

PHC-RED

Tri-State Collaboration Event

Research Brokerage and
Transfer in Primary Health Care

Tuesday
11 September 2007

Next Generation
Memorial Drive, Adelaide

Abstracts



Dr Margaret Scrimgeour

Course Co-ordinator, Social Contexts of Education, University of South Australia:

Keeping Research on Track: A guide for Aboriginal and Torres Strait Islander peoples about health research ethics

This NHMRC resource document aims to familiarise Aboriginal and Torres Strait Islander peoples with the key stages of the research journey. By understanding these stages it is hoped that Aboriginal and Torres Strait Island community members will be in a better position to ensure that research activity respects their shared values, needs and priorities. An overarching aim of the Keeping Research on Track document is to help ensure that the benefits from research flow to Indigenous communities.

This presentation will focus on the recent history of Indigenous health research reform in Australia and suggestions for developing and maintaining ethical and collaborative relationships between Aboriginal and Torres Strait Islander peoples and professional researchers.

Dr Rachael Humeniuk

International Coordinator WHO ASSIST Programme WHO Collaborating Centre
Department of Pharmacology University of Adelaide:

Findings of the WHO ASSIST Phase III study in an Australian primary health care setting: A 5-10 minute brief intervention (BI) for illicit drugs reduces substance use.**Objectives**

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) is an eight item questionnaire developed in 1997 by World Health Organisation (WHO) clinical researchers in response to the burden of disease caused by substance use. The ASSIST screens for problem/risky use of tobacco, alcohol, cannabis, cocaine, amphetamine-type stimulants, sedatives, hallucinogens, inhalants and opioids. It was devised for use in primary health care settings to detect problems associated with drug use which may otherwise go undetected.

Methods

Phase III was a randomised controlled trial investigating the effectiveness of a BI for illicit drugs linked to ASSIST scores in 729 international participants (Australia, Brazil, India and USA). Screening and brief interventions have proven effective for reducing risky alcohol consumption, however little information or resources are available on BI for illicit drug use. A 5-10 minute BI was developed to give personalised feedback and advice to participants recruited from a primary care setting about their ASSIST scores and associated level of risk.

Principal findings

Phase III findings from 162 Australian participants demonstrated a significant reduction in Total Illicit Substance Involvement ($F(1,160) = 14.68, p < 0.001$) and in Amphetamine-type Stimulant Involvement ($F(1,120) = 7.89, p < 0.01$) for those receiving the BI compared with participants not receiving an intervention.

Discussion

The ASSIST screening and BI is a timely and effective way of identifying and intervening with Australian primary health care clients who use substances in a risky way.

Implications for policy, delivery or practice


The findings from the WHO ASSIST Phase I, II and III studies demonstrated that the ASSIST is a feasible, reliable and valid screening instrument for use in primary health care settings across various cultures.

Dr Jennifer Baker

Portfolio Leader Teaching and Learning & Postgraduate Program Director, David Unaipon College of Indigenous Education and Research, Division of EASS, University of South Australia

The struggle to be seen as subjects not objects: abjection, subjection, race and gender issues in the representation of issues concerning violence in Indigenous communities. A very brief overview.

Understanding of the history of the Indigenous community's health concerns must include the fact that long term unemployment and loss of wages had a huge impact in making Indigenous people outcasts in white society; that cultural genocide led to widespread violence in Indigenous communities; that 'Genocide' must be used to describe their history. From this it is emphasised that the importance of establishing a time framework of today, tomorrow and the day after tomorrow; and the need for time to build support groups that work. Reports by male non-Indigenous professionals into three issues that Indigenous people have considered critical to their social and emotional well-being: violence against women; sexual abuse of children; and youth suicide, imply that Indigenous people are incapable of entering modernity. Such reports the candidate argues, not only become the basis for mainstream health policy in relation to Indigenous people, they place Indigenous health professionals in an invidious position, making it more difficult for them to implement ideas that have come from the Indigenous community. The relationship to the history of land dispossession and denial of citizenship are entirely different to the context of these problems for non-Indigenous people. They cannot be explored as generic problems of western society as many western trained health and welfare professionals would want. Such an approach has the effect of absolving white Australian society from the need to look at the wider context because it isolates the problems to specific Indigenous communities.


**David Van der Hoek**

Research Policy and Ethics Unit, Department of Health

Facilitating the transfer of research into policy and practice: the Strategic Health Research Program

The Department of Health funds health research through the Strategic Health Research Program (SHRP), a grants funding program coordinated by the Strategic Planning, Policy and Research Branch of the Department. This program has been designed with the 'end users' of research in mind: policy and decision makers, health service Managers, and practitioners across the SA health system. In the 06-07 round priorities for this program were developed around the health relevant priorities and targets under South Australia's Strategic Plan.

This presentation will expand on the model used to develop priorities under this funding program, as well as the types of projects funded thus far. The broader research policy context of the Department will be discussed, including the Research Transformation Framework, and how the design of this Framework has informed the design of the research program.



