

## Editorial: How do you make data count?



**Sara Howard & Cecilia Moretti, PHC RIS**

Whether you've had a lot or a little to do with data, chances are you've heard the popular saying "lies, damned lies and statistics", where even accurate data can be used to reinforce inaccurate arguments. In environments where statistics can influence funding and resource allocation, such as in health care, it is particularly important to make data count in the right way through accurate collection, independent analysis and unambiguous presentation.

The Annual Survey of Divisions (ASD) has evolved over the last few years to deliver the most representative Division data possible. A large part of this process involved the conversion of the survey in

2006 from a word document to an on-line, web-based system (the Divisions Information Online System). This system has greatly improved the accuracy and quality of the information collected with data checks built in to prevent missing data and non-meaningful responses (eg. the total full-time equivalence (FTE) of GP staff working in a Division cannot be greater than the number of GP staff). In addition, to minimise different interpretations, definitions of terms have been provided where appropriate.

Beyond automated data checks in the survey itself, a range of other methods are used to further enhance the quality of the data. If outliers (extreme values) are present or if substantial changes are observed in a value compared to the preceding year, these are double-checked with the Division. In addition extensive feedback about responses is provided to each Division allowing them to check and correct

inaccurate information.

Data analysis and presentation of the results is completed objectively and thoroughly by PHC RIS. Analysis is repeated by a second researcher to ensure validity and results are supplemented with contextual information on relevant health and political issues.

There will always be some degree of variability in the accuracy of data reported but as long as we remove as much error as possible then we are making the most of the data. Information technology plays a pivotal role in achieving this. Non-statistical benefits attached to such a rigorous data process include reduced burden for Divisions and PHC RIS alike, with data anomalies prevented or corrected in a timely manner.

For a more detailed overview of the steps involved in gathering and reporting on data from the ASD, please go to [www.phcris.org.au/products/asd/results/06\\_07.php](http://www.phcris.org.au/products/asd/results/06_07.php).

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### 2009 GP & PHC RESEARCH CONFERENCE

15-17 July 2009  
Melbourne, Victoria

Watch this space for updates  
Or visit [www.phcris.org.au/conference/2009](http://www.phcris.org.au/conference/2009)

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# Healthy People, Prosperous Country

## FULBRIGHT SYMPOSIUM

10-11 July 2008, Adelaide

Attended Libby Kalucy & Ann-Louise Hordacre, PHC RIS

This excellent stimulating symposium was convened by the Department of Public Health at Flinders University and the Cooperative Research Centre for Aboriginal Health (CRAH).

As a Fulbright Symposium, both the Australian Government Department of Health and Ageing and the Government of South Australia contributed, with both the Federal and the South Australian Health Ministers present at the opening session together with the USA ambassador.

The Federal Minister, Nicola Roxon, in opening the symposium took the opportunity to announce the formation of the National Indigenous Health Equality Council, which will be chaired by Professor Ian Anderson, research director of the CRAH.

The Council's first task is to strengthen the indigenous health workforce.

A number of the keynote speakers were drawn from the Commission on Social Determinants of Health and foreshadowed the release of a major report from the World Health Organisation *Closing the Gap in a Generation: Health equity through action on the social determinants of health* (available at <[www.who.int/social\\_determinants/en](http://www.who.int/social_determinants/en)>).

The head of the Commission, Sir Michael Marmot demonstrated how improving the circumstances in which people are born, grow, live, work and age can improve the conditions of all whilst decreasing the gap between the most advantaged and the least advantaged, an admirable goal for all.

Lessons for Australia focused on inequity of circumstance and health for Indigenous Australians and the Federal Government's sometimes misguided attempts to redress this imbalance.

Indigenous leaders and other speakers identified the need to work together as



equals, for empowerment of individuals rather than disenfranchisement.

Emerging youth leaders were in attendance and were provided with the opportunity to meet and learn from many of the eminent speakers, and reflect their experience of the symposium back to the delegates.

Peter Mares from Radio National recorded a program for the National Interest with five of the keynote speakers. *The wealthy healthy: Wellbeing's social determinants* is now available as a podcast: <[www.abc.net.au/rn/nationalinterest/stories/2008/2334121.htm](http://www.abc.net.au/rn/nationalinterest/stories/2008/2334121.htm)>.

# A Global World - practical action for health & wellbeing

## POPULATION HEALTH CONGRESS 2008

6-9 July 2008, Brisbane

Attended by Ellen McIntyre, PHC RIS

This inaugural Population Health Congress was a collaborative event organised by the Australasian Epidemiological Association (AEA), the Australasian Faculty of Public Health Medicine (AFPHEM), the Australian Health Promotion Association (AHPA) and the Public Health Association of Australia (PHAA).

The Congress, attended by over 1300 delegates from Australia, New Zealand and the Asia/Pacific, provided an extraordinary networking opportunity for

people from a range of population health backgrounds including health promotion, epidemiology, public and environmental health, public health medicine and primary health care.

The Congress aim *A Global World – Practical Action for Health and Well-being* was structured as three themes:

- ⇒ Environment and Health
- ⇒ Social Cohesion, Social Capital and Health
- ⇒ Food and Health.

Arising from the congress was the following Congress Statement:

*We stress the need to recognise that the conditions of the social, built and natural environments are fundamental determinants*

*of the health of populations, now and into the future. The recent emergence of large-scale environmental change, including climate change, underscores the urgent need for the sustaining of population health to be a central criterion of all policy making.*

Authors of the highest scoring abstracts were invited to write full papers. Eleven of these are available at <[www.populationhealthcongress.org.au/acceptedpapers.html](http://www.populationhealthcongress.org.au/acceptedpapers.html)>.

Congress outcomes can be viewed at <[www.conferenceco.com.au/PopHealth08/program.html](http://www.conferenceco.com.au/PopHealth08/program.html)>.



[www.aea.asn.au](http://www.aea.asn.au)

# Are you remotely interested?

## THE 2008 MOUNT ISA REMOTE HEALTH CONFERENCE

15-17 August 2008, Mt Isa

Attended by Ellen McIntyre, PHC RIS

This conference kicked off with the Queensland Minister for Health's announcement of a 12 month pilot study of 10 American trained Physician Assistants based in five urban and rural locations ([www.cabinet.qld.gov.au/mms/StatementDisplaySingle.aspx?id=59727](http://www.cabinet.qld.gov.au/mms/StatementDisplaySingle.aspx?id=59727)).

This along with the Physician Assistant courses being developed by the medical schools in both the University of Queensland and James Cook University will hopefully see this profession being rolled out in Australia as one way to address the health workforce shortage.

Keynote speakers heavily involved with Physician Assistants in the US, Professors Ruth Ballweg, Anita Glicken and Steve Turnipseed added greatly to the lively debate about this profession,

its development, uptake and success ([www.pahx.org](http://www.pahx.org)).

A key challenge for Australia will be in how we will adapt this profession in Australia and integrate it with other health care professions.

Presentations on the newly World Health Organization (WHO) accredited, Mount Isa Safe Community also attracted much interest. Using the WHO Safe Communities Model, the Mount Isa Safe Community addressed local injury issues to make Mount Isa a safe place to live, work, study, travel and play. Already projects have addressed childhood injury prevention, seniors safety, family violence, substance misuse, and road safety ([www.mountisasafecommunity.com.au/](http://www.mountisasafecommunity.com.au/)).

Topics that featured in other sessions included features of cultural awareness for health care providers, networking for research, raising awareness of health professions in schools, patient perceptions of health care providers, rural procedural practice, effective

support for information management groups, and expanding the scope of rural and remote paramedics.

A conference well worth attending. I look forward to the next one in 2010.

