Sixth Tasmanian Annual PHCREDS Symposium

'Getting it out there'

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ABSTRACT BOOKLET

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# Table of Contents

**Opening Plenary** ................................................................. 1  
Getting it out there: Dissemination for knowledge and change ......................................................... 1

**Session 1** ............................................................................... 2  
Training in Evaluation-does it change practice? ............................................................................... 2  
Arts and Health – What do we know about evaluation ..................................................................... 4  
Engaging local communities in data collection of primary health care service: a spatial analysis case study in the Meander Valley, Tasmania ................................................................. 5

**Session 2** ............................................................................... 6  
Nurses’ perceptions of safety climate and its relationship with reporting medication error - is Qualitative Comparative Analysis (QCA) a potential method of data analysis? ................................. 6  
Screening for physical inactivity in general practice – do GPs have the tools to do it? ..................... 7  
Rural GPs and Resilience: A qualitative study................................................................................ 8

**Session 3** ............................................................................... 9  
Smoke free work site evaluation ..................................................................................................... 9  
How cardiac patients who smoke perceive and make use of smoking cessation advice and support from their GPs............................................................................................................. 10  
‘Anecdotes and Evidence-Developing equitable alcohol, tobacco and other drugs (ATODs) use services to support Aboriginal community efforts to address and respond to ATODs issues.’ ..... 11

**Session 4** ............................................................................... 12  
Sound Based Intervention in Children Aged 3-5 with Sensory Defensiveness-A Pilot Study ......... 12  
Mapping the experience of engagement: Refugee women in a new community ............................ 13  
Decision making capacity by people with chronic kidney disease in the preservation of kidney health ............................................................................................................................................ 14

**Session 5** ............................................................................... 15  
“Allow me to reach my full potential.” Self-determination and its applicability to people living with disability .......................................................................................................................... 15  
The impact of the rural socio-cultural context on the dementia experience ..................................... 17  
Cancer patient journeys in rural Tasmania ...................................................................................... 18

**Session 6** ............................................................................... 19  
A review of parenting programs in Southern Tasmania ..................................................................... 19  
Deliberate Self-Harm in Rural and Urban Adolescents .................................................................. 20  
The Active Cognitive Enhancement Programme – use it or lose it (or use it and hide it) ........... 21
Opening Plenary

**Title**

*Getting it out there: Dissemination for knowledge and change*

**Author/s**

Associate Professor Ellen McIntyre (OAM)

**Institution**

Primary Health Care Research and Information Service

**Presenter:**

*Associate Professor Ellen McIntyre (OAM)*

**Discussion**

Dissemination is critical if research is to generate knowledge and change. Dissemination for knowledge is achieved through publications such as journal articles and books. Dissemination for change involves developing messages from research and communicating them to targeted groups in a way that encourages them to use these to generate change.

This presentation will focus on key issues of dissemination to help you decide how best to disseminate your research to have these effects. It will cover how research is used, the impact of attitudes and emotions of the end user, how to plan your dissemination, and features that will make the message have more impact. A range of dissemination methods will be discussed with a focus on their benefits and limitations.
Session 1

Title

*Training in Evaluation-does it change practice?*

Author/s

Dorothy McCartney

Institution

Population Health DHHS

Presenter: Dorothy McCartney

Objectives

In 2008-2009, five two-day Advanced Evaluation and Planning courses were run through Population Health. A total of 89 health workers attended from a range of agencies. Their roles encompassed policy, service delivery, program management and implementation.

The purpose of the evaluation of the courses was to:

- Examine if providing Advanced Evaluation courses is an effective way of building evaluation capacity in DHHS, the community sector and other agencies.
- If the evaluation training has been to useful to participants in their workplaces
- What further support is required to enhance participant’s capacity to undertake evaluations?
- Use the evaluation results to inform future directions for training in evaluation
- Ascertain support needs of participants
- Use results for advocacy to lobby for a greater investment in evaluation by other agencies, community sector and other areas in DHHS
- Examine if having an Evaluation Community of Practice and a Wiki website is an effective support for participants after the course

Process and short–term outcome evaluations were conducted to determine the reach, performance and outcomes of the evaluation training.