Stream A

Aboriginal, Rural and Remote Health

Franks C, Anderson G, Champion S & Stamp G

Birthing, mothering and grand-mothering – old ways and new ways: An Aboriginal research project.

Background: Senior Aboriginal women of the Spencer Gulf of South Australia approached the researchers about issues they believe have serious cultural, health and social implications for future generations. Their concerns are confirmed by strong evidence of the poorer outcomes of Aboriginal and Torres Strait Islander babies (ABS 2006). The senior women wanted to share their traditional knowledge and to engage younger women to understand about traditional (old ways) as well as contemporary birthing issues (new ways).

Aims: Working in inter-cultural research partnerships utilising the kinship network the research aimed to:

1. Explore and define traditional birthing, mothering and grandmothering practices.
2. Highlight gaps in senior and younger Aboriginal women's understandings of contemporary birthing and related issues

Method: Forty senior and younger women attended workshops in two locations. Community ethics was discussed and obtained before the following questions were explored:

- What is a grandmother?
- What is the role of a grandmother in birthing?
- What are the roles of the mother and aunties in birthing?
- What are the ways of supporting daughters and grand-daughters?
- What is working and what is not working currently?

Findings: A grandmother's role is highly respected within the family structure. Grandmothers enjoy comforting, sharing, giving advice and passing on their knowledge. This is the continuity of the grandmothers' role which is strong throughout Aboriginal and Islander communities. The grandmothers expressed concerns that some young women may be missing out on the input of grandmother knowledge. Younger women appreciated and needed the support of the grandmothers. Traditional practices that are private and public knowledge were discussed. Several issues were raised; such as caesarean birth, and pregnancy-induced hypertension that needed more two-way information sharing with mainstream services. Contemporary obstetrics was complex and much of the language was confusing and alien. Of the grandmothers present some are involved in a local birthing initiative that seeks to promote good birthing practices, both traditional and contemporary, for young Aboriginal women.

Discussion: There was a strong representation of the grandmothers' role in the workshop and the need for better two-way information sharing with mainstream services. As some of these grandmothers are already involved, the local birthing initiative this could provide a further opportunity for their input on birthing practices.

Reference: Australian Bureau of Statistics 2006. 4715.0 - National Aboriginal and Torres Strait Islander Health Survey, 2004-05. Released 11th April 2006. <http://www.abs.gov.au/ausstats/abs>



Willis K & Vnuk J

Flinders and Far North Division of General Practice – Port Augusta

Is there a role for Aboriginal Health Workers in assisting private rural GP's?

Aim: To evaluate the Aboriginal Health Worker in General Practices program in Port Augusta and Quorn.

Background:

The Flinders and Far North Division of General Practice secured 12 months funding to make available a Aboriginal Health Worker (AHW) to 6 general practices in Port Augusta and Quorn to assist with Cultural Awareness and preventative health checks for Aboriginal people, and to develop a business plan for the continued employment of a AHW..

Method:

- Quantitative data collected by AHW: number of patients recruited, demographics, types of preventative health checks, money generated.
- Surveys on Cultural Safety
- Qualitative interviews of patients, GPs and practice managers

Results:

- 75 patients recruited, 37 health checks undertaken by AHW (31 completed by GP)
- Poor knowledge in GPs and practice staff of issues for Aboriginal people and local communities
- 70% of patients felt comfortable when attending their general practice
- Uncertainty in the Aboriginal community about the value of health checks and what was involved in the process, but positive experiences after participation
- Most general practices didn't have established systems to ask patients to identify as Aboriginal, and some GPs did not see any value in this identification
- AHW very effectively assisted a number of GPs, but barriers were experienced in working with practices
- After 12 months, this program was not financially self- sustaining, but would require ongoing funding support.

Discussion:

For AHWs to successfully assist private general practices, there would need to be

- ongoing Cultural safety training for GPs and practice staff
- longer term funding
- a team of AHWs
- more community education and incentives for Aboriginal health checks
- commitment from practices
- incentives for practices to identify Aboriginal patients

Funding:

- Kath and Julia are PHCRED bursary recipients
- Assistance from Centre for Clinical Research Excellence in Aboriginal Health (CCRE) in evaluation plan and qualitative interviews
- Program funding from OATSIH, Port Augusta Hospital, Aboriginal Health Division, the Flinders and Far North Division of General Practice, participating private General Practices in Port Augusta and Quorn, and the Nurses in General Practice Program



Travers E & Newbury J

Spencer Gulf Rural Health School, Universities of Adelaide and South Australia

Evaluation of Otitis Media Clinical Support Systems Project.

