

**Primary Health Care Research, Evaluation  
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**ABSTRACTS**

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## SESSION 1

### EXAMINING THE ASSOCIATION BETWEEN PHYSICAL ACTIVITY AND MOOD DISORDER IN YOUNG AUSTRALIAN ADULTS

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Presenter: Charlotte McKercher

Charlotte received a first class honours degree in psychology from the University of Tasmania and has worked in both psychiatric and population health research. She is currently a second year PhD candidate in Medical Research at the Menzies Research Institute.

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#### Objectives

Population based studies suggest that physical activity is associated with decreased prevalence of mood disorder. It is unclear, however, whether this association depends upon the type of physical activity performed. The aim of the current study therefore was to evaluate the cross-sectional association between self-reported physical activity (hrs/wk) and pedometer counts (steps/day), and mood disorder in a national sample of young Australian adults.

#### Methods

Participants were men and women (aged 26-36 years) who attended clinics in every state and territory in Australia as part of the Childhood Determinants of Adult Health (CDAH) study. This was a 20-year follow-up of 8498 children who participated in the 1985 Australian Schools Health and Fitness Survey. Participants completed the International Physical Activity Questionnaire (N=1 995) which assesses the frequency and duration of physical activity across different domains (leisure, work, active commuting, garden/household) and wore a Yamax pedometer for seven days (n=1 681). Outcome was a DSM-IV 12-month diagnosis of mood disorder from the self-administered Composite International Diagnostic Interview. Categories of physical activity were defined by quintile cut-points. Prevalence ratios (PR) and 95% confidence intervals (CI) from log-binomial regressions were adjusted for age, smoking status, main source of income and body mass index for women and age, smoking status, marital status, current occupation, educational attainment and self-reported physical health for men.

#### Results

Compared to <5000 steps/day, the prevalence of mood disorder in women was significantly and negatively associated with 10 000-12 499 steps/day and  $\geq 12 500$  steps/day [PR=0.37, 95% CI (0.18-0.78) and PR=0.36, 95% CI (0.14-0.96) respectively]. Furthermore, a significant negative association between leisure physical activity and prevalence of mood disorder was observed [PR=0.47, 95% CI (0.26-0.86),  $\geq 4.5$  hrs/wk versus 0 hrs/wk]. In contrast, work physical activity was significantly and positively associated with mood disorder [PR=2.04, 95% CI (1.28-3.24),  $\geq 10$  hrs/wk versus 0 hrs/wk]. There were no significant associations observed for other physical activity types and total physical activity. No significant associations were observed in men.

#### Discussion

These findings suggest that the types of physical activity participated in and the context in which they are performed are potential determinants of mental health outcomes in young women. Longitudinal investigation of the CDAH baseline data will allow a fuller exploration of the relationships between levels of physical activity and incidence of mood disorder across different domains.

## **HEALTHY FOOD CHOICES AT CHILDREN'S SPORTING VENUES**

Nick Towle , Associate Professor Sue Kilpatrick

University Department of Rural Health  
University of Tasmania

### Presenter Nick Towle

Dr Nick Towle graduated with a medical degree from the University of Tasmania in 2001. Since graduation he has worked for several years as a junior medical officer in northwest Tasmania. He has also worked in the area of education for sustainability which reflects his passion for exploring the broader determinants of health and wellbeing.

### Introduction

The prevalence of overweight and obesity in children has increased in the past two decades, now affecting almost 25% of school age children. A failure to address unhealthy weight gain in childhood will have significant implications for the future health and wellbeing of individuals and place an additional burden on society through rising demands on the health care system.

The development of obesity is complex, involving the interplay of many personal and environmental influences on healthy food and activity choices. There is a growing body of literature which specifically explores key determinants of healthy eating practices in the school and home environments. Much of this literature has been used to inform healthy eating programmes within schools, however, there remains a paucity of literature around healthy eating at children's sporting venues.

### Objectives

The aim of this project is to investigate the influences on healthy eating at children's sporting venues. Key objectives of our study are to examine the attitudes of parents toward healthy food choices at children's sporting venues and the likely acceptability of varying strategies to increase the consumption of healthy foods at these venues.

### Methods

A self-completion questionnaire was developed from existing literature relating to healthy eating patterns in school settings and the family food environment.

Volunteers have been recruited to distribute questionnaires to parents of primary school age children at sporting venues across Tasmania. An observation sheet was also designed to enable volunteers to document key characteristics of the food environment at each sporting venue.