Abstracts and presentations are available at [www.micrrh.jcu.edu.au/conferences-workshops/](http://www.micrrh.jcu.edu.au/conferences-workshops/).



Professor Anita Glicken



Professor Ruth Ballweg

## RESEARCH ROUNDup

### KEEPING POLICY MAKERS ABREAST OF CURRENT RESEARCH

Ann Alfred, PHC RIS

It is a constant challenge for government policy personnel to remain abreast of current Australian research relevant to their briefs.

Access to this evidence is necessary to enable Australian Government policy makers to set priorities and evaluate and initiate strategies for improving Australians' health and health systems.

At the same time, health researchers want to ensure that their research outcomes reach those, such as policy makers, who can facilitate change leading to improved health and health systems.

*RESEARCH ROUNDup* is a new PHC RIS publication to be launched soon,

aiming to help both policy makers and researchers achieve these aims.

It is being developed in consultation with Australian Government Department of Health and Ageing (DoHA) personnel to ensure it meets their information needs.

PHC RIS staff will gather evidence from current or recently completed Australian research relevant to government priority areas.

*RESEARCH ROUNDup* will then present summaries of this research, with each issue covering one health priority area, in a concise and easy-to-read two page format.

Issues will be distributed electronically to key people in policy areas of DoHA as well as stakeholders in other relevant bodies and subscribers.

Issues will be housed on a dedicated webpage on the PHC RIS website and will be promoted via other PHC RIS

products such as *PHC RIS eBulletin* and this newsletter.

The currency of research will be ensured by strategies which include gathering evidence as it is presented by researchers at a range of conferences and seminars around Australia addressing aspects of health and health systems.

Early *RESEARCH ROUNDup* issues will present current Australian research about Indigenous health, patient focussed practice and rural health.



# Divisions Network matters

## RESEARCH IN DIVISIONS

Cecilia Moretti & Sara Howard, PHC RIS

Evidence based care underpins safety and quality in health care, which is a fundamental expectation of both health care consumers and policy makers in Australia. However, to generate the type of evidence needed to inform health care practice, a robust research platform is required. For research to have the desired impact, it needs to be rigorous, relevant, informed and connected to the practice community. The Annual Survey of Divisions shows that Divisions are stepping up to the task in the primary health care setting.

In 2006-07, 82% of Divisions used at least one organisation for research support. Divisions were most likely to receive this type of support from university departments (see figure).

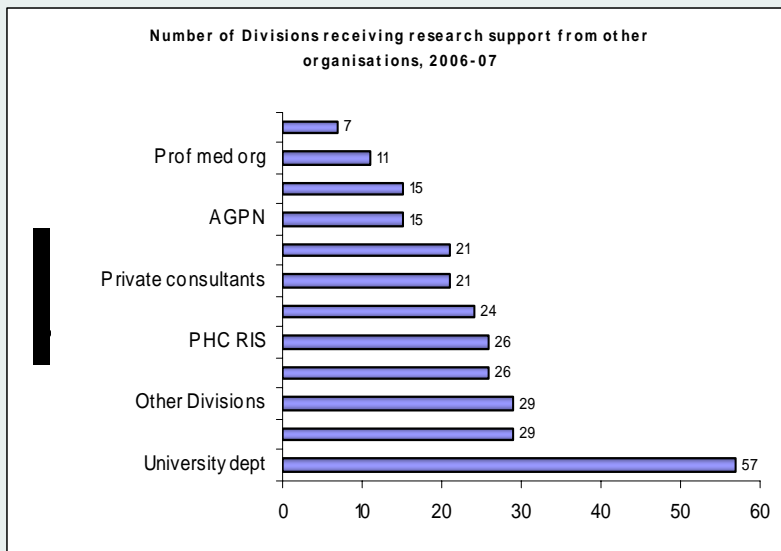
Forty-one Divisions submitted at least one research proposal in a competitive grant process in 2006-07. In all, 72 proposals were submitted with 33 of these successful. Divisions involved 105 project partners in their proposals, most commonly other Divisions (28%), universities (12%) and local or area health services (11%).

The range of proposed project topics

was more diverse than in previous years; mental health accounted for 11% of proposals, while other commonly investigated areas included Lifescripts, cancer screening, aged care and diabetes. There was no dominant theme associated with success, although ageing-related projects accounted for 15% of successful proposals. Notably, 75% of proposals from rural-remote and remote

Divisions were successful, as were around two thirds of proposals from Western Australian Divisions.

More information is available in *Moving ahead. Report of the 2006-07 Annual Survey of Divisions of General Practice*, available on-line or request a free hard copy at [www.phcris.org.au](http://www.phcris.org.au).



## SUPPORTING EFFECTIVE LINKAGE AND EXCHANGE



**Kylie Armstrong,  
Senior Research Fellow**

Dr Kylie Armstrong recently commenced as Senior Research Fellow (Primary Health Care) as a Joint Appointment

between Griffith University and General Practice Queensland. Kylie has worked previously in both organisations in a strategic and research capacity. Her previous positions at the University included Research Fellow with the Heart Foundation Research Centre and Executive Officer for the newly established Griffith Institute for Health and Medical Research. Kylie moved to North Queensland in 2007 and commenced as Senior Program Leader, Chronic Disease with General Practice Queensland. Kylie sits in a Division of General Practice and is hosted by North

and West Queensland Primary Health Care in their Townsville office.

The opportunity to develop a platform to support effective linkage and exchange between universities and Divisions of General Practice emerged last year through consultation with the Queensland Divisions Network. The opportunity to foster stronger partnerships and collaborative approaches to bridging the evidence-practice gap was identified as a need. A strategic partnership between General Practice Queensland and Griffith University was formed late in 2007 and a Memorandum of Understanding (MoU) was signed which commits the partners to the development of a Collaborative Research Hub. The Collaborative Research Hub has a key focus on increasing the relevance and use of health service research to inform decision-making by facilitating knowledge transfer and exchange - bridging the gap between research and practice.

The aim is to support effective links, remove duplication of effort and to

work together with Divisions of General Practice, government agencies, primary health care organisations and research networks to identify and prioritise key research initiatives to inform policy development. This will also include working closely with other Universities and the PCHRED program, which already operates using a collaborative network model.

A discussion paper is currently being written to guide the development of the model and research priority areas (themes). The recent General Practice Queensland Chronic Disease Health Summit outcomes will also contribute to the development of the research agenda, providing opportunities to challenge 'real world' health issues.

For further information visit [www.gpqld.com.au/page/Programs/Collaborative\\_Research\\_Hub/](http://www.gpqld.com.au/page/Programs/Collaborative_Research_Hub/) or contact Kylie Armstrong on: P: 07 4725 8868 E: [karmstrong@gpqld.com.au](mailto:karmstrong@gpqld.com.au)

Senior Research Fellow (Joint Appointment) Griffith University and General Practice Queensland



# Divisions Network matters

## DIVERSITY IN DIVISIONS

Cecilia Moretti & Sara Howard, PHC RIS

Divisions of General Practice are regionally based, independent entities designed to strengthen the capacity of general practice to deliver primary health care services to the Australian population. Divisions operate within defined catchment areas, that are distinguished by population size and characteristics, GP and general practice numbers, and vary widely in terms of focus, roles, membership and management structures (Commonwealth Department of Health and Family Services, 1998).