Introduction: The Otitis Media Clinical Support Systems Project was an initiative of the Office of Aboriginal & Torres Strait Islander Health (OATSIH), Department of Health (DH), the Royal Australasian College of Physicians (RACP), Flinders and Far Northern Regional Health Service subsequently Country Health SA and Northern Regional Paediatric Unit. Eight Aboriginal Community Controlled Health Services made a commitment to project which involved the identification and tracking of children diagnoses with Otitis Media. The Spencer Gulf Rural Health School provided a data analysis and evaluation function which included mid point and post-project review of outcomes in line with six evaluation objectives.

Methods: Community and key stakeholder consultations included individual semi structured interviews and group discussions. Participation relied on snowballing with identification of consumers and health care workers living and working in Port Augusta, Ceduna, Coober Pedy and Yalata; including parents, health care workers, health service administrators and people working in the education system. Face to face and telephone interviews were held with current and past steering committee members. Questionnaires and group discussion questions were developed with reference to the six evaluation objectives. Hand written notes and questionnaires were transcribed and themes manually identified.

Results: Fifty six participants; 8 carers, 21 health workers, 8 education workers and 10 health service managers participated in the consultations. The four regions were similarly represented. Feedback highlighted the importance of communities developing their own health resources, cooperation of training providers to promote consistency and access, regular and consistent ear health promotions, access to staff training, information collection methods, collaborative health programs and the importance of community consultation.

Conclusions: The Otitis Media Clinical Support Systems Project was an example of collaborative health promotion and staff training. Ear care and the management of ear infection in Aboriginal communities requires consistent and cooperative strategies. Timeframes for health promotion programs should allow for the lengthy consultation and adoption of practices, eighteen months was deemed insufficient.

Moore R

Principal Allied Health Advisor

Northern Territory Department of Health and Community Services

Working towards best practice in the delivery of remote allied health services in the Northern Territory.

There is limited documentation of good practice in the areas of Indigenous health and disability service provision. In recent years, a number of good practice principles and frameworks have been developed to guide the planning, delivery and evaluation of Indigenous services. The Sharing Stories project undertaken by the National Disability Administrators in 2005, is an example so work undertaken to develop a best practice framework for rural and remote indigenous disability services. This framework identifies six elements of good practice - Community Participation, Appropriate Services, Cultural Protection, Partnerships, Capacity Building, and Sustainability. However, little is known of services providers' views and use of good practice frameworks. This paper explores the Northern Territory Department of Health and Community services remote allied health services providers' knowledge and views of the Sharing Stories framework. Participants in the study were drawn from NT Department of Health and Community Services Aged and Disability Teams providing services to remote and rural communities throughout the NT.

A group interview was carried with each team. Each participant was asked to complete an individual questionnaire. Examples of good practise in the provision of remote allied health services are presented as well as lessons learnt by remote practitioners. The paper identifies key areas of action in working towards best practice in remote allied health service provision including trans-disciplinary policy and practice, workforce planning and development, local indigenous employment and service coordination and evaluation. It is envisaged that this work will inform work currently underway to develop a remote allied health services evaluation framework. Priorities for further research, policy and service development including links with the recent review of Northern Territory Disability Services are also identified.

Giles G & Casey L

Centre of Clinical Research Excellence in Aboriginal and Torres Strait Health Research

Aboriginal Health Council of SA

Centre of Clinical Research Excellence in Aboriginal and Torres Strait Health Research, at the Aboriginal Health Council of SA

The Centre of Clinical Research Excellence (CCRE) in Aboriginal and Torres Strait Health in Adelaide was established in late 2003 through a NH&MRC grant. This CCRE is a collaboration between the Aboriginal Health Council of South Australia (AHCSA) and Flinders University. Also central to the project have been three Aboriginal Health Services from the Spencer Gulf / Eyre Peninsula / West Coast region of rural South Australia. Over recent years, several collaborative research programmes involving chronic condition management, self-management and coordinated care have been implemented in these communities and this work now forms the basis of the initial CCRE activities.

The central focus of this CCRE is the disproportionate burden of chronic health conditions that Indigenous Australians bear. Our activities build on the work undertaken by the various researchers connected to the Centre. Of particular interest is developing a self-management programme for Aboriginal patients (and their families / communities). We have three main areas of work:

- supporting relevant and meaningful clinical research, building on the work referred to in the previous paragraph
- increasing the capacity of Aboriginal health services, and the Aboriginal community more generally, to control, participate in, initiate and determine research of Aboriginal health issues
- translating research findings into policy, clinical practice guidelines, and recommendations for various parties in the community.

Our most recent development is a Certificate IV level researcher training course, accredited through James Cook University, funded by PHC-RED and being piloted by the CCRE through the AHCSA. Currently, we have 11 Aboriginal health workers, and Health Service Board and community members enrolled in the course.



Miller R^{1,2}, Stamp G², Brown S¹ & Yelland J¹

¹ Healthy Mothers Healthy Families research group, Murdoch Childrens Research Institute; ² Spencer Gulf Rural Health School

The Aboriginal Families Study: building on rural and remote community partnerships.

