Symposium 2008

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Title
What can PHC RIS do for you?

Authors
Ellen McIntyre

Rationale/Research Question
This presentation will outline how PHC RIS can provide researchers with the resources and skills to become part of the primary health care research community.

Methods
It will cover PHC RIS resources and services such as the GP & PHC Research Conference, ROAR, eBulletin, infonet, infobytes, fact sheets, website and more.

Results
Included will be PHC RIS suggestions (based on our current research) on how researchers can become effective members of the research community.

Conclusion
This presentation will outline how PHC RIS can provide researchers with the resources and skills to become part of the primary health care research community. It will cover PHC RIS resources and services such as the GP & PHC Research Conference, ROAR, eBulletin, infonet, infobytes, fact sheets, website and more. Included will be PHC RIS suggestions (based on our current research) on how researchers can become effective members of the research community.
Time for action or rest: media representations of old age

Emily Shepherd
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Title
Time for action or rest: media representations of old age

Authors
Emily Shepherd

Rationale/Research Question
Within the field of Human Life Sciences, little attention has been given to how the media constructs older people and how such constructions might create the conditions for people to make decisions about whether they will participate or will not to participate in physical activity.

The objective of this exploratory study was to examine the ways print-based media, such as newspapers and magazines, use language and images to talk about older people’s participation in physical activity.

Methods
The study involved a document analysis of print-based media, between 1986 and 2007. Six weeks of media publications from 1986, 1997 and 2007 were selected, resulting in an 18 week data period. Three Tasmanian regional newspapers, two Tasmanian publications for seniors and five Australian magazines were analysed.

The data analysis procedures commenced with a process of deductive and inductive coding. The deductive analysis involved examining the data set to identify references to older adults, particularly in relation to constructions of their experiences of physical activity. The inductive coding analysis involved examining the data set with no preconceived categories in mind to allow new codes to emerge. Both sets of codes were organised into categories with themes relating to physical activity, lifestyle and health emerging. A content analysis was then conducted to link the emergent themes to theories of discourse and identity.

Results
There were four main findings:
1.1 Although older adults are frequent active participants in a range of physical activities, the media often draws a great deal of attention to such stories and produces unintended meanings that such participation is abnormal.
1.2 The way the media reports older people’s participation in physical activity may shape the way older people understand themselves and others, which may influence their decisions about participating or not participating in physical activity.
1.3 The field of health care is actively trying to promote the notion of active aging and encourage older people’s participation in physical activity. The way media reports stories about older people’s participation in physical may work to undermine these efforts.
1.4 Although active aging is concerned with the prevention of disease and promotion of health and wellbeing to maintain independence, media advertising and stories reporting older people’s participation in physical activity tend to focus on maintaining ones youthful appearance.

Conclusion
The media plays a key role in delivering the contradictory messages in society about what activities are ‘appropriate’ during later life. The unbalanced focus on the physicality of ageing, combined with the tensions between ageing being a time for action versus a time for rest, have the potential to contribute to the low physical activity participation rates among older adults.
Title
A Qualitative Study Of Barriers To Diagnosing And Managing Hypertension

Authors
F Howes, D Williams, MR Nelson. Menzies Research Institute, University of Tasmania, Hobart.

Rationale/Research Question
The prevalence of hypertension is high (~30%) 1. It is a major risk factor for coronary heart disease, stroke, heart failure, peripheral vascular disease and renal failure2 and cardiovascular disease is the major cause of death and disability in Australia. General practitioners have a central role in the prevention, detection and management of cardiovascular risk factors3, with hypertension being the single most common problem managed in Australian general practice4. However, both the initiation of anti-hypertensive medication and the treatment of blood pressure to therapeutic goals in those with hypertension have been identified as evidence-practice gaps5. This study aimed to identify the barriers general practitioners face in diagnosing and managing hypertension.

Methods
Six focus groups were conducted (n=30) with general practitioners from the Southern region of Tasmania. The focus groups were recorded, transcribed and common emerging themes were analysed by a cumulative process.

