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Opening Plenary

Title
What Works in evidence implementation and challenges as we move forward in operationalising translational research

Author/s
Dr Saravana Kumar

Institution
International Centre for Allied Health Evidence (iCAHE)

Presenter:
Dr Saravana Kumar

Discussion
Dr Kumar is the deputy director of, and senior research fellow at, the International Centre for Allied Health Evidence (iCAHE), a member of the Sansom Institute, University of South Australia. He was the NHMRC NICS-MAC Fellow from 2008-2010 and in 2010 was awarded a South Australian Tall Poppy Award. His fellowship aimed to improve the management of Whiplash Associated Disorders (WAD) by Physiotherapists and Chiropractors by initiating evidence based implementation strategy of a clinical practice guideline. Dr Kumar has keen interest in quality measurement and evaluation of health service delivery. His interests also include research into bridging the gap between research evidence and clinical practice. Underpinning this interest is identifying and breaking down of barriers in uptake of research evidence into clinical practice and its influence in the quality of health care service delivery. Dr Kumar spearheads a number of iCAHE initiatives, aimed at facilitating evidence informed policy and practice. They include
- Development of evidence synthesis (such as rapid reviews and systematic reviews)
- Development of consumer-centric evidence summaries
- Development of resources targeted for evidence implementation (such as www.implementationcentral.com)

To fit with the 2010 Symposium theme of “Moving from Efficacy to Effectiveness – translational research” Dr Kumar will be reflecting on the challenges and opportunities which confront health care stakeholders in evidence implementation. He will provide an overview of current evidence on “what works” in evidence implementation and challenges as we move forward in operationalising translational research.
**Title**

*The PHCRED Strategy: RCBI and RDP 2006 – 2009*

**Author/s**
Associate Professor Ellen McIntyre (OAM)

**Institution**
Primary Health Care Research and Information Service (PHCRIS)

**Presenter:**

*Associate Professor Ellen McIntyre (OAM)*

**Discussion**

This presentation will outline the primary health care research activities and achievements of the 26 university departments of general practice and rural health around Australia that have received funding through the Primary Health Care Research, Evaluation and Development (PHCRED) Strategy. Data comes from their annual reports and a national Researcher Development Fellowship survey conducted in 2009.
Explore. Collaborate. Innovate. RACGP GP 11

Author/s
Jolanda de Jong

Institution
RACGP Tasmania

Presenter: Jolanda de Jong

Discussion
Explore. Collaborate. Innovate., are the concepts that underpin the Royal Australian College of General Practitioners annual conference, GP11, to be held in picturesque Hobart, 6-8 October 2011.

The conference program has been developed to offer a diverse range of local, national and international speakers who will present keynote addresses, poster presentations, workshops and plenary sessions to encourage registrants to explore the way we provide primary care to our patients and communities into the future. Recognising the breadth of general practice, GP11 will also provide sessions for medical students and registrars and will feature the extraordinary ways that ordinary GPs shape their futures, and the amazing things that they do along the way.
Keynote Presentation

Title

A Study of Midwives Who Conduct Universal Opportunistic Antenatal Screening for Chlamydia Infection in a Rural Tasmanian Hospital: Reflective Practice Narratives.

Author/s
Dr Glen Curran, Bronwyn Dudfield & Lyn Johnson

Institution
Tasmanian Sexual Health Service¹; Mersey Community Hospital

Presenters: Dr Glen Curran, Bronwyn Dudfield & Lyn Johnson

Objectives
This presentation reports a qualitative study about midwives who universal screen antenatal women for chlamydia at a rural Tasmanian hospital. During 2008–2009, antenatal midwives collected 999 specimens from antenatal women during their first assessment and detected 32 cases of asymptomatic chlamydia infection. All 32 women were treated and subsequently retested negative for chlamydia in the third trimester.

Methods
Eight rural antenatal midwives and one obstetrician were interviewed. Their stories were recorded, transcribed and analysed for key themes using phenomenological methods, and then reviewed against the available literature.

Results
Midwives have described chlamydia infection in pregnancy over the past 26 years, but the Australian College Midwives remains silent about chlamydia in their professional antenatal guidelines. Midwives found chlamydia screening was easy to implement, non-discriminatory and well accepted by antenatal women with few antenatal women refusing. Midwives did not ask a sexual history. Midwives needed education and skill development pre-screening. Interpreter services are needed when discussing a positive chlamydia with cultural and linguistic diverse antenatal women. Four types of potential harms were associated with antenatal chlamydia screening. Rurality is a compounding factor when considering the benefits and harms associated with chlamydia screening.