Data from the Annual Survey of Divisions support this observed variability within the Network. In 2006-07, the largest Division, located in Queensland, had 599 099 people in its catchment, while the smallest, in New South Wales, had a population of 15 723. *Kimberly Division* (Western Australia) recorded 50% Indigenous population, compared with the national average of 4%. Division boards ranged between four and 14 members; 38% were comprised exclusively of GPs

## PRACTICE NURSE PROJECT

Lisa Fairweather, Communications Officer, General Practice Victoria

General Practice Victoria initiated the Practice Nurse Project in response to the identified need for a skilled, varied and effective general practice workforce. The project was focused on increasing the capacity of divisions of general practice in recruitment, retention and capacity building of practice nurses.

Data was collected from all Victorian divisions between March and May 2007 using a structured interview format. Analysis of this data clearly showed lower practice nurse numbers in metropolitan areas than rural areas. Three rural divisions reported over 95% of member practices employed practice nurses whereas 75% was the highest figure in metropolitan divisions. Consistent with these findings, division staff commented that more practice nurses were required in metropolitan areas.

while the remainder drew non-GP board members from a range of sources. The figure provided shows how Divisions span our broad continent. On a national

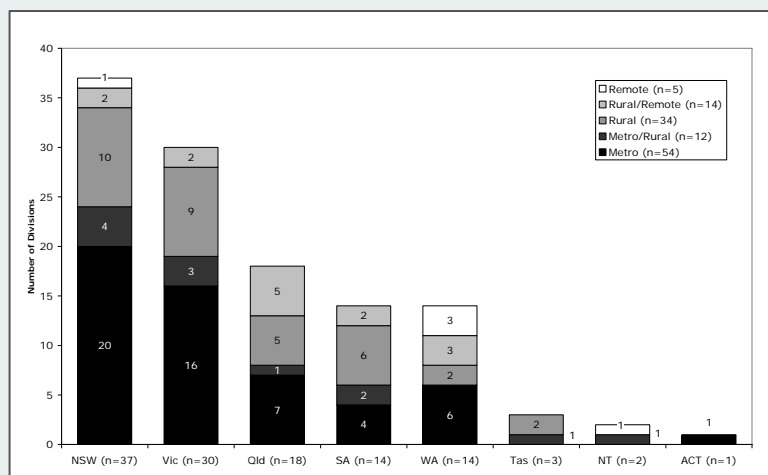
scale, 45% of Divisions service metropolitan areas, while the remaining are distributed across regional zones of greater or lesser remoteness, with attendant demographic and workforce issues to consider.

In many respects the diversity of Divisions can be considered a strength, as it reflects their connectedness with local needs and issues; however, some drawbacks have been identified. For example, realistic expectations about what individual Divisions can achieve

A lack of physical space, lack of access to electronic communication, low salary and hospitals competing for the same nursing staff as general practices, are all contributing factors to a significantly reduced pool of nurses available to the general practice setting.

Divisions have been supported by GPV with co-ordinated training in decision support systems such as practice mapping and the Practice Health Atlas™<sup>1</sup>, the Canning Data Extraction Tool<sup>2</sup> and the PCS Clinical Audit System<sup>3</sup>. Divisions build the capacity of staff by providing payment to attend these training sessions. The application of skills to practices needs to be supported to ensure practices build their capacity.

The project data showed divisions in inner-urban areas, those with the lowest practice nurse numbers, are those ineligible for the Practice Incentive Payment (PIP). The lack of a PIP is a significant barrier to implementing practice nurses in these divisions, but not the only one. An ageing GP workforce and solo



must give due consideration to key demographic factors, the size of the Division, supporting infrastructure and health services, and the health status of populations (Ungerer, 2004). Consequently, to promote greater efficiency and effectiveness within the Network, the Australian Government has encouraged Divisions to amalgamate where possible. Recognising an opportunity to strengthen the Network, three amalgamations have occurred since 2005 in Queensland, Western Australia and New South Wales.

practitioners were also defined as reasons for not recruiting practice nurses. The three inner-urban divisions with the lowest practice nurse numbers found it hard to convince GPs of the benefits of employing a practice nurse.

GPV and its member divisions provide opportunities for the professional development of practice nurses to build the general practice workforce. By increasing the capacity of the primary health care workforce, GPV is working towards a healthier Victoria.

For more information about the Practice Nurse Project in Victoria, please contact:

Lesley Czulowski

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W: [www.gpv.org.au](http://www.gpv.org.au)

1 <http://www.awdgp.org.au/site/index.cfm?display=5462>

2 [http://www.canningdivision.com.au/lnk\\_downloads.html](http://www.canningdivision.com.au/lnk_downloads.html)

3 [http://www.pencs.com.au/prod\\_detail.asp?cat\\_id=10&prod\\_id=20](http://www.pencs.com.au/prod_detail.asp?cat_id=10&prod_id=20)



# The National Primary Health Care Partnership

Alice Morrissey

Australian General Practice Network

Primary health care is

*“the principal vehicle for the delivery of health care at the most local level of a country's health system,” – World Health Organization*

When the National Primary Health Care Partnership (NPHCP) was launched by Federal Health Minister Nicola Roxon at Parliament House in June a united voice for the future of Australian health care was heard loud and clear.

Representing 19 national peak health organisations and more than 100,000 frontline workers, the Partnership aims to provide advocacy and communication services across the Australian primary health care sector.

This advocacy body provides a central point of contact for information about and input into the delivery of primary health care services in Australia and is working towards a primary health care system that works for the people who need and use it.

NPHCP Chair Claire Hewat said “One of the principal aims of the partnership even before the official launch was to lobby government for the development and implementation of a National Primary Health Care Strategy and the Partnership has since welcomed the Federal Government commitment to this goal.”

The NPHCP now intends to work closely with the External Reference Group (ERG) to advocate for a National Primary Health Care Strategy that leads to the provision of coordinated, evidence based, safe primary health care services delivered by multidisciplinary health care teams and accessible by all Australians irrespective of geographic, social, economic or cultural background. The ERG has been appointed by the Government to advise on the Strategy and is chaired by Dr Tony Hobbs, current chair of the Australian General Practice Network (AGPN).

Ms Hewat said “All primary health care professionals play a vital role in keeping Australians healthy and we

want a health care system that invests in primary health and places patients first so that they can get the most effective care, by the most appropriate health professional at the right time.”

“The NPHCP will continue to work with government and others in the health care sector to ensure that all Australians have an accessible, affordable and sustainable health care system” said Ms Hewat.

For further information visit:  
<[www.nphcp.com.au](http://www.nphcp.com.au)>

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## WebsiteWatch: HealthInsite

Amy McKay, PHC RIS

### HealthInsite

<[www.healthinsite.gov.au/](http://www.healthinsite.gov.au/)>

An Australian Government Initiative, funded by the Department of Health and Ageing, HealthInsite acts as a starting place, and a quality control agent, for anyone seeking out reliable and up-to-date health information. Concerned with the amount of health information on the internet that was not quality tested; the HealthInsite concept was regarded as a way to ensure that all Australians had access to credible and useful information about health matters.

HealthInsite only links to Information Partners' websites, who have gone through the *Assessment of Content for HealthInsite* and been approved by the

HealthInsite Editorial Board.

Consumers can choose to create a personal profile with HealthInsite which will save their previously viewed HealthInsite pages. Health Professionals are encouraged to use this website as a reliable reference for patients.

### Living is for Everyone

<[www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)>

The Living is for Everyone (LIFE) website is a valuable suicide and self-harm prevention resource for anyone involved in dealing with suicide and self-harm prevention activities around Australia. The website gives you access to LIFE resources such as Fact Sheets, the Living is for Everyone framework and LIFE Research and Evidence in Suicide Prevention.

The website includes lists of current national and community LIFE projects, an on-line library, and a special Professional Development Network section which allows professionals to

access extra features to the website including discussion forums and live chat sessions.