Results
Several barriers were identified. There was clinical uncertainty surrounding measurements of blood pressure and a distrust of the technology used to measure it. There was also an element of distrust shown toward the evidence underpinning the management of hypertension. The fear of the consequences of treating an individual’s hypertension was greater than the fear of not treating their blood pressure. This phenomenon was almost exclusively described in the elderly or very elderly. General practitioners adopted a whole-person approach to patient care. Patients were perceived to be reluctant to take responsibility for their own health and reluctant to commence and adhere to long-term medications. There was a lack of internal motivation and systems issues were also described. These included a lack of resources (e.g. automated machines for home monitoring and ambulatory blood pressure monitoring), lack of time in consultations, and lack of access to timely specialist and allied health input. Making the diagnosis and the treatment of patients to target blood pressure levels were viewed as being difficult. Once the decision to commence treatment had been made, practitioners found it relatively easy to initiate, although this decision was to some extent hindered by patient factors.

Conclusion
Primary care encounters are complex. Many factors at multiple levels interact with clinical decision making. The findings indicate that these perspectives need to be taken into account during the design of interventions to improve hypertension management and the writing of future guidelines.

References
Rationale/Research Question
To identify the strategies used by successful quitters.
To identify factors other than behavioural strategies that support smoking cessation by heart patients.
To better understand the role played by health professionals in successful smoking cessation by heart patients.
Needs more of a rationale.

Methods
Semi-structured interviews were held with people who stopped smoking after a hospital admission where they were diagnosed with an acute coronary event (heart attack or angina). Interviews were audio recorded and fully transcribed. Interview transcripts were analysed using an iterative thematic approach.

Results
14 people were interviewed. Preliminary findings are focused on smoking related beliefs, the process of quitting, factors that support ongoing smoking cessation and being an ‘ex-smoker’.

Conclusion
Our preliminary findings demonstrate that quitting smoking and continuing not to smoke is a complex process involving the individual smoker and those around them. Our findings also demonstrate that quitting smoking is possible even for people living stressful lives.
Title
The role of the pharmacist with diabetic & cardiovascular patients in reference to sexual dysfunction

Authors
Sue Kilpatrick, Shane Jackson, Christine Stirling, Lorraine Smith

Rationale/Research Question
The role of the pharmacist in Disease State Management has been clearly defined to include medication information, disease state information, and patient counselling. Many disease states can cause sexual dysfunction, many medications used to treat these disease states can also cause sexual dysfunction, what barriers & facilitators exist that make this role for the pharmacist a difficult one? How and what can current pharmacy practice change to enhance this role?

Methods
Handout survey to patients, and interviews with pharmacists.

Results
Survey is with Ethics at present so there are no results to discuss.
I intend to discuss the research question and the development of the questionnaire.
Late Preterm Infants- a population why they are important in primary Health Care.

Authors
Jennifer Hargrave

Rationale/Research Question
This study aimed to establish a foundation for future primary health care research on an at risk preterm population.

The objectives were to document the demographic characteristics of a lesser-known population of breastfed Late Preterm Infants in comparison to a Term 37-week population and associations between hospital feeding practices and breastfeeding outcomes at discharge.

Methods
This was a retrospective descriptive population cohort study. We audited data from maternal and infant records of infants who were born a Royal Hobart Hospital (RHH) between 01/01/2006-31/12/2006 inclusively. The participants included all singleton and multiple infants whose mother had elected to breastfeed at birth and were born between the gestational ages of 34 0/7 and 37 6/7 gestational weeks. Late preterm Infants (LPI) were defined as infants born between the gestational ages of 34 0/7 to 36 6/7 weeks gestation (Raju, T. N. 2008). The infants born of the gestation age of 37 0/7–37 6/7 weeks gestation were the term cohorts.

Breastfeeding outcomes at discharge were defined and classified according to the WHO/UNICEF Baby Friendly Hospital Initiative (BFHI) definitions and Indicators for Assessing Breastfeeding Practices within health care faculties (BFHI Australia, 2007)

Results
The hypothesis was LPIs are at greater risk of poorer breastfeeding outcomes at discharge relative to the term infant.

Late preterm infants constituted 69.2% of all live preterm births at the RHH within the study period (2006), the largest proportion of preterm infants born at the RHH, (mean gestational age (95% CI)- 36.4 (36.2-36.5), mean birth weight (grams) (95% CI) 2560g(2440g-2680g) compared to 2940g(2840g-3040g) for the 37 wk cohort.