Conclusion/Discussion
Midwives clearly identified the benefits of the chlamydia screening program, but less considered the potential harms associated with screening. With increasing calls for routine chlamydia screening programs to be instituted, there was a gap in information about the implementation and potential harms associated with chlamydial screening.

Currently, each antenatal unit in Tasmania has a different approach to chlamydia screening from (no screening, ad hoc risk screening, screening those under 25 years old and universal screening). The Australian College of Midwifery provides minimal guidance to antenatal midwives who screen women for chlamydia infection.
Session 1

Title

Cardiac rehabilitation program in a rural community

Author/s
Courtney-Pratt, H., Sanderson, S., Cameron-Tucker, H.

Institution
Royal Hobart Hospital

Presenter: Helen Courtney-Pratt

Objectives
Members of a rural community in Tasmania are faced with the double burden of higher than average rates of cardiovascular disease and increased barriers to accessing cardiac rehabilitation programs following diagnosis of cardiovascular disease or surgery. This research sought to explore the acceptance and support for delivery of a secondary prevention cardiac rehabilitation program in a rural community. The provision of a seven week cardiac rehabilitation program was based on self management principles including action planning with a strong local and collaborative focus.

Methods
Design:
Pre and post intervention survey, and qualitative data provided by participants.

Participants:
Eight participants identified by their GP as experiencing cardiac disease or referred from the hospital setting.

Key measures for improvement:
Ability to provide a locally facilitated program that reduced barriers to attendance that encouraged partnership between community health care providers.

Results
The provision of a cardiac rehabilitation program in a rural community was well accepted by participants and facilitators. Local provision was a key positive for participants based on their qualitative comments regarding the program. Furthermore the program was described by participants as supportive, holistic and convenient, providing new information in a framework which supported self management.

Conclusion/Discussion
Delivery of the pilot program which engaged local health care providers (public and private) in partnership with local residents was highly accepted and has facilitated ongoing collaboration to enable continuation of the program. The program has the potential to be used in other rural areas within the state.
Title

A literature review of Doppler ultrasound versus oscillometric methods for determination ankle brachial index (ABI)

Author/s
Tun, N.N., Nelson, M.R.

Institution
Menzies Research Institute

Presenter: Nyi Nyi Tun

Background
Peripheral arterial disease (PAD) is a generalised atherosclerotic disease with a high prevalence in the general population. It is under-diagnosed in clinical settings because about half of the patients are asymptomatic. The current gold standard non-invasive method for the diagnosis of PAD is the measurement of ABI which is the ratio of the highest systolic blood pressure of the arm to the highest systolic blood pressure of the leg. An ABI < 0.9 is considered as a positive test. However, the use of Doppler in the general practice settings remains low due to the time taken for measurement, the lack of a dedicated device, the lack of technical skill and high inter-observer and intra-observer variability.

Objectives
To review the literature for comparative studies of oscillometric and Doppler methods of determining ABI.

Methods
A literature review of PubMed and Google scholar was undertaken using the following search words ankle brachial index and oscillometric measurement. No meta-analysis was performed.

Results
We identified 155 papers in the respective databases of which 55 were reviewed due to their abstract content and 35 papers were reviewed in full. Oscillometric method of determining ABI was generally found to be cheaper, less time consuming (4.2 minutes versus 11.1 minutes) and need no special training. The overall correlation between two methods was good (r=0.76) and especially good in oligo-symptomatic and non-diabetic patients.

Discussion / Implications
Oscillometric measurement could be a solution for widespread measurement of ABI in GP settings as this method is more widely available with the distribution of 14,000 such devices in general practice. A validation study (ABIDING) is currently being conducted in Australian general practice.
Title

*Continuing engagement with physical activity during the transition from adolescence to adulthood*

Author/s
Jose, K. & Hansen, E.

Institution
Menzies Research Institute

Presenter: Kim Jose

Objectives
The purpose of this study is to explore how young people engage with physical activity during the transition from adolescence to adulthood.

Methods
Eight focus groups and one group interview exploring young people’s engagement with physical activity were conducted with 50 young people aged between 16 and 26 years. Participants included males and females, rural and urban dwellers and a mixture of active/inactive young people. Focus groups were digitally recorded and transcribed before the data was analysed using iterative thematic analysis.

Results
With the exception of the unemployed participants young people discussed increasing demands on their time, changing expectations about time use and changing value of participation in physical activity on the completion of compulsory schooling (Year 10). Young people used a variety of strategies to remain engaged in physical activity during this transitional life stage. Ongoing engagement did not appear to be dependent on age, gender, socioeconomic status or type of physical activity.