Background: Although much publicity surrounds outcomes for Aboriginal mothers and babies, the mothers are rarely asked their views about their maternity and postnatal care. Three large population-based surveys of mothers have been conducted in Victoria, but Aboriginal women were less likely to respond (personal communication). A similar survey is being conducted in 2008 in South Australia and Victoria - the Healthy Mothers Healthy Families Survey. A sister study - the Aboriginal Families Study - will also be conducted in 2 stages. In Stage 1 the researcher will sit down with women in communities and talk about the study. Partnerships will be reinforced and new ones developed. The community and the researcher will then be able to discuss how to do the research in stage 2.

Aim: The overall aim is to find out what rural and remote Aboriginal women think of their maternity and postnatal care in SA and to use the information to suggest changes to improve services for Aboriginal women and families.

Method: Aboriginal women live in cities, rural towns, homelands and traditional lands. Many travel between areas because of past and present family connections.

The research will use ways of working that Aboriginal women from rural and remote areas are familiar with both culturally and traditionally. This will involve guidance from the host communities themselves and the project Aboriginal Advisory group. Introductions happen via kinship and trusting partnerships develop if this process is done using the correct protocols.

Discussion: Further ideas about communicating with communities will be discussed.



Yelland J¹, Brown S¹, Bezar P^{1,2}, Baghurst P², Robinson J³, Stamp G⁴

1. Murdoch Childrens Research Institute
2. Child Youth & Women's Health Service
3. University of Adelaide
4. University of South Australia

Healthy Mothers Healthy Families Survey – A population based survey of recent mothers in South Australia and Victoria.

Having a baby is the most common reason for hospitalisation of women in Australia. Maternity services account for 9.4% of admissions to public hospitals and 10% of the recurrent costs of overnight hospital stays¹. Over recent years there has been an expansion in community-based postnatal care and services, and increasing awareness of public health issues critical to women and their families e.g. maternal and infant health, and the responsiveness of health services.

The University of Adelaide and University of South Australia are collaborating with researchers at the Murdoch Childrens Research Institute to conduct a population-based survey of women giving birth in South Australia and Victoria. This is the first time that a population-based survey of recent mothers has been conducted in South Australia. Approximately 2,800 SA women will be invited to participate in the postal survey, 5-6 months after the birth of their baby.

The study will assess women's views and experiences of care received during pregnancy, birth and the postnatal period, and investigate the impact of changing patterns in the provision and organisation of maternity and early postnatal care in both states. The survey has potential to inform policy and practice in the provision of maternity and postnatal care in South Australia and will also be used to advocate for changes to improve services for women and families. This presentation will discuss aspects of the study design in relation to primary care outcomes, the methodology, and how the findings may be translated to inform policy and practice.

1. Australian Government Productivity Commission. Review of Government Services 2005, Volume 2. January 2005.



Research Impact

Papps M, Misan G & Travers E
Spencer Gulf Rural Health School

Teaching an old dog new tricks: research for novice researchers.

The context

During twenty years as a GP in general practice, I often pondered the origins of routine data used daily but often taken for granted. How was it accumulated, how good is the evidence? I had previous acquaintance with research from my BSc honours study in 1975 but no research experience since leaving University.

The opportunity to experience a different paradigm was what attracted me to the RDP placement in Whyalla. The opportunity to learn about research, about research methods, experience research and work with experienced researchers, to develop new skills experience the rural environment, rural people and rural lifestyle were other incentives

The opportunities

The placement commenced with a period of orientation that allowed time to read about research methods, attend training workshops in library services, using library databases, introduction to research methods, computing skills, writing for publication, research ethics and evaluation methods. During the placement I also attended a national primary health care conference and a week long Aboriginal health field trip to become familiar with issues of rural and remote health and Aboriginal health issues.

I have also had the opportunity to participate in two ongoing research projects. These included a randomised controlled trial of a diet and lifestyle intervention in individuals with metabolic syndrome as well as a randomised, controlled parallel study of the effect of a functional food on ambulatory blood pressure. Research activities involved a number of research elements including volunteer recruitment, consent, clinical assessment, follow-up, study documentation, data collation, participant interviews and focus groups, giving both quantitative and qualitative research method experience.

The final phase of the placement involved the collating of results and preparation of written abstracts for a presentation at a state-wide annual PHC RED conference and the opportunity to provide lectures and tutorials to medical and nursing undergraduates and actively participate in a Journal club and local research seminars.

The benefits

It has become apparent that general practice presents a limitless laboratory in which to undertake research and thereby advance primary care knowledge. This training has provided the experience and confidence to engage in these activities which would ordinarily have been avoided or not even contemplated. In particular, my computer skills have become an obvious transferable commodity. Also the opportunity to teach nursing students and supervise medical students during their rural placement. This teaching experience is new and rewarding, and offers yet another direction for future work.