Methods

The courses held in June 2008 were evaluated using a post-course paper evaluation form administered at the course (94% response rate) with a follow-up on-line survey 6 months after completion of the course (60% response). The courses held in March 2009 were surveyed on-line one month after completion of the course (93% response).
Results

- Fifty-eight percent (58%) of the surveyed 2008 participants had changed their practices around evaluation 6 months after course completion.
- Six months after the course participants identified major barriers to doing evaluation were lack of time and lack of specific funding to do evaluation while minor barriers were lack of interest from management and lack of interest from workmates.
- The most commonly used evaluation tools by participants in their practice were evaluation plans, program logic, and surveys.
- Ninety-six percent (96%) of participants were interested in further training. Of the 2008 participants surveyed 6 months after the course, 42% had attended additional training.
- Having access to resources such as templates and websites and more opportunities for further training and meetings were deemed as useful support strategies.

Conclusion/Discussion

- Providing training in evaluation is a useful strategy for encouraging the use of evaluation in the workplace.
- There was strong interest from across the health sectors providing valuable networking and learning opportunities.
- Course participants indicated they were planning to or were already using their acquired knowledge and skills to assist with the evaluation of a wide diversity of programs in the next 6-12 months. The provision of evaluation courses builds the capacity of the workforce to do evaluation and does impact directly on evaluation of health programs and services in Tasmania.
- Although management are willing to send staff to evaluation training and appear supportive of evaluation, there is insufficient practical support for practitioners back at their workplaces. There needs to be a greater investment in evaluation by organisations.
- The development of the Evaluation Community of Practice which resulted from the 2008 course has the potential for providing support for evaluation practitioners in their workplaces, however it needs to be strengthened and promoted in order to be useful.
Title

Arts and Health – What do we know about evaluation.

Author/s
Leigh Tesch

Institution
Researcher Development Program, PHCRED, Menzies Research Institute

Presenter: Leigh Tesch

Objectives
This paper will present findings from an investigation into how arts and health programs evaluate their effectiveness.

Methods
A literature review was undertaken to examine the use of evaluation processes in arts and health projects. Information was gathered from a search of published programs or projects that had both an artistic and a health outcome. Each article was investigated for its evaluation plan, design, data collection methods and tools used.

Results
The analysis of information considered trends and themes of evaluation across different populations and settings, as well as common tools, methods, and frameworks for evaluation. The findings report a wide variety of approaches to evaluation in the arts and health field, with many projects using a range of evaluation processes. The use of questionnaires was the most common evaluation tool.

Conclusion/Discussion
The findings of this literature review point to the importance of clear purpose and good planning for evaluating projects. A number of interesting models and tools for evaluation are emerging, in particular, the use of storytelling to gather evaluation data. This presentation will consider the findings and discuss implications for improving evaluation practice in the field of art and health.
Title

Engaging local communities in data collection of primary health care service: a spatial analysis case study in the Meander Valley, Tasmania

Author/s

1Quynh Lê, 2Stuart Auckland, 3Annette Barrett, 4Lester Jones, 5Lawrie Donaldson, 6Andrew Harris

1,2,5,6 University Department of Rural Health, University of Tasmania
3Westbury Community Health Centre, Westbury, TAS 7303,
6Deloraine District Hospital

Institution

University Department of Rural Health

Presenter: Lawrie Donaldson

Objectives

This paper is based on a current research project involving data collection from different localities within a rural municipality in Tasmania. The paper is aimed at summarising strategies and activities employed in engaging the community in the data gathering processes. It will highlight the strengths and weaknesses of each approach.

Methods

A survey was developed to collect information on physical health and wellbeing and service utilisation from residents in the Meander Valley municipality, in Tasmania. A range of different strategies and activities were used to work collaboratively with local communities to ensure an optimal response rate from rural communities.

Results

The results indicated that engaging local communities in data collection enhanced collaborative skills of the research team; afforded excellent interaction between researchers, community advocates and local distributors; and promoted understanding of community networks and social norms. It also yielded a high survey response rate.

Conclusion/Discussion

In population health, data collection presents a great challenge for researchers; particularly when it involves participants from rural communities. There are many factors which account for poor responses from these communities such as isolation and poor motivation, limited access to and knowledge of information technology, coupled with general discomfort with the traditional modes of data collection. In turn, this may discourage researchers from involving residents of rural communities in such studies. As a result healthcare professionals, administrators and policy makers alike may struggle to identify appropriate evidence from which to plan health programs for rural and remote communities.