### MiVitals

<[www.mivitals.com/](http://www.mivitals.com/)>

Looking to overstep the problem of fragmented and duplicated health records, MiVitals aims to improve health management by allowing information to be gathered by consumers into one centralised place. Developed by an Australian company, MiVitals enables consumers to create, manage and access their own health and lifestyle records via a free on-line storage system.

For Health Professions MiVitals allows information to be shared with all professionals involved in the care of a patient, reducing the time wasted on chasing old records or waiting for key information to be shared.



# APCC Program Update

## Rebecca Esteve, Improvement Foundation Australia

Phase Two of the Australian Primary Care Collaboratives (APCC) Program is now being rolled out to Divisions and practices across Australia. The Program is delivered by the Improvement Foundation (Australia) [IFA] who was awarded the tender in December 2007. IFA is a subsidiary company of the Improvement Foundation based in Manchester, England; an internationally renowned quality improvement organisation.

The work of the Improvement Foundation has affected 60 million people in the UK and internationally, including in Australia, over the last six years. The Improvement Foundation has a track record of gaining results, and building local capacity to ensure that organisations can continue their quality journey. For more information about IFA visit [www.improve.org.au](http://www.improve.org.au).

### The workshops

The first learning workshop events were held in Sydney in June 2008 and included participants from NSW, QLD and ACT, and in Perth in August for WA, SA and NT participants.

Participants included GPs, practice nurses, practice managers and Division staff. Plenary speakers Dr Dale Ford, Dr Tony Lembke and Dr Andrew Knight inspired audiences at both events with their expertise and passion for quality improvement. Participants returned to their practices enthusiastic about making improvements to the care they are delivering to their patient communities. Learning workshop 1 for Victoria and Tasmania will be held in Melbourne in November this year.

### Baseline data

Following each state event, practices submit baseline data. Baseline data showed a higher starting point compared to practices in Phase 1. Having the Phase 2 baseline data at a higher starting point may indicate a general improvement in the way data is managed at the practice level. This is an encouraging sign for the APCC team and Phase 1 Divisions who worked hard to get the word out about having clean data and up-to-date registers. You will find all state data graphs at [www.apcc.org.au/results.htm](http://www.apcc.org.au/results.htm).

### Measurement and Data submission

Measurement continues to be a vital component of the effectiveness of the

Program and we keep the Divisions network updated with any new developments in this area. We encourage all Phase 1 practices to continue their improvement work with the Program and to continue measuring their progress by submitting data each month and we welcome Phase 1 practices to take advantage of additional measures as they become available. The Program continues to provide quarterly graphs to all Phase One practices who submit monthly data.

For more information about the APCC Program see [www.apcc.org.au](http://www.apcc.org.au).

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# Do you need Ethics Approval for your research?



## Samantha Chakraborty, RACGP

"When in doubt, submit"

summarises the advice of the RACGP National Research and Evaluation Ethics Committee (NREEC) to any GP undertaking research.

The RACGP NREEC's primary task is to assess the ethical principles and associated guidelines for research involving or impacting upon humans in the Australian primary care setting according to National Health and Medical Research Council (NHMRC) requirements. As more GPs become involved in research and as

pharmaceutical companies rely more heavily on general practice for clinical trials, there is an increasing need to ensure that the welfare and rights of participants in research are protected.

The RACGP NREEC aims to help GPs ensure that the ethical considerations of their research projects have been thoroughly assessed. This will protect the patients involved in, and the doctors conducting, the research. There is also an important secondary purpose which is to facilitate research that is, or will be, of benefit to the community or to humankind.

The NREEC meets in Sydney bimonthly under the direction of Dr Lyndal Trevena, from the University of Sydney. In 2008 the committee also welcomed the appointment of Dr Marie

Pirotta from the University of Melbourne as the new Vice Chair, Prof Siaw-Teng Liaw as a new GP representative and Mr Ian Rose as the new Lawyer Representative.

To learn more about the RACGP NREEC, visit the RACGP website at [www.racgp.org.au/research](http://www.racgp.org.au/research) or alternatively, contact the RACGP NREEC Executive Officer:

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# Chronic disease management

## LOOKING THROUGH THE LENS AT DIABETES AND DEPRESSION

David Mernagh, Greater Health

The Australian Primary Health Care Research Institute (APHCRI) has awarded a Stream Ten travelling fellowship to Professor James Dunbar and Professor Prasuna Reddy of the Greater Green Triangle University Department of Rural Health (GGT UDRH) for a project titled *Chronic disease management models as examples of organisational development approaches in primary care*.

They will travel to centres in the USA during October this year to follow up earlier work that used chronic disease management as the lens through which the contribution of organisational development to leadership, teamwork, culture and collaboration was studied; for this new project, the lens will be

chronic disease management of diabetes and depression.

The aim of the project is to understand the components of the world's best chronic disease management programs for depression and diabetes, and the contribution of organisational development to them.

In relation to the purpose for the study, Professor Dunbar says that "As we got further into the Stream Six work, we realised more and more that chronic disease management was the greatest challenge for healthcare everywhere. Although the United States as a health system has its shortcomings, some health providers and teams have the best chronic disease management systems in the world. In the Stream Six project, we used narrative meta-analysis and now we would like to follow the story further by looking at two quite different, world leading areas of work: the IMPACT model for collaborative care of depression, and US work with diabetes. Both have links to the Robert

Wood Johnson Foundation and its special interest in implementation. RAND Corporation is almost a by-word for evaluation in disease management. We shall also be visiting the McClelland Institute, which is a leading centre for research into Organisational Development. We will be talking to leading experts and preparing a report for the Australian Primary Health Care Research Institute and government policy makers."

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## PHCRED Strategy: Research Capacity Building Initiative

### FACULTY OF HEALTH SCIENCES AND MEDICINE

#### BOND UNIVERSITY



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This year Professor Mieke van Driel has joined us as Director of the Bond University PHCRED Program.

She has recently also been appointed Associate Dean of Research of the Faculty of Health Sciences and Medicine.

With her experience in Evidence Based Practice we are looking forward to making a substantial contribution in this area.

Presently we are conducting workshops on Evidence Based Practice, journal clubs and systematic literature reviews for a motivated group of participants across various disciplines in primary care.

We have engaged a new research fellow and research assistants to facilitate progress of ongoing projects. It is a pleasure to work together as a team.

Prof Van Driel trained as a general practitioner in The Netherlands. She worked in primary health care assistance projects for Médecins Sans Frontières in Asia and Africa.

With a Master's degree in Public Health from the London School of Hygiene and Tropical Medicine, she embarked on an academic career at the University of Ghent, Belgium in 1998.

Teaching and appraising evidence she noticed how poorly it was applied and used in patient care. This provided inspiration for a PhD thesis on the implementation of evidence in clinical



care, exploring the medical, contextual and policy related aspects of scientific evidence.

Mieke has published several scientific publications on the implementation of evidence in clinical practice and supervised numerous systematic reviews to support recommendations for appropriate use and reimbursement of medicines in Belgium. She is a founding editor of the Belgian journal for evidence-based medicine and author of a glossary of epidemiological and statistical terminology that is widely used in Belgium, The Netherlands and France.



# PHCRED Strategy: Research Capacity Building Initiative

## PHCRED QUEENSLAND



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### Proserpine has chronic disease managed

Last month the PHCRED Queensland team presented a series of workshops on Program Planning and Evaluation for health practitioners working in Mackay, Proserpine and Moranbah.

Queensland Health's clinical nurse Sandy McBean attended the last workshop at Proserpine Hospital and was delighted with the support offered by PHCRED.