The learnings

Aboriginal cultural awareness workshops including a trip to the APY Lands were a unique privilege and rewarding aspect of my placement. Not only did this provide knowledge about Aboriginal culture generally, but it also highlighted the role of traditional healers and their complimentary role with modern medicine to facilitate a holistic approach. The Cocoa-BP study emphasized particular difficulties and dilemmas encountered in research. For example, the necessity of eliminating confounders through study design but then the difficulty this poses for recruiting participants because of exclusion criteria.

Conclusion

The skills and knowledge from this RDP create an opportunity to pursue them not only in their own right, but also incorporate them in other settings. This old dog has learnt a few new tricks.



Bowers EJ, Kalucy L, McIntyre E & Reed R
Primary Health Care Research & Information Service

Pathways to impact in the primary Health Care Research Impact Project: Insights for research transfer.

The first stage of the Primary Health Care Research Impact Project was undertaken by PHC RIS during 2006. The purpose of the first phase was to develop a feasible way to assess the impact of primary health care research. We studied the impact and the pathways to impact of four nationally funded research projects and assessed whether the Buxton and Hanney Payback Framework and data gathering methods provide a feasible method to assess the impact of primary health care research in Australia. Research methods included interviews with the Chief Investigators, interviews with a number of key informants and examination of the publications from the projects.

This presentation will focus on the pathways by which these projects impacted on their environment and the insight this can provide into how research transfer may be enhanced.

The project found that the number of peer reviewed publications was not necessarily indicative of the impact of projects. One of the projects with the highest impact had no peer reviewed publications. The strongest pathways to impact were formed by strong collaborative links, personal relationships and the involvement of practitioners, health care managers and policy makers in defining the research question and in the research processes. Good dissemination was important and all researchers presented their work many times to different audiences. Also important was the involvement of respected and credible champions, with strong links to decision making processes, and the alignment of the research findings with Government priorities and dominant ideas.



Stream B

Chronic Disease Management

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¹Spencer Gulf Rural Health School, Universities of Adelaide and South Australia SA 5005 Australia; and ²Primary Care Respiratory Unit, Discipline of General Practice, University of Adelaide SA 5005, Australia.

Establishing Australian normative data for the Impulse Oscillometry instrument: A Pilot Study.

Introduction: The Impulse Oscillometry instrument (IOS) measures respiratory function during normal breathing. Computer analysis of reflected sound waves calculates respiratory impedance and its components, airways resistance and reactance at a range of frequencies from 0.1Hz to 150Hz. The IOS software generates predicted normal values for each of the parameters measured including total airway resistance (R5), the proximal airway resistance (R20) as well as peripheral capacitive reactance (X5). However, they are based on German data. No Australian normative data exists. Our hypotheses are that our data won't be significantly different from the German data; that we will be able to produce predictive equations, and that our spirometry results for this sample will not be different to the Australian population sample previously published.

Methods: Cross-sectional study of IOS & spirometry in 132 community dwelling adults, with 10 male and females per 10-year cohort. Inclusion criteria: age range 25-74 years, apparently good respiratory health. Exclusion criteria: smokers, asthmatics and others with acute or chronic respiratory disease. Predicted normal equations will be generated using age, gender, height and weight and compared to the current published equations.

Results: Data collection is complete and statistical analysis is underway. Resistance and reactance and spirometry results will be compared with the normal range data provided by the German manufacturer of the IOS instrument. Analysis will include calculation of range, mean and algorithms for the estimation of predicted normal values and upper and lower limit of normal for each of the parameters. Draft analysis will be reported.

Conclusions: Normal values for IOS parameters generated from this pilot study appear to be similar to those supplied by the instrument manufacturer. IOS has potential application in a range of respiratory disease states and in population screening for occupational health (e.g. mining, & high dust load environments). Future studies are needed including the development of predicted normal values from a random sample of the population as well as a survey of smokers to correlate pack-years of smoking and IOS changes.

Table 1. Mean and Range of Age; Mean and standard deviation (SD) of R5, X5, and R20.

	Males	Females	Both
Age – mean	49.11	49.07	49.09
Range	25-74	25-72	25-74
R5 – mean	0.282	0.321	0.302
SD	0.080	0.077	0.081
X5 – mean	-0.077	-0.103	-0.090
SD	0.028	0.037	0.035
R20 – mean	0.235	0.282	0.259
SD	0.062	0.065	0.067

Chugg K¹, Barton C¹, Antic R² & Crockett A¹

- 1 Discipline of General Practice, School of Population Health and Clinical Practice, Faculty of Health Sciences, The University of Adelaide
- 2 Thoracic Medicine, The Royal Adelaide Hospital, Australia

Impact of Alexithymia on Asthma Patient Self-Management and Communication with Health Care Providers.