Data collection in the context of rural communities therefore requires innovative strategies that fully engage them in the process of data collection. In this sense they are active participants in the process, not simply a “third party” for subject recruitment. This paper shows that innovative and purposive rural and remote engagement strategies produce significant results, particularly in relation to a high rate of returned questionnaires. Added benefits include network enhancement within communities, capacity building in collaborative researching, and a deeper understanding of the local communities in terms of their interactive communication processes, values, collective spirit and ways with living.
Session 2

Title

Nurses’ perceptions of safety climate and its relationship with reporting medication error - is Qualitative Comparative Analysis (QCA) a potential method of data analysis?

Author/s
Debra Carnes

Institution
University Department of Rural Health

Presenter: Debra Carnes

Objectives
This paper presentation will discuss the potential of QCA as a means of data analysis of a research study into the relationship between rural nurses’ perception of reporting medication error, error severity and safety climate.

Methods
This presentation will briefly discuss how QCA could be used as a potential data collection method to assess how nurses in rural settings perceive that organisational culture may impact on medication error. Whilst QCA is a methodology itself, the paper presentation will outline key features of the method and how the analysis may potentially be applied to data collected through a descriptive statistical survey.

Results
This is a work in progress. Hypothetical ‘truth table’ analysis (a feature of QCA) will be presented.

Conclusion/Discussion
QCA is a potential methodology for assessing how nurses in rural settings perceive that organisational culture may impact on the reporting and disclosure of medication error.
Title

Screening for physical inactivity in general practice – do GPs have the tools to do it?

Author/s
Tania Winzenberg, Kelly Shaw

Institution
Menzies Research Institute

Presenter: Tania Winzenberg

Objectives
The accurate identification of physically inactive patients is essential for targeting promotion of physical activity (PA) in general practice. It is unclear what is the best assessment method to use. We aimed to compare classification of patients by whether or not they meet recommended PA levels using:

1. GP’s usual assessment
2. a brief assessment tool (Lifescripts)
3. the combination of (1) and (2), and
4. steps/day.

Methods
Thirteen GPs were randomly allocated to perform either their usual PA assessment, or this with Lifescripts on consecutive patients. We measured patients’ PA by Actigraph GT1M accelerometer over 1 week, including steps/day. We calculated agreement, kappa specificity, sensitivity, positive and negative predictive value (PV) and receiver operating curve (ROC) characteristics for each assessment method, compared to accelerometer classification as the gold standard.

Results
Data from 29 patients were included. Agreement between subjective assessments and accelerometry was modest, but highest for GP’s usual assessment (73%, kappa 0.47, p=0.03). The area under the ROC curve for GPs’ assessment without Lifescripts was 0.56 (95% CI 0.04-1.00) and for GPs own assessment alone was 0.75 (95% CI 0.52-0.98). However, even GP’s usual assessment without Lifescripts did not have satisfactory specificity (67%) or positive PV (63%). In contrast, steps/day using a cut-off of 7500 steps/day maximised the area under the ROC curve at 0.91 (95%CI 0.82, 1.00), 19.2% greater than for GP’s usual assessment overall (difference approaching statistical significance with p=0.069, n=23). Specificity was 82%, specificity and negative PV 100% and positive PV 80%.

Conclusion/Discussion
Self-report is a poor method to identify physically inactive patients. Using Lifescripts reduces rather than improves assessment accuracy. The alternative of steps/day provides superior results and satisfactory performance. However, these results should be confirmed in a larger study using low-cost pedometers more feasible for general practice use.
Title

*Rural GPs and Resilience: A qualitative study*

**Author/s**
Patricia Aitken

**Institution**
University of Tasmania

**Presenter:** Patricia Aitken

**Objectives**
Australia is facing a dilemma with regard to sustaining a rural General Practitioner workforce. The higher workloads and longer hours associated with rural practice, combined with less hospital and specialist support in comparison to urban settings, discourage medical graduates from taking up rural practice. In order to gain an understanding of what contributes to the successful rural doctor experience, the present study explored the subjective experience of ten General Practitioners in rural North West Tasmania who have been peer-nominated as functioning in a resilient manner.

**Methods**
The research investigated psychological wellbeing and wellness promotion practices through a mixed methodology of phenomenological qualitative research and psychological measures.