### Results

Distribution of questionnaires has recently commenced and further analysis will be undertaken later in the year.

### Discussion

An apparent strength of existing research is around defining and understanding the precursors to obesity in childhood. In developing the questionnaire our aim was to explore parent attitudes to some of the more commonly accepted determinants of healthy eating practices, such as availability of healthy food choices. In addition we seek to explore attitudes toward a range of strategies for increasing consumption of healthy foods at sporting venues. This reflects the growing need to determine appropriate and effective means to prevent unhealthy weight gain.

This presentation will focus on the development of the questionnaire and the potential applications for this research.

## **THE PROBLEM OF VITAMIN D DEFICIENCY AUSTRALIAN ADOLESCENTS – IS IT IMPORTANT AND WHAT CAN WE DO?**

Tania Winzenberg (corresponding author), Sandi Powell, Kristen Hynes, Kelly Shaw, Graeme Jones

Menzies Research Institute

### Presenter: Tania Winzenberg

Dr Tania Winzenberg is a GP who completed a Master of Medical Science in Clinical Epidemiology from the University of Newcastle before moving into a research position at the Menzies Research Institute in mid-2002. In 2003 she received the prestigious Dick Butfield Memorial Fellowship which is a competitive research fellowship (\$150 000 over 3 years) awarded by the Government of Tasmania to a medical practitioner with proven potential to increase capacity of medical research in Tasmania. She was awarded her PhD in 2006 for work in the area of promoting lifestyle change for osteoporosis prevention in young women and children. She now receives funding from a highly competitive NHMRC GP Training Fellowship.

She has published 29 papers in national and international peer-reviewed journals including a meta-analysis examining the effectiveness of calcium supplementation for improving bone density in children which was published in the British Medical Journal. Dr Winzenberg maintains strong links with general practice through involvement with the Royal Australian College of General Practitioners, and GP South. Currently, she is developing a research program in primary health care area, addressing at chronic diseases prevention and management, particularly for musculoskeletal conditions.

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### Objectives

Suboptimal childhood development is as important as adult bone loss in the pathogenesis of osteoporosis. Identification of modifiable influences on childhood bone development is therefore important for the prevention of osteoporosis and fracture. This study aimed to (1) determine the prevalence of vitamin D deficiency and examine the relationship between serum vitamin D and bone density (BMD) in 16 year old children, and (2) perform a systematic review of the effectiveness of vitamin D supplementation for improving BMD in children.

### Methods

For the first aim, from a birth cohort of 1435 children born in 1988-89, we studied 888 in 1996-7 and 415 in 2004-05. We report the prevalence of vitamin D deficiency at age 8 and 16, and the cross-sectional associations of vitamin D and BMD at age 16. For the second aim we have commenced a systematic literature review of vitamin D for improving bone density in children using Cochrane methodology.

### Results (1)

The prevalence of vitamin D deficiency (<50nmol/l) increased from 10% at age 8 to 36% at age 16, and was as high as 50% in children with low summer sun exposure (< 3 hours of sun exposure daily during summer holidays). Serum Vitamin D at age 16 was positively correlated with lumbar spine BMD in males ( $r=0.25$ ,  $p< 0.001$ ) but not females ( $r=0.08$ ,  $p=0.39$ ) and hip and ultradistal radius BMD in males ( $r=0.29$ ,  $p< 0.001$  and  $r=0.16$   $p=0.015$ ) and females ( $r=0.22$ ,  $p= 0.015$  and  $r=0.21$   $p=0.025$ ). (2) We have identified 5 randomised controlled trials (RCTs) which meet the review's inclusion criteria. These have inconsistent results, which appeared to be related to methodological issues such as the dose of vitamin D given, levels of compliance, and baseline vitamin D levels. In studies reporting a positive effect, the effect size varied from 1.3% to 5% depending on site.

### Conclusion/Discussion

Vitamin D deficiency appears detrimental to both bone density and turnover is a potentially important and neglected public health and clinical issue. It is common in teenagers but not prepubertal children, possibly due to decreasing physical activity associated sun exposure with age, or due to changing sun protection behaviours over time. While our systematic review suggests that vitamin D supplementation may improve bone density, further RCTs are needed to determine the maximal magnitude of any effect and determine in which children and at what dose it is most effective.