BACKGROUND and AIMS

Effective communication between primary health care providers and asthma patients is essential for asthma management. Alexithymia is a psychological trait associated with reduced ability to identify and describe physical sensations. European and U.S. studies found a greater prevalence of alexithymia amongst patients with poorly-controlled asthma, compared to well-controlled asthma patients. This project aims to investigate the relationship between alexithymia and asthma control; adherence to medication regimens; hospitalisations and asthma patient satisfaction with communication with health care providers.

METHOD

This cross-sectional pilot study will recruit 30 patients (aged 18-65 years) with diagnosed moderate to severe persistent asthma, through the Royal Adelaide Hospital (RAH). Consenting participants will complete existing, validated self-administered questionnaires to assess alexithymia, asthma control, adherence to medication regimens, patient satisfaction with communication in asthma-management consultations and psychological distress. Data will be analysed using linear and logistic regression and Pearson's correlation.

RESULTS

Recruitment began in July 2007 upon receipt of ethics approval from the RAH Research Ethics Committee. Participants are currently being recruited through the RAH Clinical Trials research database, RAH outpatients Chest Clinic and Emergency Department. Preliminary results (n=20) indicated for every one unit increase in alexithymia score, the odds of poorly controlled asthma increased by 11.0. Alexithymia contributed to 4.5% of the variation of satisfaction with communication, after adjusting for psychological distress, although this was not significant.

IMPLICATIONS

The findings will enhance understanding of the relationship between psychological factors and asthma self-management, asthma control and asthma patient communication with health care providers.

Graham L¹, Burgess T², Williams S³, Smith J⁴ & Testrow T⁵

On behalf of the Cardiovascular Disease in General Practice: An Education Module for Nurses evaluation project team.

1. Project Officer, Heart Foundation, MPH RN (Presenter)
2. Senior Lecturer, University of Adelaide MPH, RN, RM.
3. University of Adelaide, PhD.
4. Manager - Clinical Care, Heart Foundation BA, RN
5. (Past Program Manager NiGP SADI) BNsg RGN MHN

'Heart to heart' evaluation of a practice nurse education module: Building capacity for change in evidence based systematic management of CHD.

Abstract

In late 2005 the Heart Foundation, in partnership with SADI (through the Nursing in General Practice Program) commissioned The University of Adelaide to develop an education module for practice nurses (PN) – 'Cardiovascular Disease in General Practice'. This module was designed for use by Division staff to facilitate training to increase capacity of PNs for systematic management of Coronary Heart Disease (CHD).

The module was a success in regards to implementation in Divisions and created national interest. Adelaide University was therefore commissioned to undertake an extensive evaluation of the module. The evaluation explored the impact of the module on nurse's knowledge, CHD management activities including use of relevant CDM Medicare items and barriers to change.

The evaluation involved focus groups and telephone interviews with PNs over a 3 month follow up period. Results from this small scale study indicate that a lack of PN involvement in systematic evidence based management of CHD may not be related to lack of knowledge or interest but rather a complex interplay of issues; eg lack of practice capacity (eg time, GP support and systems that support effective management). This session will give an overview of the project, the results of the study and implications for future practice.

Papps M, Misan G & Pettman T
Spencer Gulf Rural Health School

Participant feedback from diet and exercise intervention in the Whyalla Shape-up for Life Study.

Background

Metabolic Syndrome is characterised by insulin resistance, central obesity, hypertension and lipid profile abnormalities. Dietary and exercise modifications appear to be the most useful management strategy. Shape up for Life is the lifestyle program involved in a randomised, controlled community –based lifestyle intervention study for people with metabolic syndrome. The project is being conducted in Whyalla, SA. This paper presents the results of focus group and face-to-face interviews with a number of study participants to evaluate their views of the lifestyle program which incorporated dietary and exercise regimes, to improve the parameters of metabolic syndrome.

Method

This study was the second phase of a study which had received ethics approval in 2006. The first phase involved participants from the first study intake and undertaken by Freeman & Mikelsons (2006). The present study involved participants from the second intake. A total of 19 participants from the intervention group of the Shape up for Life program were invited to attend the 2 focus groups. Random selection was made from every third name on an alphabetical list and contact by telephone. Informed consent was obtained prior to focus group commencement. Responses were recorded on tape-recorder and written notes. Data were formulated into descriptive and evaluative codes. Participants unable to attend focus groups were offered face-to-face interviews. Participants were asked to comment on several issues, including positive and negative aspects of their experience, suggestions for improvement, and possible long-term lifestyle gains.

Results

16 respondents (10+6) attended the two focus groups. 3 other participants were interviewed as individuals. These 19 participants represented 28.1% of the total intervention group from the second intake. In terms of the dietary component, several features were identified as positive and useful outcomes by the participants. Helpful features of the program which were identified included group motivation, dietary information sessions, food label reading, the supermarket tour, and practical healthy cooking. Further positive outcomes for many individuals were the newly acquired skills of goal-setting and problem solving. Similar general views were noted with regard to the exercise sessions. Gym availability after hours and the option of group sessions were positive features. Overall, respondents were satisfied with the trial organisation and design.