Following the workshop she dropped the State Coordinator a quick note which said "I just wanted to let you know how much I appreciated the visit you and your team payed to Proserpine Hospital. I don't know how to put this

without sounding dramatic but I believe you and your colleagues saved me from myself!"

Sandy has been busy planning the development and implementation of a Chronic Disease Management Clinic as part of the state-wide rollout of the Healthy Lifestyles Strategy for Chronic Disease 2005-2015.

Following the workshop she felt that she was now able to better articulate and describe the projects she has planned. In fact, in her letter she said she had spent the weekend developing her project plans. "During my work on these plans I have been appalled by how much I have failed to plan and how much has been sitting in my head - I don't know how I thought I was going to translate it all into action - now I can, and more importantly I can explain it and report it!"

"On a positive note, I am thrilled by how much I am 'on track' with the project and how the plan now makes sense," she said. Sandy is now confidently pursuing her plans with the support of her colleagues in the District.

This is just one example of the appreciation people in rural and remote areas have for the PHCRED Roadshow activities which have provided information and support to Queensland Health and primary health care staff in regional areas for the past four years.

Plans to host Roadshow workshops in the Darling Downs region have been scheduled for November 2008.



*Workshop participants in the 'Green Room' at Proserpine Hospital, NQ*

## SCHOOL OF MEDICINE

### GRIFFITH UNIVERSITY

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### Successful Outcome for Chronic Obstructive Pulmonary Disease (COPD) Research



Carolyn Ehrlich from Griffith University was recently awarded first class honours for her Masters of Advanced Practice thesis.

Her research investigates the way patients with COPD access information

and utilise that information to manage their condition on a daily basis.

Findings from her research will assist health professionals to understand this

process in order to improve health-related outcomes and avoid risk-taking behaviours in patients with COPD.

The idea for the project came through Carolyn's work with Queensland Health on a Place-Based Initiative (PBI); a holistic approach to health planning and delivery designed to promote and protect health and prevent and manage chronic disease. She found that people with COPD rely extensively on how they are feeling to determine how to look after themselves. They gather information from a wide variety of external sources including healthcare professionals, media, relatives, or as a member of a support group and they then evaluate all the information they receive based on what they know and believe about themselves.

Carolyn's research identified four inter-related themes that people with COPD use in self-management; personal intelligence, trial and error with or without risk taking, comparison and the 'critical event'.

While, to the patient, the processing and use of information is structured, it can result in health-related behaviour being unpredictable and appearing illogical to an external observer.

Carolyn's dedication and commitment, together with the combined support provided by Queensland Health, the Griffith Primary Health Care Research Evaluation and Development (PHCRED) program, Griffith University School of Nursing and Midwifery and the Griffith Abilities Research Program has produced high quality research that will benefit patients with COPD.



# PHCRED Strategy: Research Capacity Building Initiative

## GENERAL PRACTICE AND RURAL MEDICINE

### JAMES COOK UNIVERSITY



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### The North Queensland Practice Based Research Network

Busy clinicians often have many reasons why they find it difficult to find time for research activities. In addition, some conditions or presentations are rare, and thus to gather sufficient participants several practices or practitioners may need to be targeted.

There is a growing movement towards the establishment of research networks, or groups of practitioners or practices with a similar interest in primary health care research who

combine their efforts in terms of conducting small research projects.

It is well recognised that Practice Based Research Networks (PBRN) assist in developing research and bridging the links between academics and practitioners.

The North Queensland Practice Based Research Network (NQPBRN) was launched at the North Queensland Sub-faculty conference of the Royal Australian College of General Practitioners (RACGP) on 14 September in Townsville.

The network was 'tried' in 2007-8, with eight practices in Townsville, Cairns and Mackay participating in the study *GP Management of Acute Otitis Externa in North Queensland*. Practice nurses, local leadership and ongoing communication with practices, including the timely dissemination of results were identified as the keys to a successful project.

After this project, interviews and stakeholder meetings determined that general practitioners and practice

nurses do want to develop a formal PBRN, but without losing the momentum of locally driven and relevant research. Three streams of research interest were identified: skin conditions including skin cancer and wound management, sexual health and evaluation of enhanced primary health care items. Research ideas were workshopped at the RACGP conference and the network is preparing to start new multi-site projects in one or more of the interest topics.

Participating practices will receive funding for practice nurse time invested in the project, as well as training and support.

We are excited about developing research that is close to practice and relevant for North Queensland and invite all GPs and PNs to join the NQPBRN.

## DISCIPLINE OF GENERAL PRACTICE

### UNIVERSITY OF SYDNEY



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Our three RDP Fellows have been proactive in applying for grants this year.

**Dr Penny Abbott** and **Dr Melinda Prince** recently learned that their applications for the RACGP Rex Walpole Travelling Fellowship and PWH Grieve Memorial Award were successful.

The Rex Walpole Fellowship is to support a plan of travel, and Penny will use it to travel to the Wonca Europe Conference in Basel in 2009, where she plans to present her research.

The PWH Grieve Memorial Award is to support a plan of study in medical education, and Melinda will use the funds to attend two courses in qualitative research run by the Australian Consortium for Social and Political Research Inc (ACSPRI). The outcome of other funding applied for is pending.

The Youth Health Research Interest Group (YHRIG), which our PHCRED Program helps to support, presented a Workshop at this year's GP & PHC Research Conference. *Health for all young people: research practice and policy implications* was co-facilitated by Dr Carol Kefford and Dr Lena Sanci and organized with the assistance of another of our RDP Fellows, **Ms Sam Stott**.

A number of local young people assisted at the Workshop. The Workshop considered how the removal of barriers to accessing primary health care makes a difference for young people and how primary health care can address the multi-faceted health needs of adolescents.

As part of the Workshop, participants helped to write the *Hobart Declaration*

*for Health* for all young Australians, to highlight the 30 year anniversary of Alma-Ata. A copy of the *Hobart Declaration* is now on-line at [www.phcris.org.au/phplib/filedownload.php?file=/conference/2008/media/declaration\\_of\\_hobart.pdf](http://www.phcris.org.au/phplib/filedownload.php?file=/conference/2008/media/declaration_of_hobart.pdf).

Further information about YHRIG is available from:

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# PHCRED Strategy: Research Capacity Building Initiative

## DEPARTMENT OF GENERAL PRACTICE

### MONASH UNIVERSITY



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### A Survey Study of Fertility-Awareness amongst Women at Entry to an Assisted Reproductive Technology (ART) Service

Infertility is a significant health issue affecting up to one in six couples of childbearing age at some time in their reproductive lives.

A survey of fertility-awareness amongst infertile women at entry to a New Zealand tertiary level assisted reproductive technology (ART) facility found that the majority (76%) had insufficient fertility-awareness to maximise their chances of a natural conception.

Fertility-awareness amongst infertile women has not been studied in Australia before so we decided to conduct a self-administered questionnaire to explore the fertility-awareness knowledge, attitudes and practices amongst women seeking fertility assistance at two Melbourne ART services.

Two hundred and eighty-two women were invited to complete a self-administered questionnaire to establish a consecutive cohort.

The questionnaire was designed to collect demographic data, level of fertility-awareness, level of utilisation of the fertile period and attitudes towards fertility-awareness in the context of attempting pregnancy naturally.

Responses from the 204 (72%) women showed that 80% had been attempting pregnancy for one year or more, 87% had actively tried to improve their fertility-awareness from one or more sources, and 68% believed they had timed sex mainly during the fertile time



of their menstrual cycles. Only 12% demonstrated a high level of fertility-awareness combined with a high level of utilisation of their fertile time.