Conclusion/Discussion
For the young people in this study negotiating and managing the expectations of others with respect to time use was the dominant experience. In the process young people set priorities and made commitments and decisions about how they would use their time. This included decisions about participation in physical activity.

The young people in this study who remained engaged with physical activity during this transitional life stage had successfully combined their continued involvement in physical activity with other priorities where opportunities and support to do so were available.

Key messages
Young people remained engaged in physical activity during this transitional life stage only if it was commensurate with their changing life circumstances and priorities.
Title

*Healthier options in vending – Opportunities for Tasmanian workplaces*

**Author/s**
Sharon Campbell

**Institution**
Eat Well Tasmania

**Presenter:** Alison Ward

**Objectives**
The HOVER project (Healthier Options in Vending – Employer Resources) has two key aims: To educate employers on the links between supporting healthy eating within the workplace and a healthier productive workforce and; to ensure that where workplaces have vending machines, a range of clearly identified healthier food and drink choices are provided and promoted.

**Methods**
The project interviewed key stakeholders, including employers, vending machine suppliers and the food industry, to gain an overview of the Tasmanian vending machine industry. Questionnaires were used in two workplaces where healthier vending options were trialled for three months. Based on the data gathered, a suite of resources were developed to assist Tasmanian employers implement healthier options in their workplace vending machines.

**Results**
That healthier options can be successfully incorporated into Tasmanian workplace vending machines.

**Conclusion/Discussion**
There is growing recognition of the importance of workplace health and the links with employee productivity and wellbeing. The provision of workplace nutrition options is key to providing healthier choices for staff. Vending machines typically provide less healthy options that are energy dense, high in fat, sodium and sugar, and have little positive nutrition. The provision of healthier options in vending machines is an opportunity for employers to provide more positive nutrition for staff.
Title

Asian migrants’ health risks in the Tasmanian rural context: Directions for primary healthcare development

Author/s
Le, Q. & Terry, D.

Institution
University Department of Rural Health

Presenter: Daniel Terry

Objectives
This paper examines the health risk behaviours of Asian migrants living in rural Tasmania as this social and cultural environment is different from large Australian cities. It attempts to understand their views and experiences about health risk factors of non communicable diseases and how these are perceived and handled in the Tasmanian context.

Methods
Qualitative method was used. Data was collected from semi-structured interviews of 12 Asian migrants from diverse cultural backgrounds in Tasmania. The data related to health risks, such as smoking, alcohol, physical activities, and diet. The data was grounded in participants’ experiences of health risks in their homelands and now in Tasmania. Thematic analysis was used in data analysis.

Results
The findings indicate that Asian migrants in Tasmania have maintained many cultural habits and belief about diet and health. Longer term Asian migrants in Tasmania have adapted to a more western diet. There was a change in perception regarding smoking and alcohol consumption while others have personally observed through experiences of family members suffering associated poor health. Environmental factors, such as clean air and little pollution have contributed to their physical and mental wellbeing. Physical activity is identified in maintaining good health; however regular participation remained low.

Conclusion/Discussion
Migrants faced challenges in a new environment, particularly in rural areas. Health risks related to smoking, alcohol and physical activities play an important role in shaping their wellbeing. These risks are influenced by their traditional views on health and adaptation to the new environment. This research provides directions for developing primary healthcare and wellbeing strategies for Asian migrants in Tasmania, in ways that address the identified health risks.
Title

Prevention & monitoring of the cessation of breastfeeding (PRAM-COB)-Pilot study: Work in progress

Author/s

Institution
Menzies Research Institute

Presenter: Jennifer Ayton (Hargrave)

Background
The aim of this pilot study is to test the clinical acceptability, method of data collection and timing of a primary health care based intervention to prevent early cessation of breastfeeding. By undertaking feasibility study we will inform the development and improve the design of a proposed cluster randomized controlled trial that aims to prospectively monitor infant feeding practices in line with the WHO recommendations and prevent early cessation of breastfeeding through timely support.

Aims
To test the feasibility and timing of a proposed randomized controlled trial intervention tool. To evaluate the clinical acceptability of the proposed intervention tool amongst general practitioners/practice nurses in the primary health care setting.

Methods
This pilot study will enrol 5 General practice clinics within the Hobart region. We aim to have 20-30 general practitioners and practices nurses complete the trial data collection form when they immunize an infant in accordance with the Australian child national immunization schedule. We will then evaluate the process by inviting the participants to complete a survey and focus group.