## SESSION 2

### GAY MEN'S CONSTRUCTION OF MASCULINITY AND MENTAL HEALTH HELP-SEEKING PATHWAYS

Susan L Pitt

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Presenter: Susan L Pitt

Susan was a 2007 PHCRED Scholarship recipient who undertook research in the discipline of Sociology at the School of Sociology at the University of Tasmania. My research interest is in the Sociology of Health, with particular interest in men's health and mental health. My current research has investigated the impact of masculinity's construction on gay men's mental health help-seeking behaviours. I plan to undertake a PhD and extend this research in relationship to men's physical and mental health help-seeking with men at different lifespan stages.

#### Objectives

Courtenay (2000:1397) asserts that the denial of depression is one of the means men use to demonstrate the masculine. This research extends the knowledge of Australian gay men's construction of masculinity and their mental health help-seeking behaviour and has the following aims:

1. To identify how gay men construct masculinity;
2. To explore the relationship between constructions of masculinity and access to mental health services;
3. To identify possible pathways gay men utilise when accessing mental health services

#### Methods

This research utilised a qualitative methodology to explore the above aims in a sample of nine gay men between 26 and 40 years. In-depth semi-structured interviews were used to establish interview parameters whilst facilitating open communication around the topics and questions. The interviews explored several themes around definitions of masculinity, depression, and help-seeking. To introduce clinical depression into the interview, participants were presented with a vignette and were then asked about their help-seeking behaviours if they were in a similar situation. Thematic analysis was applied to the data.

#### Results

Findings demonstrate that the construction of physical and emotional masculinity occurs in differing ways. Physical masculinity is constructed in an orthodox manner (what is generally considered traditional) around the notions of strength and health. Emotional masculinity is constructed in an approach that can be described as heterodox. The concept of heterodoxy is not conceptualised as the antonym of orthodoxy; rather, as an inclusion of all the orthodox notions of masculinity and an extension into the androgynous or feminine realm. Heterodoxical masculinity in the emotional realm allows men to have and express emotions, rather than, for example, remaining stoic.

Formal mental health help-seeking pathways for all of these men are around ease of access. For six of these participants help-seeking commences with a General Practitioner. For the remaining participants whose first step is through a counsellor or psychologist, these services are a function of their everyday lives through employment. Six of the men interviewed did articulate that they would prefer to share emotional issues with female practitioners.

#### Conclusion/Discussion

I preliminarily conclude that gay men's heterodoxical construction of emotional masculinity allows for mental health help-seeking and that this overwhelmingly begins for Tasmanian men with their GP. Most men speak of continuing help-seeking with counselors or psychologists and I recommend this therapy in conjunction with that provided by general practitioners..

# **THE USE OF SEAT WALKERS IN THE COMMUNITY. A PILOT STUDY TO INVESTIGATE THE EXPERIENCES OF TASMANIANS AGED 60 AND OVER WHO USE A SEAT WALKER TO ASSIST WITH THEIR MOBILITY.**

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Presenter: Amanda Radcliffe

Amanda is currently employed under The Primary Health Care Research, Evaluation and Development Programme with the University Department of Rural Health. Amanda is a qualified Physiotherapist who until recently was working with DHHS providing Domiciliary Physiotherapy services. She is hoping to complete her project by the end of the year, and then return back to clinical practice.

## Objectives

In recent years, the popularity of the Seat Walker, or Four Wheeled Walking Frame (4WWF) has increased. Between June 2006 and June 2007, 326 of these frames were issued through the Southern Community Equipment Scheme (SCES). In addition, medical suppliers also offer these walkers for loan or purchase and some are selling between 40 and 50 of these per month. If used and maintained correctly these walkers can be of great benefit to individuals. Conversely, if not used correctly and maintained regularly they can potentially put the user at risk of a fall or injury. The objective of this study is to gain a better insight into the experiences of Tasmanians in using this type of walker, with the aim of highlighting areas in which the prescriptive processes and service delivery of seat walkers can be improved.

## Methods

Twenty six semi structured interviews were conducted with individuals within the Southern Tasmanian region. Interviews were recorded, transcribed and are currently being analysed using a structured thematic process.

## Results

The early results of the data analysis highlight the importance of instruction in the safe use of these walkers and proper maintenance. Other issues arising include general mobility, lower limb strength and overall health status.