LPI were more likely to be born by caesarean section than 37-week infants and had a greater length of stay in hospital (mean 95%CI) 13.7 days (11.3-16.2), min 3 days - max 55 days compared to term 37 week infants, 5.9 (4.9-7.0) min 2 days- max 24 days. LPIs have a higher incidence of experiencing hyperbilirubinemia; hypothermia, hypoglycemia and sepsis during their admission compared to the Term 37-week infants. LPIs were less likely to initiate breastfeeding at birth 33(47.8%) compared to 62(76.5%) for the Term 37 week infants P<0.000 OR (95% CI) 0.2 (0.14, 0.56). LPIs were also less likely to exclusively BF from birth to discharge 11(16.2%), P<0.000 (OR 95%CI) 0.2 (0.1-0.5).

Conclusion
LPI are at increased risk of poorer breastfeeding outcomes at hospital discharge relative to Term 37 week infants and are a substantial fraction of preterm births. More research is required to investigate this vulnerable population and their long term health outcomes and impact on primary health care services.
Peer Education—an effective strategy for promoting children’s nutrition and physical activity in Tasmanian communities

Authors
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Alison Graham, Dietician, Community Nutrition Unit, Department of Health and Human Services, Population Health
Dorothy McCartney, Planning and Evaluation Consultant, Department of Health and Human Services, Population Health.

Rationale/Research Question
The Family Food PATCH project aims to improve the health and wellbeing of Tasmanian children and families through better nutrition and physical activity participation. Using peer education, the project empowers families and local communities by building and mobilising the skills of volunteers in children’s nutrition, physical activity and community action. Since 2001, training has been provided to 205 parents and local community/health workers in 23 different localities throughout Tasmania. Evaluation in 2007 provided an opportunity to explore the impact the project had on peer educators and their families. It also assisted with increasing understanding of the strategies used by peer educators to promote children’s nutrition and physical activity and to review project partnerships.

Methods
Empowerment evaluation is a form of participatory evaluation that was selected as a theoretical framework to guide the evaluation of the Family Food Patch project. A combination of quantitative and qualitative methods were used including a survey of peer educators, interviews with active and inactive peer educators and interviews with organisational representatives. Thematic analysis of the data was undertaken independently by the three researchers who then discussed their findings for further validation.

Results
Surveys and interviews confirmed that training led to changes in peer educator’s knowledge, attitudes, skills, behaviour and confidence around children’s nutrition and physical activity. Within their communities, educators used a variety of strategies to promote children’s nutrition and physical activity. Educators were able to provide examples of the positive impact these strategies had on the nutrition and physical activity attitudes and behaviours of their own family and other families in their local community.

Conclusion
Training peer educators using adult learning principles and providing professional support was found to be an effective way of changing nutrition and physical activity behaviours at a local community level.
How Do General Practitioners Assess Physical Activity in Their Clinical Practice

Tania Winzenberg, Pam Reid, Kelly Shaw

Physical activity (PA) is key lifestyle behaviour addressed by preventive care in general practice. Assessing an individual’s level of PA enables identification of individuals who would benefit from interventions to improve their PA, yet little is known about how general practitioners (GPs) go about assessing PA in practice. This study aimed to investigate how GPs describe their current practice of assessing their patients’ levels of PA.

Methods
We used purposive sampling to select GPs of both sexes, of different ages and from urban and rural practices and performed semi-structured interviews with 15 GPs. Interviews were recorded, transcribed in full and analysed using an iterative interpretive technique to identify major themes.

Results
GPs recognised that assessing PA is an important part of assessing lifestyle factors. GPs most often used verbal history taking for their assessment. Aspects assessed included: time spent in different activities, social factors, patient preferences for exercise activities and medical conditions affecting the ability to exercise. A key theme was that of individualising the assessment process for each patient. Rather than systematically assessing all patients, GPs frequently targeted patients with conditions potentially caused by physical inactivity or benefiting from increased PA. The depth of assessment varied in different clinical contexts and whether the GP considered that a patient achieved sufficient PA was also an individualised assessment. Barriers to assessment included time, consultation structure and interest levels of GPs and patients.

Conclusion
There is a clash of paradigms between the population health approach (groups) vs. the clinical approach (individuals). Researchers, public health practitioners and policy makers need to be aware of this dichotomy and have a realistic appreciation of the contribution that can be made by GPs.

Time constraints make even a simple screening assessment challenging. However, GPs also feel obligated to fully assess and manage physical inactivity once it is identified, which takes substantial time. This is a major deterrent to screening.