A common complaint was the feeling of motivational loss after the 16 week intervention session ceased and at also the cessation of the trial. Several individuals suggested a future review at possibly 6 or 12 months later to assess long-term gains. A small number of participants were unsatisfied with gym access despite availability due to family or work commitments. Some individuals suggested that printed notes or a handbook detailing the dietary information would be a useful addition.

Discussion

The results of this study compare favourably with the first cohort study conducted in 2006. There were similarities in terms of positive and negative feedback comments from participants, suggested changes, barriers and facilitators, and lifestyle benefits. The major finding in both studies was the importance of social contact and group motivation. The Shape up for Life project involved a significant group work component and so the use of focus group evaluation methods was considered appropriate. The group sessions generated many themes and participant feedback

Conclusion

This study highlights the usefulness of group dynamics. This social contact facilitates education and support for motivation to maintain goals for dietary and exercise objectives. Further investigation into these strategies may indicate they are transferable, and have the potential to be incorporated into other personal or professional activities.

Pickering K, Barton C & Stocks N

Discipline of General Practice, School of Population Health and Clinical Practice, Faculty of Health Sciences,
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Diabetes mellitus type 2, hypertension and asthma: management of exacerbations in Australian general practice.

Objective: To explore how general practitioners (GPs) in Australia manage exacerbations of three chronic diseases; diabetes, hypertension and asthma.

Methods:

Participants & setting: 249 GPs, 39% from rural and 61% from metropolitan general practices with 34.5% in <4 GP practices and 65.5 in >4 GP practices.

Design & instrument: Secondary analysis of cross-sectional data collected during Stage 3 of the Practice Capacity Research Project. This stage involved administration of the General Practice Clinical Care Interview (GPCCI), a validated instrument used to collect self-reported quality of care data.

Analysis: Free text information describing the actions taken when managing exacerbations were coded into four categories then analysed using SPSS. Qualitative (free text) data were content analysed with the aid of NVivo7.

Results: The most common management strategy used by GPs was 'Treatment by the GP' (diabetes (81.5%), hypertension (86.8%) and asthma (74.4%)). Many GPs did plan for or carry out further assessment (hypertension (62%), asthma (43.2%) and diabetes (37%)). GPs would more commonly refer diabetes patients (38.7%), with hypertension (20.7%) and asthma (24.4%) being comparable. For the least common strategy, 'Further assessment by another health provider' prevalence was similar (diabetes (14.7%), hypertension (10.3%) and asthma (19.3%)). Content analysis reveals that the most common management action across the three conditions involved adjustment of medications by the GP.

Conclusions: 'Further assessment' was most frequently used by GPs for the management of hypertension, probably because often they were re-checking patients' blood pressure. That 'referral' was the most common strategy for managing diabetes exacerbations could be attributed to the accessibility of diabetes educators.



Link Between Primary Health Care and Acute Care

Hillen J

PHC RED Research Fellow

Department of General Practice, Flinders University SA.

The interface between Residential Aged Care Facilities (FACF) and Flinders Medical Centre (FMC) 1999-2005: Who is being admitted?

Introduction: There is a growing body of evidence that the interface between residential aged care facilities (RACFs) and acute care presents difficulties for both the institutions and residents. Past research found that a proportion of acute admissions of residents are unnecessary and avoidable and lead to poor health outcomes. In the last decade there have been only a few Australian studies researching this aspect of health service utilisation.

Aim: To investigate the demography and clinical state of residents who were admitted to FMC over a six year period.

Method: Data was collected retrospectively from over 3300 admissions to FMC from RACFs between July 1999 and June 2005. Admission and discharge information for each patient previously collected and coded in the FMC-inpatient separation database was subsequently matched to residential aged care data collected by the Commonwealth.

Results: Over six years there were 3310 admissions to FMC from 147 RACFs across South Australia, 39% of the facilities were in the Metropolitan South Health Region and accounted for 60% of the total admissions. Of the 2130 residents admitted, over 32% had more than one admission. The average age at admission was 84 years and 31% were male. The most frequent primary diagnoses were fractured femur/pelvis, pneumonia and ischaemic heart disease respectively. Dementia was the most cited co-morbidity. There was a steady and consistent rise in the rate of admissions with a 70% increase in admissions over six years.

Discussion/Conclusion: The preliminary results show that residents are being admitted to FMC at an increasing rate for conditions that are avoidable and/or inappropriate. More work is required in this area to understand and address this phenomenon.



Mental Health

Aylward P

Crafting synergistic approaches to culturally appropriate evaluation in sensitive contexts: The Vietnamese Clean Needle Program in South Australia.