## Conclusion/Discussion

When the mobility of a person is reduced, their ability to maintain functional independence can become compromised. This can lead onto a decline in their health status and the necessity of extra home support being required to enable individuals to remain in their own home. The appropriate use of a walking aid can make all the difference in enabling individuals to remain mobile and independent. To be of benefit walking aids need to be appropriately prescribed and supplied, used correctly and safely maintained. The findings of this study help to identify areas in which improvements need to be made to ensure that these walking aids are used and

# THE EFFECT OF EXERCISE INTENSITY ON OLDER ADULTS FALL RISK FACTORS AND BALANCE CONFIDENCE

Sharon Hetherington and Dean Cooley

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Presenter Sharon Hetherington

Sharon is currently completing her final year of a Human Movement degree, specialising in Exercise Science. She also has qualifications in electronics and computing. Sharon's area of interest is health ageing and has been studying the health and wellbeing benefits of regular participation in physical activity.

## Objectives

To measure the effect of older adults' level of physical activity on their intrinsic fall risk factors, balance confidence, and quality of life. To test the efficacy of a Tai Chi intervention to improve these factors in a sedentary population.

## Methods

Two groups of participants, aged 65 years and older, were involved in this study, an active group (n=23) and a sedentary group (n=19). Intrinsic fall risk factors, balance confidence and quality of life measures were assessed at baseline and then the sedentary group undertook 12 weeks of twice weekly Tai Chi while the active group acted as a control. Multivariate analysis of variance tests were used to assess differences between the groups pre and post intervention. A series of stepwise linear regressions was conducted to explore factors predicting level of physical activity.

## Results

Results suggest that vigorously active older adults have significantly lower intrinsic fall risk factors, better balance confidence, and better perceptions of their quality of life than sedentary older adults at baseline. These differences between the two groups were no longer evident after the sedentary group had completed the 12-week Tai Chi intervention. Furthermore, the sedentary group had become significantly more physically active when tested following the intervention ( $p = .006$ ). Exploratory regression analysis indicated that balance confidence was the best predictor of physical activity level accounting for 18% ( $p = .009$ ) of the variation in level. Moreover, balance confidence was best predicted by perceptions of physical functioning ( $R^2 = .55, p < .001$ ), and perceptions of physical functioning by leg strength ( $R^2 = .51, p < .001$ ).

## Conclusion/Discussion

The results suggest that sedentary older adults who start participating in a low to moderate intensity physical activity, Tai Chi, may gain strength and confidence benefits similar to those of vigorously active older adults. Tai Chi offers an exercise mode that is preferable to many older adults who may not enjoy, or be able to undertake, vigorous physical activity. Yet Tai Chi appears to bestow similar benefits in terms of improved fall risk factors, better balance confidence, and improved perceptions of quality of life. The take home message is that older adults with high intrinsic fall risk factors, poor perceptions of their physical capacity and balance confidence may limit their participation in physical activity even though it is physical activity that has the potential to improve these factors. Tai Chi may offer this population an attractive exercise mode that appears to act as a catalyst to higher levels of daily physical activity.

## SESSION 3

### DIABETES RISK FACTOR REDUCTION PROJECT: FRAMING THE RESEARCH

Rosa McManamey, Pat Millar, Erica Bell, Peter Orpin,

University Department of Rural Health  
University of Tasmania

#### Presenter: Rosa McManamey

Rosa McManamey is a Junior Research Fellow at the University Department of Rural Health, Tasmania. Her research interests include social capital, rural health and community engagement. Rosa has assisted in the Diabetes Risk Factor Reduction Project as a research assistant contributing to the data collection.

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#### Objectives

Type 2 diabetes is seen as a global epidemic. Its burden is growing annually. Nationally, Tasmania has the highest percent of population of any state in Australia with the disease. In 2003 it was estimated that 8.3% of its adult population (25,000) had diabetes type 2 with a further 16.4% of the population (50,000) having pre-diabetes. People with pre-diabetes are often unaware of their condition. There is a window of 5 to 12 years prior to the onset of the disease where lifestyle, exercise and dietary interventions can prevent 80% of sufferers from developing the disease.

Based on the Tasmanian Department of Health and Human Services 2005 policy framework *Strengthening the Prevention and Management of chronic Conditions*, the *Diabetes Risk Factor Reduction Project* seeks to reduce risk factors for type 2 diabetes in Tasmania. It is a multidisciplinary project between Diabetes Australia – Tasmania, the Department of Health and Human Services and the University Department of Rural Health. The project's aims are to undertake a needs assessment and gap analysis of services for people with pre-diabetes or significant risk factors, and to develop a model that contributes to an awareness of risk factors and the ways in which people might reduce their risks.