Implications
Undertaking feasibly studies using both quantitative and qualitative approaches provides important evidence to inform and refine the clinical acceptably and suitability of primary health care based interventions. The results of this study will provide valuable information and support attempts to secure additional funding.

Key messages
Sound primary health care community based interventions are required to monitor and prevent early cessation of breastfeeding. Before these can be constructed it is essential to understand the suitability of an intervention tool.
Can high dose intermittent vitamin D correct vitamin D deficiency in adolescents? A randomised controlled trial

Author/s
Carnes, J., Quinn, S., Nelson, M., Jones, G., Winzenberg, T.

Institution
Menzies Research Institute, University of Tasmania

Presenter: Dr. Tania Winzenberg

Objectives
Vitamin D deficiency is common in adolescents. However, adherence to daily vitamin D supplements poor. The optimal dose regimen for children is unknown. This study aimed to assess the safety and efficacy of high-dose intermittent vitamin D supplementation to correct deficiency in adolescents.

Methods
Healthy adolescents with serum 25 hydroxy-vitamin D (25OHD) 12.5-50 nmol/l were randomly allocated (with double-blinding) to 300,000 IU or 150,000 IU of vitamin D3 or placebo orally 6-monthly for 1 year. Outcomes were serum 25OHD (DiaSorin radioimmunoassay) at baseline, 3, 6 and 12 months and serum calcium at 2 weeks. We performed an intention-to-treat analysis using random effects mixed models.

Results
Baseline characteristics of the 22 eligible participants were similar in each group. The mean increase in serum 25OHD was 35 nmol/l higher in the 300,000 IU group than placebo (p<0.05) but was not significantly different from placebo in the 150,000 IU group. At twelve months, 1/5 (20%) participants receiving 300,000 IU was deficient, with a borderline serum 25OHD of 49nmol/L while 5/6 (83%) and 4/7 (57%) participants remained deficient in the placebo group and the 150,000 IU group respectively. There were no adverse events, including hypercalcaemia. Compliance was 100% in those completing the study. Two participants were lost each from the 300,000 IU and placebo groups, for reasons unrelated to the interventions.

Conclusion/Discussion
We identified a safe, efficacious and effective dosage regimen for the correction of vitamin D deficiency in adolescents. This is an important step in the development of an appropriate and feasible screening and treatment program for vitamin D deficiency in adolescents.

Key messages
Vitamin D deficiency in adolescents can be corrected with 300,000 IU vitamin D3 given orally 6-monthly.
Title
‘Core’ muscles, motor control, gait & cognition: do they all decline together?

Author/s
Millner, J.R., Srikanth, V., Zochling, J., Winzenberg, T.

Institution
Menzies Research Institute, University of Tasmania

Presenter: Janet Millner

Objectives
The roles of the deep core trunk muscles in joint stability, and counter-acting the effects of gravity on upright human posture, are well known. Further evidence associates dysfunction in core muscles, particularly transversus abdominus (TrAb) and lumbar multifidus (LM) with low back pain, and rehabilitation directed at re-educating motor control of these muscles is beneficial in low back pain management.

Core muscles may also have an important role in aspects of normal movement and gait, but studies to date have been relatively small, and focussed on young athletes. This study aims to measure TrAb and LM size and motor control in a larger, older (age > 60), population based cohort, the Tasmanian Study of Cognition and Gait (TASCOG).

Methods
Following an explanation and brief assessment of back pain history, real-time ultrasound (RTUS) is utilised to obtain images of TrAb and LM bilaterally, both when relaxed and voluntarily contracted. Images are saved for later analysis, i.e. muscle thickness and cross-sectional area.

Potential associations between the study findings and TASCOG measures will be explored:
- Age, BMI, girth, leg length
- Brain structural changes, e.g. white matter lesions
- Gait, e.g. speed, cadence, stride length, limb support time
- Balance and falls, e.g. physiological profile, falls diary
- Cognitive measures, e.g. mental speed, memory, attention

Results
Not Yet Available

Conclusion/Discussion
To the investigators’ knowledge, RTUS methodology for core muscle measurement has not been utilised in an older population-based cohort, and the challenges / limitations will be briefly discussed. Despite these, this study provides an opportunity to inform future research into exercise prescription for older populations in the areas of gait re-education and falls prevention.
**Key messages**

This study will assist in narrowing the evidence gap regarding core muscle function and its association with other key measures of health and frailty in the elderly.