**Results**
The quantitative results conveyed that the participants were as resilient and mindful as the general population. The qualitative data, however, revealed a model of resilience incorporating the domains of positive belief systems, proactive behaviour, personality attributes, connectedness and positive affect.

**Conclusion/Discussion**
It was found that a super ordinate paradigm of positivity provided a cohesive rationale for the complex interplay of positive attributes conveyed by all participants. Further research is suggested to explore the significance of positivity as a factor of resilience in rural medicine, particularly with regard to recruitment and retention of rural doctors.
**Session 3**

**Title**

*Smoke free work site evaluation*

**Author/s**

Gretchen Long

**Institution**

NESM Hospital

**Presenter:** Gretchen Long

**Objectives**

NESM Hospital Scottsdale became smoke free on May 31st 2008. This was a very important public health initiative for patients, hospital employees and the broader community. The aim of becoming smoke free was to prevent staff, patients and the community from involuntary exposure to environmental tobacco smoke and to promote health and well being. 12 months post implementation staff perceptions of compliance with the policy, perceptions of the influence of the policy on smoking behaviours and perceptions of satisfaction with the policy were evaluated.

**Methods**

A qualitative approach, drawing on focus groups was employed, their descriptive nature and the group interaction facilitates and produces useful data and insights.

**Results**

Participants highlighted what an extraordinarily emotive issue this is, although fundamentally an issue of preventative health, clearly this is not the view of most staff who perceive discrimination and unfair treatment as being the main concerns to address.

**Conclusion/Discussion**

The evaluation raises serious questions relating to recognition and understanding (that)

- The health site is to promote health and wellbeing
- There is no safe level of tobacco usage
- Smoking (active & passive) has been identified as a major public health issue in causing or contributing to mortality and morbidity.

Clearly reaching a common ground is essential however there is no answer palatable for everyone. Future activities in this area need to support change, change which further enhances the health and wellbeing of Tasmanians.
Title

*How cardiac patients who smoke perceive and make use of smoking cessation advice and support from their GPs*

Author/s

Dr Emily Hansen  
Professor Mark Nelson

Institution

Menzies Research Institute

Presenter: Emily Hansen

Objectives

We conducted two linked qualitative studies to explore understandings of smoking and heart disease, smoking cessation strategies and views about the role of health professionals in smoking cessation among smokers who had been hospitalized because of an acute coronary event (ACE). The first study focused on ongoing smokers, the second on people who successfully quit.

Methods

Participants were recruited from a list of ACE patients admitted to the Royal Hobart Hospital (RHH) in 2005. They were listed as smokers at the time of admission. They participated in a semi-structured interview. Interviews occurred in 2006 and 2007. Ongoing smokers also completed a ‘stages of change’ questionnaire about their readiness to quit smoking. Interviews were audio-recorded and fully transcribed. Interviews data was analysed using a thematic and a narrative analysis.

Results

Fourteen quitters and twenty-one ongoing smokers were interviewed (however, only 18 smoker’s interviews were successfully recorded and transcribed). Major themes related to how participants spoke about the role of health professionals in particular their GPs were identified. Topics include, receiving advice to stop smoking, feeling stigmatized, receiving advice on smoking cessation and supports such as nicotine replacement therapy or medications, how even apparently committed smokers might actually want to quit, anxiety, depression and smoking, and how doctors support sustained quitting through positive reinforcement.

Conclusion/Discussion

This presentation is aimed at practitioners and focuses on findings that may be helpful for practitioners who treat cardiac patients who smoke. Smoking cessation is the most effective method of secondary prevention for these patients. Our research contributes to a better understanding of the challenges faced by this group of patients when they try to stop smoking.
Title
‘Anecdotes and Evidence-Developing equitable alcohol, tobacco and other drugs (ATODs) use services to support Aboriginal community efforts to address and respond to ATODs issues.’

Author/s
Cheryl Mundy

Institution
MPH, Aboriginal Policy & Liaison Officer, Policy Unit, Alcohol & Drug Service, Statewide and Mental Health Services

Presenter: Cheryl Mundy

Objectives
The Department of Health & Ageing (DoHA) provided funds for the Department of Health & Human Services (DHHS) to commission a review of the needs of the Tasmanian Aboriginal community in response to alcohol, tobacco and other drugs issues through and Aboriginal Issues Scoping Project.