This presentation will outline the development and methodological approach of the project.

#### Methods

The presentation describes how the project methodology was developed as a multidisciplinary study.

#### Results

While the research to date has not been concluded, the results of the methodology applied to the project has produced a number of positive and less positive outcomes that bear noting. The presentation discusses some of the challenges that arise with project methodologies dependant on third party contact of respondents; addressing the major constraints faced by researchers receiving low rates of voluntary participation. The presentation also focuses on semi-structured interview method and thematic analysis as a source of rich raw research data contributing often highly varying, valuable insights and experiences.

#### Conclusion

A report from the findings will be developed detailing the analysis of gaps in current service delivery. It will make recommendations on ways to address screening people 45 years with risk factors for chronic disease and inform the development of the proposed service model. A detailed project plan will then be produced aimed at improving self management skills and reducing the risk factors for people with pre-diabetes or at elevated risk of developing diabetes.

## **ART AS THERAPY: OUTCOMES AND FACTORS FOR ENGAGEMENT.**

Jane Symons<sup>1</sup>, Hannah Clark<sup>2</sup>, Kerry Heap<sup>3</sup>.

1-3: Community Rehabilitation Unit Southern Tasmania, Peacock Building Repatriation Centre, 90 Davey St, Hobart, Tasmania, Australia, 7000. Email jane.symons@dhhs.tas.gov.au

### Presenter: Jane Symons

Jane Symons, Hannah Clark and Kerry Heap are Occupational Therapists at the Community Rehabilitation Unit, Southern Tasmania (Department of Health and Human Services).

Our backgrounds are primarily in working with people with physical disabilities, helping them achieve independence and satisfaction with their lives. Hannah and Kerry have also worked in the area of mental health.

Our interest in art extends beyond our professional lives – all of us liking to dabble in being creative. This is the first research project we have done since our undergraduate degrees.

### Objectives

This research aims to add to the minimal existing literature on the role of art in a physical rehabilitation setting, contribute to the knowledge of potential outcomes from art for clients and explore facilitators of and barriers to the engagement process.

In keeping with the client centered focus of rehabilitation, a qualitative study was conducted to gain an in-depth understanding from the perspective of rehabilitation clients attending the art as therapy program. Findings will be used to direct the current art program goals and outcome measures.

### Methods

The experience of nine participants was explored using qualitative research. Participants were recruited whilst attending the art program. All participants had experienced recent significant illness or injury resulting in functional decline. Semi structured interviews were conducted with each participant, and covered the topics: participant's disability, goals for their art program, how art fitted within the context of their general rehabilitation program, their engagement in the process and how this affected their recovery, outcomes from the art process and the future role of art in their life.

Member checks were conducted and the data analyzed using iterative thematic analysis.

### Results

Expectations and actual benefits of participating in the art program were identified in terms of holistic recovery from illness or injury. Physical, cognitive, emotional and social aspects were discussed by participants.

Four key themes related to engagement in the art process were also identified: successfully learning the practical art skills, believing art had a role in their lives, becoming immersed in the art tasks, and a feeling of inspiration and creativity.

### Conclusion/Discussion

All participants identified several elements of the art program that enhanced their broader rehabilitation goals and wellbeing. The next stage of the research is to analyse the themes in relation to rehabilitation literature and explore any unique aspects art contributes to the recovery process. From this analysis we aim to formulate clinical recommendations for the art program's role in rehabilitation. This study has important practical applications for the art as therapy program in ensuring appropriate referrals and goals, tailoring therapy to desired outcomes and justifying its use in physical rehabilitation.

## WHO IS THE COMMUNITY IN THE COMMUNITY GARDEN?

Miriam Herzfeld

PHCRED RDP Research Fellow UDRH, University of Tasmania

Presenter: Miriam Herzfeld

Miriam Herzfeld is a PHCRED RDP Research Fellow UDRH, University of Tasmania.

Miriam is also currently employed by Eat Well Tasmania. She has a background in public and environmental health, having worked for both local and state governments. Miriam holds qualifications in environmental health, health promotion and has a Master of Public Health.

### Objectives

Community gardens have been defined as “organised activities whereby sections of land are used to produce food or flowers in an urban environment for the personal use or collective benefit of their members who, by virtue of their participation, share certain resources such as space, tools and water” (Glover 2003). While the name *community garden* conjures up images of group effort, sharing and trust, there was limited understanding about who was involved in Tasmania’s community gardens and how gardens went about the business of fostering cooperation and creating a sense of community. This paper will present preliminary findings of a study of community gardens in Tasmania.