The findings in this study will be used to raise awareness amongst women and their primary health care providers of the nature and extent of women's fertility-awareness and for the potential for integrating fertility-awareness education into pre-conception care and the primary health care of infertile couples.

## DEPARTMENT OF RURAL AND INDIGENEOUS HEALTH

### MONASH UNIVERSITY



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### New research skills to benefit health professionals

Health professionals, nurses, doctors and paramedics recently completed a short course at Latrobe Regional Hospital (LRH) in Gippsland, Victoria, which could help them improve health care research.

The 10 hour short course *Research Methods for Health Care Professionals* presented by Monash University Department of Rural and Indigenous Health (MUDRIH), and supported by the Primary Health Care Research, Evaluation and Development (PHCRED) program, provided introductory information on conducting health care research. It covered designing research

projects and collecting and analysing data as well as covering ethical issues in research.

The aim of the short course is to provide health care professionals with an overview of the issues involved in conducting research. It also encourages them to think about furthering their career through undertaking research based postgraduate studies, or becoming involved with research projects that may be developed through their workplace. The course attracted Health professionals from the Latrobe Valley, East Gippsland and Melbourne and was heralded as a success by many of its participants.

Course participant, paramedic and Victorian University lecturer Kim Savige praised the course's ability to point her in the right direction in regards to research.

The PHCRED program, which is funded by the Department of Health and Ageing, provided text books for viewing and refreshments for participants.



*Attendees at the short course Research Methods for Health Care Professionals*



# PHCRED Strategy: Research Capacity Building Initiative

## SCHOOL OF RURAL HEALTH

### THE UNIVERSITY OF MELBOURNE



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In 2008, seven PHCRED funded researchers commenced their PHCRED projects at the School of Rural Health, The University of Melbourne in Shepparton. Following are their profiles:

**Eboni Stachlewski** graduated from the University of Melbourne in 2006 and is working as a sole physiotherapist in hospital, community health and nursing home environments in rural Victoria. Eboni's interest in chronic pain management and her passion for rural health led her to apply for a PHCRED fellowship researching GP management of low back pain in rural and regional communities.

**Jenny Buerckner** graduated from La Trobe University in 2002. She is working as an occupational therapist with Yarrowonga Community Health Centre. Jenny's research interest is in cognitive behavioural therapy (CBT) and physical exercise and investigating their combined effects on depression.

Her PHCRED project evaluates a CBT and exercise program conducted in Yarrowonga for people with depression.

**Lea Klippel** has a background in nursing, social welfare and social work. Lea is interested in rural and remote practice, and how health professionals maintain their networks, professional support and work life balance. Her PHCRED project explores this area of interest via a national social work focussed questionnaire.

**Meredith Bowden** is a psychologist and health promotion coordinator in the Primary Care Health Services at Alexandra District Hospital. Meredith's interests are in the promotion of mental health and wellbeing, and the prevention of depression and anxiety. Her PHCRED project investigates the relationship between family ritual at life transition points and subjective wellbeing and/or depression and anxiety.

**Lea Fitzgerald** graduated from Charles Sturt University in 1999. She is an occupational therapist working with

Alexandra and Yea Hospitals in the Murrindindi Shire. Lea's passion to undertake research in her local community led her to apply for a PHCRED fellowship investigating the role service organisations, recreational and leisure groups have in meeting older men's needs in a small rural community.

**Sharon Laver** has a nursing and education background. Sharon's research interests are in organisational development, and leadership and professional practice. Her PHCRED project examines the effect of community leadership in disaster recovery for a small rural community.

**Cathy Hill** has a base training in general nursing, with post-graduate certificates and extensive experience in diverse areas of nursing practice spanning 35 years. Cathy has specialised in aged care in a rural area for the last 12 years. Her PHCRED project seeks to identify issues that may be confronting to 'baby boomers' ageing in a rural environment.



2008 PHCRED funded researchers at the School of Rural Health, The University of Melbourne (left to right) Cathy Hill, Eboni Stachlewski, Jenny Buerckner, Lea Klippel, Meredith Bowden, Lea Fitzgerald, Sharon Laver

## DEPARTMENT OF GENERAL PRACTICE

### THE UNIVERSITY OF MELBOURNE

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**Introducing our Practice-Based Research Network VicReN Member Dr Hubert van Doorn**

Dr Hubert van Doorn, VicReN

Foundation Member, is a dedicated and considered general practitioner of 22 years, based in the inner north of Melbourne. He has a strong commitment to improving general practice and has recently undertaken research in the area of mood disorders following completion of a PHCRED RDP Fellowship in 2007.

He says that the RDP Fellowship "gave me the time to study and think about primary care research. It highlighted the processes involved in actually doing the work and gave me the time to think more deeply in the area of my interest. My final project ended up being an audit of patients with depression in our practice. What struck me about the final data was the uncanny correlation with national data such as the BEACH study, confirming the ubiquity of mood disorders such as anxiety and depression."

The PHCRED RDP Fellowship cemented his interest in research and such was his drive and interest that he agreed to become a Foundation Member of the Victorian Primary Care Practice-Based Research Network (VicReN), a PHCRED initiative, with four other GPs. He explains the role of VicReN in general practice: "[It] in effect creates the equivalent of an academic meeting place for GPs. We have no immediate place such as a hospital to meet, exchange ideas and challenge each other. Just as important is the opportunity to open up what is really happening in primary care and work towards making it as good as it can get."

Currently, Dr van Doorn's main focus is to provide a high level of service to his patients and we are delighted at his contributions to the network.



# PHCRED Strategy: Research Capacity Building Initiative

## RESEARCH DEVELOPMENT PROGRAM, PHCRED

UNIVERSITY DEPARTMENT OF RURAL HEALTH, UNIVERSITY OF TASMANIA



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### Jennifer Hargrave

*Breastfeeding outcomes of the cohort of Late Preterm Infants (infants born between 34-37 completed weeks of gestation).*

This study describes the population demographics of a cohort of Late Preterm Infants (LPIs) (N=152), their initiation of breastfeeding at birth and breastfeeding outcomes at discharge from the Royal Hobart Hospital (RHH), Tasmania. The LPI population constitute the 83% of all preterm births at the RHH, this is consistent

with international population health estimates (AIHW, 2005; Raju, 2006).

This study constitutes an important step in mapping the breastfeeding outcomes for the LPI; equally, in the search for determinates of child health outcomes and the effect of breastfeeding and the use of human milk in the preterm population. The public health and primary health care impact of the demographic characteristics and outcomes of this population and overall mortality and morbidity is unknown and requires further study. It is anticipated that the results of this study will be published for peer review and a prospective follow up study will be conducted of the cohort.

AIHW. (2005). *Australian's mothers and babies 2003, (Government report)*. Sydney: National Perinatal Statistics Unit, AIHW

Raju, TN. (2006). Epidemiology of late preterm (near-term) births. *Clin Perinatol*, 33(4), 751-763; abstract vii.

### Sally Bennett

*Psychosocial needs of families with a child diagnosed with profound hearing loss: A systematic literature review*

Tasmania is currently establishing a Universal Newborn Hearing Screening (UNBHS) program. The team consists of an audiologist, screeners and a social worker. Sally is the social worker on the team. UNBHS programs have been established in Britain for over a decade and more recently on the mainland of Australia. Most of the literature emphasises the need for family support after a diagnosis. It also emphasises the benefits of early diagnosis to maximise the child's potential for communicating aurally. Sally is hoping that this literature will help to consolidate the literature and provide the new service with some guiding principles so that it can best work with families.