Methods
The Aboriginal Issues Scoping Project was undertaken by Janine Combes (Community Focus) and Romy Winter on behalf of the DHHS. The Tasmanian report, “The needs of the Tasmanian Aboriginal Community in response to alcohol, tobacco and other drugs use issues” was provided in September 2008. A literature review was conducted to identify best practice examples of “models engaging Aboriginal community members in early intervention in relation to alcohol, drug and tobacco use.” Interviews were held with individuals and groups including “consumers/community representatives, service providers, Aboriginal community based organisations, non government service providers, government services, peak bodies and other interested groups”.

Results
The Tasmanian report identifies gaps in services and highlights Key Areas where action is required “to ensure that Aboriginal people can gain the support they may need to address alcohol, tobacco and other drugs use issues.” Ten recommendations from the report endorsed by the DHHS Aboriginal Issues Scoping Project Steering Committee in 2008 provide broad planning links for further development into strategic actions. The Four Key Areas for Action are described in the Report:

- Workforce Development
- Proactive Relationship Building
- New Models of Service Delivery
- Early Intervention

Conclusion/Discussion
“International research suggests that local strategies have the greatest potential to be more effective when complementary strategies seek to restructure the total drinking environment and are more likely to be effective than a single strategy”(WHO, 2003). The model of service delivery given the greatest support during the issues scoping is a model where workers engage with Aboriginal people in their homes or in community settings. A tiered service delivery model has been developed for service responses in Tasmania along a continuum of primary, primary & secondary, secondary and tertiary services.
Session 4

Title

**Sound Based Intervention in Children Aged 3-5 with Sensory Defensiveness-A Pilot Study**

**Author/s**
Victoria Hickman, Bradley Birleson & Cilla Travers

**Institution**
Occupational Therapy North West Area Health Service

**Presenter:** Victoria Hickman

**Objectives**
Two objectives have been set for this study. The first is to investigate whether sound based intervention produces an effect in children aged 3-5 with sensory defensiveness. The second objective of this study is to then investigate whether a reduction in sensory defensiveness (if identified) translates into increased activity & participation in activities of daily living.

**Methods**

**Participants:**
10 children aged between 3 and 5 who have been diagnosed by an Occupational Therapist as having Sensory Defensiveness will be included in this study. Participants may also have been diagnosed with Autism, Aspergers Syndrome or Pervasive Developmental Disorder. Children diagnosed with hearing impairment or childhood mental illness will be excluded. Informed consent of all parents of participants will be obtained prior to participation in the study. Recruitment will be via the North West Occupational Therapy Service based at Devonport Community & Health Services Centre and the North West Regional Hospital.

**Procedure/Design:**
The design selected for this study is a Single Subject ABA Design. Baseline Data will be collected at the beginning of the study using The Sensory Profile Parent/Caregiver Questionnaire (Dunn, 1999), the Canadian Occupational Performance Measure (Law, Baptiste, Carswell, Polatajko & Pollock 2005) and the Goal Attainment Scale. The treatment implementation (Therapeutic Listening Program-Frick & Young 2009) phase will run for 12 weeks. At completion of the treatment phase the treatment will be withdrawn and outcome measures reassessed 12 weeks after this withdrawal.

**Outcome Measures:**
The outcome measures selected for this study assess both body function and activity and participation levels in line with the World Health Organisations International Classification of Functioning, Disability & Health (2001). The outcome measures include The Sensory Profile Parent/Caregiver Questionnaire (Dunn, 1999), The Canadian Occupational Performance Measure 4th Edition (COPM) (Law, Baptiste, Carswell, Polatajko & Pollock 2005) and the Goal Attainment Scale (GAS).

**Results**
Not Yet Available

**Conclusion/Discussion**
Not Yet Available
Title

*Mapping the experience of engagement: Refugee women in a new community*

Author/s
Martin Harris, Nevenka Alempijevic

Institution
University Department of Rural Health (UDRH)

Presenter: Nevenka Alempijevic

Objectives
This qualitative investigation builds upon existing frameworks established by the local partnership project Active Launceston. A community activity program targeted recently arrived refugee women and successfully provided skills and competencies to the small group that participated. This investigation examined the experience of engagement for refugee women in a new community; especially those things that:

- Help and support engagement;
- Are barriers to engagement;
- Help participation in activities;
- Identify culture-specific needs for engagement;
- Help us understand the connection between belonging and well-being; and
- May provide a plan for others to follow.

