Aboriginal community of the northern suburbs?

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How safe are GP proceduralists working in rural hospitals in comparison to equivalent procedures performed by specialists in metropolitan acute hospitals?

Georgina Moore

Maitland Health Centre, Yorke Peninsula, SA

Points for discussion:

Aim:

Collect current data on adverse incidents and compare this data against metropolitan centres. Results of this data could be used to influence future policy on rural GP procedural work, either by confirming safety or highlighting areas of concern.

Questions:

1. How are complications defined?
2. How to identify complications for patients who present elsewhere?
3. How do we make a valid comparison?

Nutrition Training and Education for Aboriginal Primary Health Care Workers

Carmen Dadleh, Craig Edwards

Pika Wiya Health Service, Port Augusta, SA

Points for discussion:

Aim:

The aim is to develop a Nutrition Training and Education manual that is flexible and takes into account individual circumstances of Aboriginal Primary Health Care Workers. There is the need for a broad range of interactive training methods to update and increase nutrition skills and knowledge as well as to increase confidence in work performance. Nutrition Training and Education is to occur while workers are on the job and is to be based on existing Nutrition initiatives occurring in Pika Wiya Health Service.

Questions:

1. What are the best ways to evaluate existing Nutrition Health Promotion activities in Child Care Centres and Primary Schools to ensure that such initiatives can be used for on the job training
2. What are the best ways to evaluate an existing Weight Loss group in the adult Indigenous community to ensure that such an initiative can be used for on the job training?
3. What methods should be employed to evaluate on the job performance during Nutrition Health Promotion activities as part of Nutrition Training and Education for Aboriginal Primary Health Care Workers?

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Partnerships and collaboration with stakeholders in general practice research

Barbara Beacham

Primary Health Care Research & Information Service (PHCRIS),
Department of General Practice, Flinders University, Adelaide, SA

Points for discussion:

1. Which stakeholder groups have researchers had partnerships or collaborated with?
2. When did they engage in these partnerships/collaborations (stage of the research process) and why?
3. How did they engage in these partnerships/collaborations (what methods did they use)?
4. What benefits/drawbacks emerged (outcomes - intended or unintended)?
5. Did these partnerships/collaborations influence dissemination and uptake of results?

Health and Housing working together

Nadia Mastersson

Women's & Children's Hospital, Adelaide, SA

Points for discussion:

"Social Capital: Building Communities for Health" is a collaborative project between the Women's and Children's Hospital Nutrition Dept and SA Housing Trust. The project is funded for three years by Human Services Research and Innovation Program, DHS and commenced in Feb 2003.

Pilot project is based in Port Pirie and aims to improve the health of the Port Pirie community by increasing social capital. It aims to do this through building a community centre, developing activities around food and nutrition (eg vegie garden, cooking classes) and increasing community members' involvement in centre-related activities.

Discussion points could centre around;
outcome evaluation - do we try and measure social capital, or instead concentrate on impact evaluation by evaluating the objectives?
how health and housing can find common ground to work together -
what are the next opportunities?

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The psychiatrist in the General Practice Setting: A description of one model

Karen Magraith, Jane Elliott

Department of General Practice, University of Adelaide, SA

Points for discussion:

1. What are the perceived advantages and disadvantages of this model?
2. What would we need to put into place in order to evaluate this project in a prospective way?
3. How generalisable is this project to other disciplines of medicine?

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