## GREATER GREEN TRIANGLE UNIVERSITY DEPARTMENT OF RURAL HEALTH

FLINDERS AND DEAKIN UNIVERSITIES

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**Life! Taking Action on Diabetes** is a prevention program that focuses on lifestyle modification through behaviour change to reduce the risk of progression to type 2 diabetes mellitus (T2DM) among those at high risk.

This program is funded by Diabetes Australia Victoria and the Department of Human Services.

The Greater Green Triangle University Department of Rural Health (GGT UDRH) is investigating the applicability of this program for people who are culturally and linguistically diverse (CALD) from the general population. CALD populations are defined as people born overseas in countries where English is not the main language spoken or people born in Australia

whose main or preferred language spoken is not English. This definition may not always allow for the complexities involved in identifying specific CALD communities, therefore we consider the definition of CALD populations to be beyond the constructs of language. Eg. South Asians who speak English at home but eat traditionally.

We undertook a literature search of the current published evidence on T2DM prevention, management or education programs in CALD populations both nationally and internationally. From this review we found that programs contained unique CALD elements such as<sup>1</sup>:

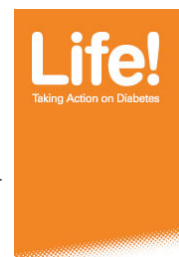
- ⇒ integrating specific cultural values, practices and beliefs
- ⇒ using focus groups, interactive group sessions and story telling
- ⇒ encouraging family support and involvement
- ⇒ using bilingual health workers, facilitators, educators, and cultural peers to deliver programs
- ⇒ using life coaches for individualised assistance and

⇒ using pictorial or flashcards, video formats and easy to understand written or translated material.

Overall the level of evidence available about prevention of diabetes in CALD populations is poor and no relevant evaluated work of this kind has been undertaken in Australia. Additionally, there is insufficient data to accurately identify the prevalence of T2DM in CALD populations in Australia, and to identify those populations who are at high risk for the disease.

### References:

- 1 Thurston C, Davis-Lameloise N, Boak R, Reddy P, Dunbar J. Developing Diabetes Prevention Programs for CALD groups: what the literature tells us. GP & PHC Conference: *Health for All?* Hobart, 2008.



# PHCRED Strategy: Research Capacity Building Initiative

## DISCIPLINE OF GENERAL PRACTICE & UNIVERSITY DEPARTMENT OF RURAL HEALTH

### UNIVERSITY OF NEWCASTLE

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On 31 July a group of enthusiastic early-career researchers and PHCRED staff met at Maddies, a cosy Function Centre at Bolwarra in the peaceful Hunter Valley for the Annual Writing Retreat.

The event was co-hosted by the University of Newcastle PHCRED Programs from the Discipline of General Practice and the University Department of Rural Health.

Twelve of the 29 attendees travelled up to six hours to attend the writing retreat. The purpose of the retreat was to provide protected time for writing, access to mentors for writing and tips on writing in order to better resource would-be writers with skills and confidence.

We were fortunate again to have Dr Ann Gregory (Deputy Editor of the MJA) provide an inspirational talk on the writing process. As a key person in the editing process, Ann encouraged us to submit articles for publication and suggested that we resubmit articles even if they were previously rejected. Ann's 'feet on the ground' approach enabled our understanding of the editing process and the commitment editors have to publishing quality work. A panel discussion followed with researchers sharing their tips on getting their research published. Panel members included Ann Gregory, Helen Tolhurst and Bev Sibthorpe.

Ann stayed for most of the day talking to people individually providing advice and guidance on writing or getting research results published. The retreat was a stimulating and thought

provoking. I would expect that on the drive home, most of the attendees were formulating their next paper which of course, would be accepted for publication without changes!

Our Annual Writing Retreat continues to be an important mechanism for building the research capacity within the Hunter-New England regional PHC community. Our top tips for getting published were good research, good editing and persistence!



*Writing retreat panel members (from the left) Bev Sibthorpe, Helen Tolhurst and Ann Gregory take questions from the audience on writing for publication*

## UNIVERSITY DEPARTMENT OF RURAL HEALTH NORTHERN NSW

### THE UNIVERSITY OF NEWCASTLE



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### Research update: The effect of cow's milk protein on paediatric constipation

Chronic functional constipation (CFC) is a common problem in children. Usual management includes laxatives, high fibre/fluid diet, toilet training and faecal disimpaction. These treatments are not always effective and when laxatives are withdrawn the constipation often resumes.

This poses problems for primary health care practitioners GPs, dietitians and nurses. Removal of cow's milk protein (CMP) from the diet results in symptom resolution for some children who are unresponsive to usual treatments for CFC.

A randomised clinical trial substituting soy milk for cow's milk in children suffering from CFC was conducted in the Hunter New England region of NSW. The aim of this pilot study was to conduct immunological and biochemical investigation into the underlying biological mechanism for CFC.

Fourteen children, (1-12 years) with CFC were recruited to a crossover, control trial. Subjects were assigned to two pathways - cow's milk or soy milk for a two week exclusive use trial period with all other CMP sources excluded. These pathways were switched following a two week 'washout' period free of all milk and soy protein. Blood, urine and faeces samples were collected at baseline, and after completion of each pathway.

Subjects kept a 'constipation diary' with resolution of constipation taken as eight or more bowel movements during a two week intervention.

Results revealed abnormalities in biochemical and immunological tests in the 13 subjects who completed the trial. Eight subjects completed constipation diaries with five subjects showing resolution of their constipation on soy milk versus cow's milk. This preliminary research suggests that previously constipated children responded well to the substitution of cow's milk with soy milk.

Further research is required to clarify biochemical and immunological mechanisms and bowel changes.



# ReportWatch: Health Literacy - a new Australian report

Ann Alfred, PHC RIS

Every individual's health is affected by the kinds of decisions and actions taken about a range of personal issues such as diet and fitness, physical safety, visiting a health practitioner and using medications. **However, people's health related behaviour is associated with their level of education and literacy skills.**

Health literacy is the term used to describe the knowledge and skills needed to locate, understand and use information related to health. This includes information about health maintenance, disease prevention, drug use and accident prevention. A new report from the Australian Bureau of Statistics describes the distribution of health literacy among the Australian population aged 15-74 years.<sup>1</sup>

Health literacy is measured as a by-product of four objectively assessed literacy domains - prose literacy, document literacy, numeracy and problem solving. The Australian Government Department of Health and

Ageing provided funding for the calculation of the health literacy scale. Australians' health literacy was measured against a range of demographic and socio-economic indicators, including age, gender, education, parents' education, employment status, occupation, health status, social participation and area of residence.

For example, **health literacy was found to increase up to age group 35 to 39, then generally decrease.** Eighty three percent of people aged 65 to 74 years did not achieve the medium range (Level Three) of the five level health literacy scale. However, this decline may be associated with lower education levels in the older cohorts as well as ageing.

Links have been well established overseas between socioeconomic markers such as years of formal education and health and the new report confirmed this for Australians. **Seventy percent of people with a Bachelor degree or above achieved Level Three or higher on the health**

**literacy scale, compared with 50% of those whose highest level of education was Year 12.** Educational attainment of parents showed a similar association with health literacy.

The results give valuable insight to the factors associated with different groups' skill and aptitude in accessing and understanding health information.

## Reference

1 Health Literacy, Australia, 2006. Australian Bureau of Statistics. Latest ISSUE. Released 25/06/2008. Commonwealth of Australia.

Available at: <[www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4233.0Main%20Features22006?opendocument&tabname=Summary&prodno=4233.0&issue=2006&num=&view](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4233.0Main%20Features22006?opendocument&tabname=Summary&prodno=4233.0&issue=2006&num=&view)>

# BookWatch: Working with Communities in Health and Human Services

Ellen McIntyre, PHC RIS

Working to develop community-based health and human services is very rewarding.