The provision of clean injecting equipment has been described as the 'classic example' of a harm reduction strategy. Australia's needle and syringe program has been operating over the last twenty years to reduce harms associated with injecting drug use. Clean Needle programs (CNP) have been shown to yield extensive health and economic benefits in Australia notably in relation to the prevention of the spread of blood borne viruses, HIV and Hepatitis C. The CNP is for many Injecting Drug Users (IDUs) the first point of contact with health services. The Vietnamese Community SA Chapter Inc has established the Hoi Sihh Committee and a CN/Peer education and support program staffed by the community to provide culturally appropriate CNP services.

Evaluations of CNP generally are highly problematic. Evaluation of CNPs for Culturally and Linguistically Diverse (CALD) groups present additional challenges which require a collaborative approach to developing culturally appropriate methodologies which will provide authentic accounts which are both useful to the community and meet the requirements of funding bodies.

This paper discusses the benefits of adopting and adapting a participatory action research approach to evaluating the Clean Needle Program service provided by the Vietnamese Community in South Australia. The evaluation approach has employed a range of qualitative methods including observation, participant observation, group interviews, in-depth and paired interviews with Vietnamese CNP service providers, Vietnamese Injecting Drug Users (IDUs) who have accessed the CNP service and Vietnamese IDUs who have not accessed the CNP service. The research was a collaborative exercise engaging the community around the issues of approach, interaction and interpretation.

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Paternal postnatal depression in first-time fathers.

Paternal postnatal depression (PPND) (depression after childbirth) experienced by new fathers has not received a great deal of research attention although a small number of studies have emerged over the last decade both in Australia and internationally. Current literature indicates men experience anxiety and depression specifically related to their experiences as a new father, and that men are at greater risk of their depression going unrecognised and untreated, as they are less likely to seek help for their mental health problems. Moreover, there is no gender specific screening instrument available that may be used by primary health professionals to assess for symptoms of postnatal depression in new fathers. More of the existing research in this area uses quantitative methods to measure the prevalence of PPND in fathers. This research project will explore the lived experiences of first-time fathers with symptoms of postnatal depression during the first six months following the birth of their baby using a Grounded Theory approach to data collection and analysis. Major themes in the data will be used to build a gender specific screening instrument to detect symptoms of postnatal depression in fathers. The presented paper will provide an overview of the proposed study, with a particular focus on the value of using a qualitative method that attends to the lived experience of first-time fathers with postnatal depression.

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A randomised controlled trial of a self help program for parent of children with challenging behaviours.

This project is investigating whether a supported parent-training program could decrease behavioural difficulties in children with challenging behaviours who were on a CAMHS waiting list. An experimental design will be employed. Inclusion criteria: children aged 2-12 years with treatable behaviour problems and motivated parents, on the waiting list at the country offices of Southern CAMHS, South Australia, and unlikely to receive CAMHS therapy within three months of study commencement. Participants will be randomly assigned to the experimental group and a waiting list control. All participants will complete the Eyberg Child Behavior Inventory at six points pre- and post- and during treatment. The experimental group will receive the "Your Defiant Child" book (Barkley & Benton, 1998) and a weekly phone call with a Primary Health Care Professional for 10 weeks to guide parents through the steps of changing their child's behaviour. The waiting list control will receive no intervention, as was the standard practice at the CAMHS country sites. Pre- and post-treatment data for both groups will be statistically analysed for changes in children's behaviour over time and differences in treatment effect. The methods and current progression of this study will be discussed.


Kurtin M¹, Barton C¹, Edwards J², Winefield T³¹ Discipline of General Practice, School of Population Health and Clinical Practice, Faculty of Health Sciences, The University of Adelaide.² Centre for Regulation and Market Analysis, University of South Australia.³ School of Psychology, University of South Australia.***The Mental Health of Adolescents in Rural South Australia: Perspectives of Human Service Providers.***Introduction

Prior research indicates that between 14-20% of Australian adolescents have a mental health problem. International research has claimed that adolescents growing up in rural communities face particular risks to their mental health. This study explores the influence of 'locality', and in particular, 'rurality', on management of mental health problems experienced by adolescents living in rural areas of South Australia. The current study considered the important role of allied and primary health care providers, and their perceptions of the mental health needs of adolescents in their area.

Method

Four focus group discussions and three interviews were conducted with 27 allied health providers working in the Eyre Peninsula, Spencer Gulf and Limestone Coast regions of South Australia. Semi-structured telephone interviews were also conducted with eight general practitioners and three Victorian health workers. Discussions were digitally-recorded and transcribed verbatim. Thematic analysis was performed to identify emerging themes which were then reviewed by two experienced qualitative researchers.

Results and Discussion

Ninety themes were identified and subsequently categorised into five key areas: Community and Society Factors; Occupational Factors; Service Delivery and Utilisation; Youth Issues; and Indigenous Culture. Significant gaps in mental health service delivery were identified. Results also indicated that better utilisation of current resources was more of a concern, compared with a lack of resources per se. This study provided a unique opportunity for rural allied and primary health care providers to discuss issues arising as part of their work and in their communities. The discussion proved beneficial in providing evidence of areas where practice could be improved.