Therefore, we ask policy makers & public health practitioners
To consider what components of PA assessment are best suited to the general practice setting, and
To ask of any PA promotion activity proposed for general practice, will this intervention:
Reduce the load on GPs
Reduce GPs’ perception of having to deal with PA promotion themselves, and
Integrate with GPs/general practices?
And if the answer is no, think again!
Title
Integrated Public Physiotherapy Services in Southern Tasmania

Authors
Anthea Goslin / Paul Shinkfield

Rationale/Research Question
In many health care systems around the world, lack of integration between health care services has been identified as a key barrier to the provision of high quality services. Integrated care continues to be a burgeoning field of interest in the health care sector and is often touted as the answer to a range of problems in the system. Integration has been offered as a solution to creating a health care system more responsive to consumer needs; as a way to achieve improved efficiencies through less duplication and waste, as a cost effective solution to meeting the pressures of increasing demands on health services; and as a pathway leading to improve quality of care for consumers of health services.

Tasmania, Australia is no different. One of the key goals highlighted in ‘Tasmania’s Health Plan 2007, has been the improvement of integration between existing services. Planning processes are underway across the state to explore and to establish models of care that seek to integrate services across the continuum.

Public physiotherapy services in southern Tasmania span the full continuum of care from specialised acute health services to community based secondary and primary health care. Professional relationships across the continuum has waxed and waned over time dependent on factors including organizational priorities, management structures, experiences and attitudes of key personnel and communication efficiencies.

The Integrated Public Physiotherapy Projects was commenced to assess current levels of integration of physiotherapy services in the region and to explore methods for improving integration. A key output of the project was to devise a contemporary service delivery framework for the provision of physiotherapy services in southern Tasmania.

Methods
A survey tool was devised to collect both quantitative and qualitative information about current physiotherapy service delivery in the region. The survey was circulated to senior physiotherapy clinicians working in each of the identified service delivery locations in the region. A project team comprising the project managers and a small group of senior clinicians was established to then undertake a service delivery map and a gap analysis.

Results
Based on the outcomes of the gap analysis and service mapping exercise, a service delivery framework was developed and series of recommendations for improving integration between physiotherapy services across the continuum in southern Tasmania was devised. This needs more information here - at least to allude to what they found out.

Conclusion
Several service delivery gaps and mal alignments were noted by the project team. Several recommendations were made to improve the client journey across the continuum of care and to improve the level of integration.

References
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Title  
The needs of families who have a child diagnosed with hearing loss: a comparative literature review 2003-2008  

Authors  
Sally Bennett  BSW  

Rationale/Research Question  
In a literature review conducted in 2001 by Moores et al in relation to families who had a deaf member it identified 4 importance areas of study over the previous 5 years: Interaction and Involvement, Support Services, Stress and Coping, and Decision Making. The current study attempted to compare more recent studies with Moores findings.

In investigating the needs of families this study focused primarily on findings that could contribute to current day practice.

Methods  
CINHAL, Psychinfo and web of science electronic data bases were searched for publications that dealt with hearing loss, children under 12 and family/parent needs. McMasters and Joanna Briggs critical appraisal tools where used to assess each study before using Nvivo to identify themes across the studies. The findings were compared with Moores findings of 2001.

Results  
163 citations were retrieved with the keyword search with 26 studies found to be eligible for inclusion. The studies identified fitted into 5 specific groups: Cochlear Implants (9), Universal Newborn Hearing Screening (7), Hearing loss in general (8), Early Intervention services (1) and genetic testing (1). The critical appraisal process highlighted some consistent flaws in the writing up of many of the studies such as no mention of the ethics approval process and poorly written abstracts. Qualitative (10) and Quantitative (15) methodology was used with one literature review being identified. All but two of the studies were cross sectional. The tools used included surveys used for that particular study and standardised instrument questionnaires were used in the quantitative studies. Other methodology included participatory action theory, narrative and grounded theory. Most of the studies came from either United States or Canada and 4 studies conducted in Australia. Parent involvement varied depending on the study methodology. In the category of Interaction and Involvement many of the studies continued to focus on maternal role and involvement which is in contradiction to the earlier literature reviews prediction. Study findings that addressed Support Services added to the previous findings and were more relevant current service delivery approaches. Stress and Coping findings supported and added to previous findings as it has been felt that this a complex area that all professionals need to acknowledge receive training in. Decision Making was the aim of one study however it could be associated with some of the other findings related to stress and coping. Most of the study findings could contribute to primary health care practice and all the studies identified areas of need for future research.