Methods
This PHCRED project examined this experience using a qualitative framework of interviews and consensus group. Data explored using thematic analysis.

Results
Data still being analysed, but early indications are that the transition experience is a cyclic one and that the trajectories for well-being can be mapped and discussed.

Conclusion/Discussion
The literature surrounding the transition experiences of dislocated communities suggests that participation in a new community is difficult. The theories of transition suggest that four stages are important (preparation, encounter, adjustment and stability). The specific tasks at these stages are less clear and this project provides an opportunity to describe the characteristics and processes experienced by a marginalised group within our community. This has been achieved by identifying the particular pathways that allow them to be a more connected and supported community group. It has the potential to provide a model for future work in other similar communities, and the development of timely and targeted interventions.
**Title**

*Decision making capacity by people with chronic kidney disease in the preservation of kidney health.*

**Authors**

Sandra Campbell,  
Associate Professor Judy Sankey  
Associate Professor John Field  
Dr Michelle Woods

**Institution**

School of Nursing & Midwifery, University of Tasmania

**Presenter:** Sandra Campbell

**Objectives**

This proposed study is firmly situated within Strategic Objective 1 of “Leading the Way: Tasmania’s health professionals shaping future care” (2009) in valuing the patient experience. The aim of the proposed study is to determine where people with CKD access information related to their kidney health and the decisions they make based on the information provided. One focus of the study is to illuminate the significant social interactions that people with CKD have with health professionals including nephrology nurses. Significant work within the nephrology community has been undertaken to create guidelines that enable the smooth transition of people with chronic kidney disease to dialysis and transplantation therapies. However, evaluation from the perspective of the consumer into the effectiveness of these guidelines has been extremely limited.

**Methods**

Using a synthesised version of Grounded Theory methodology (Chen & Boore 2009), I propose to interview a selection of people over a 12 month period with a diagnosis of chronic kidney disease who reside in the Sydney metropolitan area. The initial interview will be a face to face taped interview to ascertain the thoughts and feelings of the person when they initially became aware that they had a kidney health problem. Subsequent taped interviews are planned to be held via the telephone, during the 12 month interval, as close as possible (within a one to two day period) to each contact or conversation that person has with a health professional about their kidney health. The semi-structured questions will focus on who the person with CKD had contact with, what issues were discussed, what decisions are now made with the information and why is that decision chosen.

**Results**

Potential outcomes of the study will be:

1. The development of a substantive middle range theory that will explain the social processes of clinical decision making capacity by people who have CKD in the preservation of their own kidney health.
2. To provide an empowering voice to people with CKD in their decision making capacity.
3. Identification of the health promotion opportunities of people with CKD to better access to kidney health related information.
4. Provide nephrology health professionals with a framework to guide people, who develop CKD in the future, to better access information in the preservation of their kidney health.

**Conclusion/Discussion**

This paper outlines the proposed preliminary research plan to qualitatively investigate the decision making capacity by people with CKD in complex health care decisions.
Session 5

Title

“Allow me to reach my full potential.” Self-determination and its applicability to people living with disability.

Author/s
Jane Wardlaw

Institution
University Department of Rural Health

Presenter: Jane Wardlaw

Objectives
Self-determination is embedded in contemporary neoliberalism whereby individuals and their communities are considered best placed to create their own futures and respond to change if provided with the tools and means to do so (McKenzie 2003).

The author’s value position is that People Living With Disability (PLWD) are the natural authorities over their own lives, just as people living without disability are.

This research investigates the published literature to define the principle of self-determination including its applicability and value to (PLWD).

Methods
The literature review explored the meaning and practice of the principle of self-determination across categories such as international political contexts, regional development, social work and developmental disabilities.

Further, it analysed the principle of self-determination and its applicability to PLWD in Europe, United Kingdom, USA, Canada and Australia.

124 documents were analysed to identify enablers and inhibitors for a PLWD to have self-determination.

Results
Self-determination is generally defined in the literature as the authority of the PLWD to have ownership, control and choices over decisions to shape their own lives to ensure meaningful participation in society or authentic citizenship.

