

Editorial: Practice-based research networks: a way to go



Ellen McIntyre, PHC RIS

Given that primary health care is the part of the health system Australians use most often, practice-based research networks (PBRN) provide a model where general practices form the 'laboratories' wherein research is undertaken and utilised. PBRNs have been established for a variety of reasons ranging from collecting epidemiological data, to building a research culture in general practice, to undertaking research projects to improve primary health care.

PBRNs in general include:

- ⇒ a director and staff to coordinate the PBRN (often located at a university)
- ⇒ a news-sharing facility eg. newsletter and website
- ⇒ a membership database comprising contact details and interests of the members
- ⇒ meetings
- ⇒ training and support
- ⇒ an agreed process to decide what the PBRN will do.

The process used to decide what the PBRN will do can vary from a top-down approach where the research agenda is set by an advisory committee to a bottom-up approach where the primary health care practitioners initiate their own research based on their needs and their practice.

Too much top-down may stifle innovation (but may increase outputs) while too much bottom-up may result in a myriad of projects which

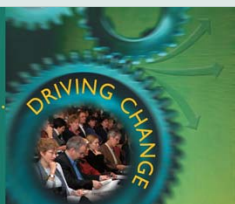
engages people, while requiring a lot of support with little output at first.

Challenges in establishing and maintaining a PBRN include acquiring funding and ensuring protected time. Funding to support the PBRN infrastructure is more difficult to acquire than funding to do the actual research.

The PHCRED Strategy has been able to support infrastructure costs to some extent as well as providing protected time for practitioners to do research. Several PBRNs, supported in some way through the PHCRED Strategy, are now operating around the country (see page 11). Some are now sufficiently established to have the capacity to undertake large-scale projects.

Maybe one day Australia will have a national PBRN. We still have a way to go.

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2009 General Practice & Primary Health Care Research Conference

Melbourne 15-17 July 2009
www.phcris.org.au/conference/2009

PHC RIS Assist
 1800 025 882
www.phcris.org.au

Call for abstracts now open on-line
 Visit www.phcris.org.au/conference/2009

Newsletter of the Primary Health Care Research & Information Service

RESEARCH ROUNDup



Eleanor Jackson
Bowers, PHC RIS

There is a growing demand for health policy making to be evidence based and there are world wide movements to gather and review the evidence from randomised controlled trials.

The result is an authoritative evaluation of the intervention on trial. Reviewing the evidence in an area can be a massive and time consuming task and reviews such as these are not always available at short notice when a decision needs to be made.

Policy makers and health service managers also have a need to be informed of current developments and new research findings in their area of responsibility.

In addition, researchers are keen to disseminate their work and to make

policy makers and other potential research users aware of their findings and there are calls for funded researchers to demonstrate a return on investment in having their research findings used.

The new *RESEARCH ROUNDup* resource developed by PHC RIS aims to meet these needs. It gives an overview of current Australian primary health care research in areas relevant to key Australian Government health policy directions. It sets the context, informs readers about what research is happening and opens the door into the area, providing, in addition, some links and resources, all in a succinct and easy to absorb, two pages.

It does not claim to be an authoritative synthesis of all the evidence or to provide all the evidence needed to make evidence based decisions but will keep you informed of current developments.

There have now been four issues published of the new PHC RIS *RESEARCH ROUNDup* resource:

- ⇒ Improving access to rural health care
- ⇒ Researching patient and family experience
- ⇒ A new climate for Indigenous health

And the most recent:

- ⇒ Nursing in General Practice– still some way to go.

RESEARCH ROUNDup will be produced to meet the needs of the day. It is available on the PHC RIS website or you can subscribe to receive new issues electronically at <www.phcris.org.au/publications/researchroundup/>

ReportWatch: World health report 2008: primary health care now more than ever

Amy McKay, PHC RIS

Seeing the demand for a renewal of primary health care (PHC) thirty years after the Declaration of Alma-Ata, the World Health Organization (WHO) has released the *Primary health care now more than ever* report. Looking to 'narrow the intolerable gaps between aspiration and implementation' the report puts forth four sets of reforms that constitute the agenda for the renewal of PHC:

- ⇒ Universal coverage reforms – ensure universal access to health services and universal social health protection.
- ⇒ Service delivery reforms – reorganise health services around people's needs and expectations.
- ⇒ Public policy reforms – integrate public health policies with primary care.
- ⇒ Leadership reforms – need for inclusive, participatory, negotiation-based leadership.

The report highlights that **universal coverage** needs to be the foundation for health equality coupled with action against social detriments that affect the value of 'health for all'. With statistics proving that 100 million people are pushed into poverty each year by catastrophic health expenditure the report pushes the need for pre-payment instead of an out-of-pocket payment at the time of service as a pressing reform.

Putting people first is at the core of **service delivery reforms** with the report highlighting the case of a medical centre in Alaska which decided to adopt the principle of establishing a direct relationship between staff members and patients. This new venture reduced waiting times significantly, emergency room visits were cut by 50% and referrals to specialty care by 30%.

The report states that **public policy reforms** will be needed to complement universal coverage and service delivery reforms as well as **leadership reforms** to make sure that strong and decisive leadership is taken to pursue

the preceding reforms.

Finally the report addresses the way forward, noting that individual countries will need to address specific conditions and

contexts that affect them and draw on the best available evidence to advance these reforms. Essentially, to pursue these reforms, countries will need to have a clear vision on the future of primary health care.

The report is available for download at: <www.who.int/whr/2008/en/index.html>

Reference

World Health Organization (2008). The world health report 2008: primary health care now more than ever. WHO Press, Switzerland.