Conclusion  
The study groupings were reflective of the changing approach to hearing loss in children internationally. Universal Newborn Hearing Screening Program (UNHS) internationally is relatively new and many of the studies focus were on the impact of such screening. All the studies found the level of stress associated with the screening was minimal however there were some families who stated that the process of referring at the test did result in some unavoidable stress. Many of the studies made recommendations as to how to reduce this. The implementation of UNHS has been occurring gradually across Australia and it was launched in Tasmania in February 2008. The predicted consequence is that there will be an increase on the demand for Cochlear Implants. Many of the studies identified that parental involvement is needed to maximise the success of having an implant. Globally, cochlear implants have become the preferred communication option for children who have profound hearing loss from birth or have developed hearing loss pre lingually. As its primary benefit
lies in bringing to a halt the increasing language gap deaf children experience compared to their hearing peers - needs rewording. Consequently children implanted at younger ages have shown better speech and oral communication than implanted after a prolonged period of deafness. Many of the studies found that each families needs are different and the primary health care worker has to take this into account when assessing these needs, in partnership with the family. Many recommendations were made as to how support services can help to maximise the benefits of having a cochlear implants. One of the major limitations of this review is that there were few studies in the Australian setting. However the findings in the UNHS and Hearing Loss Services studies offer some insight into how to offer the best care.

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Journal of Deaf Studies and deaf education, 12(2), 221-241.
Title
Colonisation Burden of MRSA in rural hospitals in Tasmania – A point prevalence study

Authors
Mr Brett Mitchell

Rationale/Research Question
Undertake a point prevalence study to specifically determine the current colonisation burden of Methicillin Resistant Staphylococcus aureus (MRSA) in rural hospitals (Primary Health) in Tasmania

Methods
All in-patients and aged care patients in rural hospitals who have been in hospital >48 hours will have one nasal swab (both anterior nares) taken for MRSA on one given day. Needs more.

Results
The study is still being undertaken, thus reporting will focus on preliminary findings.

From the data collected it will be possible to determine:
- Proportion / rate of patients colonised with MRSA as a proportion to total inpatients both within the rural hospitals in Tasmania
  • MRSA burden relating to geographical location in Tasmania

Conclusion
Identification of the current burden and results to be determined as described above will provide a range of benefits for Primary Health. It will enable a targeted safety and quality approach supported by the epidemiology / results of this research for the prevention and control of infection in rural hospitals. More specifically:
- Identification of areas where patients are at most risk of MRSA and ensuring policies, procedures and training are appropriate to meet those challenges.
- Targeted hand washing campaign in line with Australian Commission on Safety & Quality in Healthcare (ACSQHC) developments
- Review of cleaning procedures / policies
- Development of MRSA screening policy for rural hospitals and patient management of patients with MRSA
- Provide an indication / baseline of the effectiveness of current infection control practices / strategies
Title
Patients Misclassified With Chronic Obstructive Pulmonary Disease (COPD) Have Significant Morbidity

Authors
J Walters, EH Walters, P Turner, A Robinson, J Scott, M Nelson, R Wood-Baker

Rationale/Research Question
Quantitative and qualitative studies have shown that COPD is under-diagnosed in primary care and revealed some factors that contribute to its lack of recognition (1-3). Our aim was to assess misclassification in a study that recruited patients with a diagnosis of COPD.

Methods
GPs in 160 Tasmanian practices were invited to participate. 21 responders carried out practice database searches by: COPD diagnosis and tiotropium use. 168 patients with >10 smoking PYH completed spirometry testing and questionnaires. COPD was confirmed by fixed airflow obstruction FEV1/FVC ratio <0.7 and classified according to GOLD international guidelines (FEV1 % predicted: mild >80%, moderate 50-80%, severe 30-50%, very severe <30%)

Results
110 (65.5%) met COPD criteria [62M (56.4%), 46 smokers (41.8%), mean age 66], classified as: 8 (7%) mild, 55 (50%) moderate, 35 (32%) severe and 12 (11%) very severe. Within these groups 38%, 20%, 20% and 17% respectively did not report a COPD diagnosis. Of 58 who did not meet COPD criteria [27M (46.6%), 27 smokers (46.5%), mean age 61], 14 (24%) reported a COPD diagnosis. Between non-COPD and COPD subjects, there was no significant difference in specific COPD medication use [8 (13.8%) v 29 (26.4%) p= 0.06] or treatment for an acute exacerbation with oral steroids within the previous 12 months [4 (10.3%) v. 21 (19.6%) p=0.28]. Symptom scores for breathlessness and cough were similar but the non-COPD group had a significantly greater mean that COPD group [BMI 29.7 (SD 5.3) 25.9 (SD 5.0) p<0.001]. Psychological morbidity was more common in the non-COPD group than COPD group; current clinical anxiety 26 (44.8%) v. 28 (25.5%) p=0.01 and current clinical depression 21 (36.2%)v. 28 (11.8%) p<0.001.