However, this requires skills and understanding. This is where this text is useful.

Using a careful mix of theory, practical guidelines, case studies and activities, the authors have provided a 'reflective practice' approach for the reader to develop and enhance their skills for working with diverse communities.

They have integrated experiences with concepts and practical skills to provide the basis for learning and working with communities.

The book covers three main areas:

- ⇒ theories and concepts to understand communities, in particular relationships and partnerships

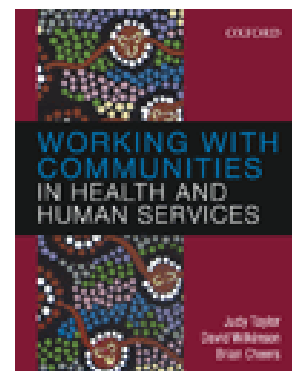
- ⇒ approaches and frameworks for working with communities
- ⇒ practical skills in working with communities, such as community decision-making, building and maintaining relationships, leadership, planning, and building knowledge.

Each chapter also includes a series of activities and case examples designed to illustrate the key points that have been made. This further assists the reader to consolidate their learning of the principles, approaches and issues in working with communities.

This book is useful for students, practitioners working with communities, community members and local government.

## Reference

Taylor, J., Wilkinson, D., Cheers, B. (2008). *Working with Communities in Health and Human Services*. Oxford University Press, Australia



# Upcoming events

**7 Nov 2008, Melbourne VIC**

VICPHCRED CONFERENCE

E: anna.chapman@med.monash.edu.au

Web: www.vicphcred.unimelb.edu.au/

**8-12 Nov 2008, Hobart TAS**

13TH NATIONAL PREVOCATIONAL MEDICAL EDUCATION FORUM

*Riding the Wave*

E: conference@conventionwise.com.au

Web:

www.pmit.utas.edu.au/13th\_conference/

**10-11 Nov 2008, Brisbane QLD**

HEALTH PRIVACY FUTURES 2008 - HPF'08

*Realising the Opportunity*

E: conference@hisa.org.au

Web: www.healthprivacy.org.au/

**14-19 Nov 2008, Rio Grande PUERTO RICO**

36TH NAPCRG ANNUAL MEETING

E: kparry@stfm.org

Web: www.napcrg.org/conference.html

**19-21 Nov 2008, Canberra ACT**

AUSTRALIAN ASSOCIATION FOR INSTITUTIONAL RESEARCH 2008 ANNUAL FORUM

*Enhancing Quality Research: A Global Perspective*

E: andrea@leishman-associates.com.au

Web: www.leishman-associates.com.au/air2008/

**19 Nov 2008, Sydney NSW**

ASMI 2008 AGM & CONFERENCE

*Integrating self care into the healthcare system*

E: deidre@asmi.com.au

Web: www.asmi.com.au/events/default.aspx

**19-22 Nov 2008, Coffs Harbour NSW**

NSW RURAL AND REMOTE HEALTH CONFERENCE 2008

*Information/Inspiration/Innovation... connecting the dots...*

E: ruralhealth@hotelnetwork.com.au

Web: www.hotelnetwork.com.au/

conferences/conferences/rural\_health

**22 Nov 2008, Fremantle WA**

PHCREDWA 4TH ANNUAL STATE CONFERENCE

*Primary Health Care MATTERS!*

E: lynb@cucr.uwa.edu.au

Web: www.phcredwa.org.au

**23 Nov 2008, Adelaide SA**

AUSTRALASIAN SYMPOSIUM ON NECK PAIN

E: conference@aomevents.com

Web: www.aomevents.com/

AustralasianSymposiumOnNeckPain

**23-26 Nov 2008, Adelaide SA**

BETTER CHOICES BETTER HEALTH CONFERENCE

*Improving compensation outcomes*

E: conference@aomevents.com

Web: www.alloccasionsgroup.com/

BetterChoicesBetterHealth

**24-26 Nov 2008, Melbourne VIC**

AMHOC'08: 2ND AUSTRALASIAN MENTAL HEALTH OUTCOMES CONFERENCE

*Touching Ground: Innovations and Practice*

E: amhoc2008@meetingplanners.com.au

Web: amhoc2008.com.au/reg.php

**26-28 Nov 2008, Melbourne VIC**

2008 INTERNATIONAL CONGRESS ON CHRONIC DISEASE SELF-MANAGEMENT

*Chronic Disease Self-management:*

*Innovation and evidence of effectiveness in workplace, community and healthcare settings*

E: cdsm2008@union.unimelb.edu.au

Web: www.cds2008.com/

**28 Nov 2008, Hobart TAS**

TASMANIAN PHCRED SYMPOSIUM

*Building Communities of Practice - primary health care research*

E: PHCRED.Tas@utas.edu.au

Web: www.phcred.utas.edu.au/

**1-2 Dec 2008, Perth WA**

VARIO HEALTH CONFERENCE 2008

*Physical and Mental Wellness - Integrative approaches to Health*

E: c.bell@ecu.edu.au

Web: www.varioinstitute.com/conference/2008

**1-3 Dec 2008, Barossa Valley SA**

HEALTH ECONOMICS FROM THEORY TO PRACTICE:

*Informing Related Decisions of*

*Reimbursement, Research & Regulation*

E: anthea.williams@flinders.edu.au

Web: clinicalchange.flinders.edu.au

**17-20 Mar 2009, Berlin GERMANY**

INTERNATIONAL FORUM ON QUALITY AND SAFETY IN HEALTH CARE 2009

E: events@bmjgroup.com

Web: www.internationalforum.bmj.com

**1-4 Apr 2009, Florence ITALY**

WPA INTERNATIONAL CONGRESS

*Treatments in Psychiatry: A New Update*

E: info@wpa2009florence.org

Web: www.wpa2009florence.org

**30 Apr-2 May 2009, Melbourne VIC**

APNA VISIONARY CONFERENCE 2009

*The Right Stuff*

Upcoming event?  
Add it to the PHC RIS diary  
phcris@flinders.edu.au

E: lucy.dear@apna.asn.au

Web: www.apna.asn.au/conference

**14-16 May 2009, Brisbane QLD**

HEART FOUNDATION CONFERENCE 2009

*Hearts in Focus: Celebrations, Collaboration and Challenges*

Web: www.heartfoundation.org.au/

Conference.htm

**17-20 May 2009, Cairns QLD**

10TH NATIONAL RURAL HEALTH CONFERENCE

*Rural health: the place to be...*

E: conference@ruralhealth.org.au

Web: www.ruralhealth.org.au

**17-20 May 2009, Perth WA**

AUSTRALIAN HEALTH PROMOTION

ASSOCIATION 18TH NATIONAL CONFERENCE

*Make Health Promotion a Priority: Evidence, Advocacy & Action*

E: ahp@confco.com.au

Web: www.conferenceco.com.au/AHPA09/introduction.html

**8-10 Jul 2009, St Andrew's University, Scotland**

SAPC ANNUAL SCIENTIFIC MEETING 2009

E: office@sapc.ac.uk

Web: www.sapc.ac.uk/09

**13-15 Aug 2009, Canberra ACT**

8TH NATIONAL ALLIED HEALTH CONFERENCE 2009

*Allied Health Leading Change*

E: office@ahpa.com.au

Web: www.ahpa.com.au

**16-20 Aug 2009, Adelaide SA**

4TH INTERNATIONAL CONFERENCE ON COMMUNITY HEALTH NURSING RESEARCH

*Health in Transition: Researching for the Future*

E: conference@aomevents.com

Web: www.healthintransition2009.org.au



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