To be self-determining requires capacity (how decisions are made) and means (tools and structures).

System control and social marginalization inhibit PLWD to have meaningful self-determination.

The author is developing a measurement scale of self-determination to analyse national and international policy frameworks and programmes as they apply to PLWD.
**Conclusion/Discussion**

All people, regardless of their ability have some level of self-determination.

An ideal system is one which offers choices for PLWD to decide how they wish to live their own lives eg: self-directing individualised funding and/or agency-directed supports and/or both.

People living with disabilities are citizens of society and since de-institutionalisation have been living 'in' the community. Being a part 'of' community requires a community development framework to address the identified inhibitors of self-determination for PLWD such as; social exclusion, discrimination, access to assistive equipment, buildings and administering personal supports.

To achieve self-determination, PLWD must be acknowledged and included as a 'relevant community of interest' in shaping policy, and decision-making processes.

A community development framework that values meaningful inclusion is an ideal structure to support PLWD to be self-determining.
Title

The impact of the rural socio-cultural context on the dementia experience.

Author/s
Dr Peter Orpin

Institution
University Department of Rural Health

Presenter: Dr Peter Orpin

Objectives
To use both the academic and ‘grey’ literature to explore how the rural context shapes the dementia experience for both the person living with dementia and their carer(s)

Methods
The study employed a broadly inclusive non-systematic literature search using both Cross-search and Google Scholar, beginning with the keywords ‘rural’ and ‘dementia’ and expanding out from those using author and citation tracking.

Results
The study found a small body of published material specifically addressing rural dementia but a wider body of general rural health and rural mental health literature that spoke indirectly to the issue.

The literature strongly suggests that the rural socio-cultural environment in general, and rural narrative and mores around stoicism and self-sufficiency in particular, impact negatively on the dementia journey by delaying diagnosis and reducing help-seeking.

Conclusion/Discussion
Context is crucial in understanding disease trajectory and experience and needs to be taken into account when formulating policy and designing and planning services
Title

Cancer patient journeys in rural Tasmania

Author/s
A/Prof Sue Kilpatrick Director
Jess Whelan
Rob Rickard

Institution
University Department of Rural Health.

Presenter: Rob Rickard

Objectives
This paper looks at the "journeys" of rural Tasmanian cancer sufferers and their carers, exploring the notion of cancer care and treatment as a journey. For rural clients this journey is more complex because of the need for travel to access both diagnosis and treatment. The study looked at the barriers and enablers to the journey of the cancer sufferer and their carers.

Note in this study the “journey” covers all the non medical aspects of the treatment. It encompasses the expected issues such as transport to treatment through to diverse issues such as support for children while attending treatment.

Methods
This study was a small exploratory qualitative pilot. It was supported by the Cancer Council of Tasmania, a non government care organisation in Tasmania, to better understand how some of the issues associated with rural cancer patients and their access to and experience of support services and care.

The project utilised the qualitative method of in-depth semi structured interviews of three cancer sufferers, two female and one male. Thematic analysis was used to examine and seek to explain what emerged from the interview data, identifying emerging issues and categorising them into themes.

Results
This study found five significant areas of concern on the journey of cancer sufferers in rural Tasmania; travel and accommodation; information and the timing of its provision; bureaucracy and inflexibility; coping with stress and anxiety, support from family friends and the community.

Conclusion/Discussion
This study showed five key themes related to the rural cancer journey. Whilst analysis of the barriers and enablers had to be broken down the reality was that they often overlapped, indicating that the notion of cancer journeys involved inherent barriers and enablers that were contextual and ever changing.

The key barriers in the cancer journey of interviewees was the need to travel for treatment, however it was total accepted that this was an unavoidable part of treatment. It was the bureaucracy, often complicated by poor communication skills, that was seen as the main barrier.

The proximity to family and the close nature of the rural community appear to have made-up for much of the lack of local of services, to the point where none of the participants could pinpoint services that that were unavailable in the area.

The complexity of the treatment journey affected how much participant felt that they needed help to navigate the system. It was those interviewees that had complex journeys that stood to gain the most from a navigator.
Session 6

Title

A review of parenting programs in Southern Tasmania - Preliminary Findings.