Conclusion
A high proportion of COPD patients in general practice are misclassified but are nevertheless treated as if having COPD and do have significant respiratory morbidity and significantly greater psychological morbidity. More frequent presentation for psychological symptoms may influence the rate of COPD diagnosis by GPs.

References
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**Title**  
Pilot study: ‘A friend in need...’ the challenges of friendships for adolescents and young adults with Intellectual Disability who live in rural Tasmania

**Authors**  
Helen Zournazis, Martin Harris and Dr. Peter Orpin

**Rationale/Research Question**  
Friendship formation is an essential element for well-being, especially in the development of one’s identity during adolescence. Adolescents/ young adults with intellectual disability (ID) are faced with significant additional barriers in their formation and maintenance of friendships, particularly for those who live in rural environments where there are fewer choices and opportunities. There is a growing amount of literature exploring the social networks and relationships of individuals with (ID) but little about the issues faced by those who live in rural environments. The current study explores this gap in the literature.

**Methods**  
This project used an interpretative qualitative research approach. Seven face to face in-depth, semi-structured interviews were conducted with parents/ carers of adolescents/ young adults with mild, moderate and severe intellectual disability who live in rural Tasmania. This method was employed to provide a perspective not well covered in previous studies.

**Results**  
Parents/carers highlighted the limited services that reduced opportunities for formation and maintenance of friendships. Isolation and mobility issues in rural areas contributed to an increased need for parental involvement. Nevertheless, those parents/ carers who were themselves highly socially connected, stated their adolescent/ young adult with ID had extensive social networks and support. Most parents/ carers claimed the importance of friendships as they contributed to increased happiness and reduced loneliness.

**Conclusion**  
Living in a rural environment compounds the many issues that individuals with ID face in the establishment and maintenance of friendships. This study provides a platform for a larger more representative study.
Rationale/Research Question
Just as issue advancement through what is known as the policy cycle is dependent on the actions of policy makers, their decision-making may also stall or suppress grievances. This raises an interesting question: What happens when the same problem is treated differently in two similar countries? How is it that the same problem is “organised into politics” in one country but effectively “organised out” in another?

Methods
Through using a conceptual framework of agenda-building and by addressing questions derived from it, this study can be seen, methodologically, as “disciplined-configurative” (which describes and analyses cases in terms of theoretically relevant general variables) rather than “configurative-idiographic” (which offers explanations couched in idiosyncratic and highly specific terms). This permits, as George (1979) emphasizes, focussed comparison with other cases and the accumulation of findings. It adopts a ‘most similar’ approach to comparison and is should be considered as a “plausibility probe”, that is, it presents some “provisional” findings. Essentially it involves the exploration of several independent variables particularly within the agenda-building phases of initiation and expansion in anticipation that any conclusions might open space for future research.

Results
A fundamental question to be addressed in the analysis of agenda-building was cast to test the proposition: how is the difference in issue-ness of FASD to be understood given it occurs wherever alcohol is consumed? In Australia, an analysis of the unsuccessful outside initiative attempts at agenda-building reveals not only how isolated the proponent group has been in making its demands but also the flaws inherent in the expansion strategies this group has so far attempted. It also reveals how threatening the issue is to those who support maintenance of the status quo and the need not only to thwart the attempts of the outside initiator group but to propose new and alternative demands.