### Methods

The study involved a two part methodology:

- A 42-item self-administered questionnaire for coordinators of community gardens
- Focus groups with participants of community gardens

Forty-four community garden coordinators were contacted or made contact with the researcher to participate in the study. Forty questionnaires were returned. Four focus groups were conducted.

### Results

In summary, the community in Tasmania’s community gardens consisted predominantly of school or other students, with males and females participating equally. Gardeners tended to be long term users and live in the surrounding area. The study found that community gardens were established for many different purposes, often seeking to provide positive outcomes for individual users as well as the broader community. The mechanisms of their operation can both promote interaction and create barriers for the community in the garden.

### Conclusion/Discussion

The activity that takes place in community gardens is obviously gardening (and related activities), however it should not be assumed that people who participate in community gardens are interested in gardening or that this is what initially attracted them. So, while gardening is the activity, what draws people to be involved in the community garden may be something completely different. Beck (2001) argues that the most important component of community is the interaction among residents, and that this interaction is directly related to the ecology, culture or institutions that bring people together in the first place.

Community gardens in Tasmania are places with big ambitions and are established for a broad array of reasons. Eighty-one percent of gardens in this study were established with a particular group(s) of people in mind. But while the purpose of the garden may assist to attract certain groups of people to the garden in the first place, it would appear that more is needed to keep them there. In building community, the focus needs to be on promoting interaction among participants and eliminating barriers to such interaction.

## **THE LINK BETWEEN QUALITY IMPROVEMENT AND CAPACITY BUILDING**

Shandell Elmer and Sue Kilpatrick

University Department of Rural Health, Launceston

Presenter: Shandell Elmer

While working in various areas of the health system as a registered nurse, Shandell obtained a Bachelor of Arts degree majoring in sociology and management. Her undergraduate degree sparked an interest in health sociology which has become the focus of her research efforts. Shandell has a keen interest in fostering the development of community-based health services in accordance with primary health care principles. She has been able to pursue a career in this area through her work with organisations in Tasmania and interstate that have contracted to conduct reviews utilising standards for Home and Community Care and those developed by the Quality Improvement Council.

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### Objectives

Community Partners within Housing Tasmania, Department of Health and Human Services (DHHS), is implementing a quality development project with organisations funded through the Supported Accommodation Assistance Program (SAAP). The project's overarching aim is to improve the services provided to clients and in turn to positively impact on client outcomes.

This will be achieved through:

- The development of a framework for quality improvement within the SAAP sector;
- Promoting a focus on continuous quality improvement; and
- Fostering culture change towards a learning organisation.

One of the vehicles chosen to achieve these objectives is the introduction of the Quality Improvement Council's (QIC) Standards and Review Program.

The University Department of Rural Health (UDRH) is evaluating the impact of the QIC program within the SAAP sector. The evaluation process has been informed by theories that link organisational culture to performance. Specifically, the evaluation is designed to identify whether the SAAP funded organisations are becoming more like learning organisations. Learning organisations are characterised by systems thinking, participation and accountability, and continuous learning.

### Methods

The QIC program is congruent with fostering the development of learning organisations because it has a systems focus, encourages critical reflection through the self-assessment process and facilitates a participatory approach. Therefore, this evaluation will assess the extent to which engaging with QIC program contributes to the capability of the SAAP funded organisations to develop as learning organisations.

The goal of the evaluation is to identify the changes that occur within the SAAP funded organisations as a result of their engagement with the QIC program. These changes are being assessed at the level of the system (individual staff members, organisations, SAAP sector and the Housing Strategy Branch within DHHS) and client outcomes.

Data is being gathered through surveys and focus groups. The survey tool includes four sections: client focus; external relationships; staff; and accountability. The focus group questions are informed by the survey results and cover similar areas. The survey and focus groups will be repeated in approximately twelve months time to gain insight into the changes that have occurred.

### Discussion

Preliminary results are favourable with the dimensions of learning organisations evident in each of the four sections. Organisational learning is occurring through reflection on practice and developing procedures consistent with their own best practice. Overall, it would seem that the 'weakest link' relates to gathering and incorporating learning from experience and feedback.

### Conclusion

Engaging with the QIC process contributes to the capability of organisations to develop as learning organisations, however, tensions exist between the long term benefits of engaging in this process and the resource intensive nature of this endeavour.