Author/s
Dr Nicola Beamish

Institution
University of Tasmania, Discipline of Psychiatry

Presenter: Dr Nicola Beamish

Objectives
To explore the issues that affect service providers in the Family Support and Early Years Sector in relation to the provision of group parenting programs. The focus was on information about effectiveness, accessibility, acceptability and sustainability of programs. The involvement of policy makers from the outset aimed to ensure questions they had about the sector were the focus of the study. The end point of the study is a report back to those in policy and in managerial positions in the sector.

Methods
This was a mixed method study. Discussions with policy makers informed the development of a survey. The survey, gathering quantitative and qualitative data, was administered to managerial staff in agencies in the sector. Semi structured interviews questions were developed based on survey data. Focus groups were carried out with staff running parenting programs from purposively selected agencies. A thematic analysis was undertaken of the focus groups and all data reviewed under thematic headings. A report has been prepared for the funding body of this study (The Tasmanian Early Years Foundation). This will form the basis of a policy document.

Conclusion/Discussion
Despite sufficient information about the efficacy of parenting programs worldwide, there is a lack of focus in the sector on evaluation, particularly outcome evaluation of parenting programs. Funding processes and policy frameworks, for some programs, impeded the development of good evaluation processes. The participants of this study were aware of the need to target diverse and disadvantaged parents and have an ongoing focus on achieving this. However a lack of long term funding for many programs impeded agencies ability to develop accessible programs. Despite a clear aspiration within the sector to work together to deliver programs, actually achieving this was difficult. Recent changes in the Family Services Sector have significantly changed the way some agencies are resourced. While the change has potential long term benefits for the accessibility of services across the sector, it has resulted in some significant short term problems which exacerbate accessibility issues and have damaged some interagency relationships.
Deliberate Self-Harm in Rural and Urban Adolescents

Author/s
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Presenter: Alison Archer

Objectives
Australian and Tasmanian research into deliberate self-harm (DSH) behaviour has failed to clarify the prevalence of DSH behaviour in urban compared with rural school settings. The aim of this study was to investigate DSH in rural and urban populations in southern Tasmania.

Methods
One hundred and six participants completed the Deliberate Self-Harm Inventory to ascertain levels of prevalence. From these results, 70 adolescents from rural and urban backgrounds were selected to complete an emotional Stroop color-naming task including DSH and neutral words as stimuli. In addition, the participants completed a battery of questionnaires measuring personality and behaviour traits.

Results
As expected, those who engaged in self-harming behaviour attained high scores on questionnaires relating to depression and impulsivity, low scores on self-esteem, and indicated difficulties on emotion regulation and affective behaviour questionnaires. Contrary to predictions, DSH was more prevalent amongst urban than rural adolescents and more common in females than males. The use of the emotional Stroop task in assessing attentional bias and cognitive processing underlying DSH failed to elicit differences between the groups in accuracy and reaction time.

Conclusion/Discussion
While the current research was inconclusive due to a small rural sample size it does provide a basis for further research into DSH in rural populations. Implications regarding awareness and education of DSH behavior are discussed.
Title

_The Active Cognitive Enhancement Programme – use it or lose it (or use it and hide it)_

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**Objectives**
1. Improved cognition in participants and reduced risk of developing Alzheimer’s.  
2. Delay in onset of Alzheimer’s in participants, 5 year delay would lead to a 50% reduction in new cases per annum.

**Methods**
1. Development of group programme. 2 hours per week for 10 weeks. 2 facilitators per group, approximately 20 participants per group.  
2. Recruitment through local media both in Tasmania and NSW. Participants are excluded if actively suffering dementia. Other exclusions based on risk factors that may decrease cognition.  
3. Telephone and later pre-programme screening of applicants.  
4. Pre and post testing of applicants. Post–testing at 3 monthly intervals for up to 1 year.

**Results**
1. Promising results so far with Source memory test, EEG and self–reporting.  
2. Testing continuing with large data sets to be analysed.

**Conclusion/Discussion**
Preventative primary prevention programmes can be successful in boosting cognitive performance and will reduce risk of dementia in participants.

South Australia Alzheimer’s Australia is now using ACE after accessing Federal funding and receiving training by AAT.

Research grant by ARC has allowed development of research capacity of ACE. Research Assistant now employed. Research is to continue until December 2011.

Mini-ACE programmes to be run through U3A by DHHS staff.