Conclusion
Agenda-building concerns the elevation of problems to the attention of policy makers and is a “struggle of interests and ideas that marks all politics” (Bridgman and Davis, 2004:34). In Australia, initiation of the problem by grassroots advocates came almost two decades after FASD was thrust on to the Canadian public and political stage. Lessons learned in North America meant the opponent stakeholders became the initiators of their own agenda and were well prepared to limit expansion and ‘silence’ the problem before it gained public attention and momentum. The suppression of the problem has meant the suppressive actions of the inside initiator group has been largely unnoticed by the public and the absence of an articulated opposition from outside groups has been perceived as consensus (Frey 1971). Cobb et al (1976) – who constructed the three agenda building models described in this study – acknowledge that issues are seldom so simplistic to be neatly packaged. Rather they suggest issues are raised in isolation, in sequence, simultaneously or in combination on different agendas. An issue raised outside government may successfully attract the attention of decision-makers but require different patterns of agenda building to move, stall or suppress the issue in relation to other “lower level or to higher level agendas” (Cobb et al 1976:137). In Australia, further outside initiative attempts at agenda-building by non-government groups like NOFASARD will require critically considered expansion strategies in the future.

References
Title
Chronic disease prevention and management - advocating for health promotion and the needs of the Tasmanian community

Authors
Tracey Parley, Melanie Blackall, Caroline Van Deer Rite, Ella Ashley, Carolyn Mackintosh and Kay Gunn

Rationale/Research Question
The Tasmanian Chronic Disease Prevention Alliance illustrates how a commitment to strengthening the prevention messages around Healthy Eating, Physical Activity; and Smoke Free environments can leverage the reach of programs with collective projects that capitalise on each organisation’s own strengths, enhance the ‘message’ and consequently reduce the incidence of chronic disease (Do wrick, 2006).

Methods
Risk factors for chronic disease such as poor diet, physical inactivity, tobacco use, alcohol misuse, overweight and obesity have been identified and opportunities to reduce risk and prevent chronic disease developed in specific projects. These have included broad areas of health promotion, policy and position development, strategic opportunities, media and advocacy.

Wicked Vegies Project with Secondary Schools, Get Walking Tasmania Week, Warm Water Exercise Programs, Asthma Friendly Schools Program, No Smoking Policy in Playgrounds and Kidney Connect are examples of collaborative health promotion programs in Tasmania.

Results
Public awareness activities have been conducted with Adult Education, National, State and Local Government Associations, Divisions of General Practice and Community Health Centres. Working together proactively has maximised strategic opportunities for greater unity and shared purpose.

Conclusion
The barriers of limited resources and capacity to advocate for health promoting interventions have been overcome by collaboration and creative resourcesing by the TCDPA.

This group has been influential in changing attitudes regarding thinking around commonwealth and state health services working together with non government organisations in Tasmania. There are clear advantages in a collaborative approach between each of the organisations, and these include taking advantage of collective expertise, sharing of information about priorities and planned activities and identification of opportunities for working together where this may be beneficial in the future.
Title
Developing a community of practice in primary health research

Authors
Maree Gleeson and Winifred Vanderploeg

Rationale/Research Question
The Health Research Matters Program (HRMP) was developed by the University of Tasmania’s Rural Clinical School as an initiative to support, promote and celebrate the research being undertaken by health professionals in the North West region of Tasmania. The aim of the Program is to develop synergies between and within the University, health professional networks and research bodies committed to the practice and promotion of research in health. This paper will describe the processes undertaken to implement the Program, response to the Program, future developments and the impact this is having on capacity building through the development of communities of practice.

Methods
In October 2007 the Rural Clinical School designed and implemented the HRMP involving a range of research activities held on a regular basis over a 12 month period. These included:
- Monthly research forums
- Primary Health Care Research Evaluation and Development workshops
- Development & support of research groups
- A Visiting Research Fellow Program

Results
Since October 2007 the Program has:
- Presented seven one-hour forums with attendances attendance between 20 to 60 people.
- Delivered four PHCREd workshops with 13 to 25 participants
- Conducted four Research Clinics involving 10 to 12 participants with individual appointments
- Developed two evaluation research groups
- Developed a Visiting Research Fellow program

Results will be interpreted in a theoretical framework using the “Principles of cultivating successful communities of practice” as proposed by Wegner, McDermott and Snyder (2002) to enable reflection on the experience of the HRMP.

Conclusion
The first 12 months of the Health Research Matters Program has proven to be successful in raising awareness of the importance of research in clinical practice. There has been a positive initial response to celebrating and sharing research activity on the NW coast however the challenge now remains as to how we maintain and grow this enthusiasm and interest. The challenge of maintaining the momentum of the inaugural group of participants towards realizing their research endevours whilst simultaneously attracting new members to the program to commence the ‘research journey’ remains an issue for discussion and strategizing.

References