2009 GP & PHC Research Conference - *Driving Change*

CALL FOR ABSTRACTS NOW OPEN

Fiona Thomas

Conference Coordinator, PHC RIS

The annual General Practice and Primary Health Care Research Conference is one of the premier primary health care networking events in Australia. It is a must for anyone with an interest in primary health care research, evaluation and development.

The conference provides essential opportunities for researchers, decision makers, practitioners and consumers to share ideas, form collaborations and networks with speakers and other delegates.

The aims of the Conference are to:

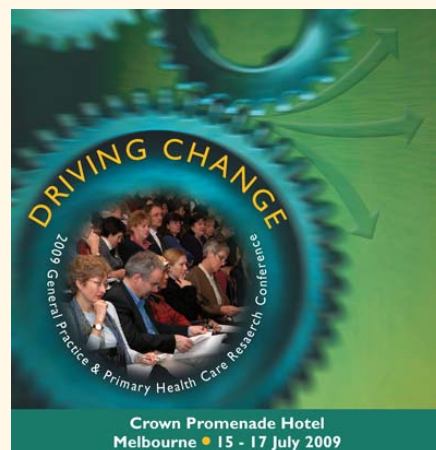
- ⇒ provide a forum for the presentation of research and other projects and initiatives

- ⇒ facilitate debate and discussion on key issues
- ⇒ provide opportunities for networking among keynote speakers and delegates
- ⇒ offer workshops to develop skills and increase knowledge
- ⇒ support research involvement by research users.

As we have come to expect, this conference will be an ideal opportunity to observe and discuss relevant research.

Building on from previous conferences and taking into account the increase in primary health care research, the program is an exciting blend of keynote speakers, panel sessions, workshops, symposia, and poster and paper presentations.

We invite you to submit abstracts covering all forms of primary health care research including general practice, allied and community health,



nursing, multidisciplinary teams and models of care. Visit www.phcris.org.au/conference/ for more details.

Call for abstracts closes Friday 3 April.



WebsiteWatch: CRC for Aboriginal Health

Amy McKay &
Sara Howard, PHC RIS

CRC FOR ABORIGINAL HEALTH

www.crcah.org.au/

The Cooperative Research Centre (CRC) for Aboriginal Health is one of 57 CRCs across Australia and was established in 2003. The principal aim of this virtual organisation is to bring together the Aboriginal health sector, government health agencies and research institutions to 'standardise' Aboriginal health research so that:

- ⇒ the area of research is considered a priority by Aboriginal people themselves
- ⇒ the results are relevant, disseminated quickly and are widely accessible to the Aboriginal health sector
- ⇒ the process builds research capacity within Aboriginal communities.

More broadly, these research criteria contribute to improving the delivery of

health services to Aboriginal people. The CRC for Aboriginal Health (CRCAH) has 12 core partners, five of which are Australian universities. Other partners include the Australian Government Department of Health and Ageing, Menzies School of Health Research and the Danila Dilba Health Service.

The CRCAH website is a great resource for those interested in Aboriginal health research. It details current research projects that cover the following program areas:

- ⇒ Comprehensive Primary Healthcare, Health Systems and Workforce
- ⇒ Chronic Conditions
- ⇒ Social Determinants of Health
- ⇒ Social and Emotional Wellbeing
- ⇒ Healthy Skin

It also provides information on how the CRCAH can support researchers and students through education and training (eg. scholarships).

There are many other resources and publications available on the website including two regular e-newsletters, *Gwalwa-Gai* and *CRCAH Bulletin*, fact



sheets, brochures and an events list.

The CRCAH comes under the umbrella of the CRC Program established by the Australian Government in 1991.

The objective of this Program is 'to deliver significant economic, environmental and social benefits to Australia by supporting end-user driven research partnerships between publicly funded researchers and end-users to address clearly articulated, major challenges that require medium to long term collaborative efforts'. For more information on the CRC Program www.crc.gov.au/Information/default.aspx



Divisions Network matters

MOVING ON TO THE 2007-08 ANNUAL SURVEY OF DIVISIONS

Sara Howard & Ann-Louise Hordacre, PHC RIS

After the publication and dissemination of *Moving ahead. Report of the 2006-07 Annual Survey of Divisions of General Practice* in November 2008, the reporting cycle for the 2007-08 Annual Survey of Divisions (ASD) is well underway. However, the contents and dissemination of the survey results have undergone significant change.

As in previous years, the 2007-08 ASD content was reviewed. The review process has traditionally been led by PHC RIS and taken into account feedback from the Divisions Network and the Australian Government Department of Health and Ageing about the last survey. Consideration is given to the ongoing requirement for information, the availability of information from alternate sources, and the number and complexity of questions. However, this process equally provides opportunity for the addition of new questions to respond to the changing needs of policy makers and other stakeholders as well as to the change in priority health areas.

In 2008, the Australian Government Department of Health and Ageing took charge of the review process, running this parallel to the development of the National Performance Indicators for the 2008-12 period. This led to significant changes to the survey content. The content in the 2007-08 survey was reduced by approximately two-thirds – which followed the 20% reduction in questions for the 2006-07 ASD. The most notable exclusions include all questions from the following sections: prevention, chronic disease management and quality support. Substantial cuts were also made to Governance (eg. external committees and reciprocal agreements); Access (eg. GP services and aged care); GP support (eg. CPD activities); and Consumer (eg. collaboration and involvement of consumers and community members) sections. In contrast, the few new questions focus on Indigenous Australians (ie. access to major health services) in the Access section and Division management and use of information infrastructure in program delivery (eg. Information Management Maturity Framework) in GP support.

For the first time in the report series, data from the 2007-08 survey will be collated in a *Summary Data Report*. The traditional inclusion of broader

health and political developments to supplement trends and patterns identified in the data has been omitted due to priority changes and associated timelines within the Australian Government Department of Health and Ageing. However, longitudinal data will be presented where possible along with some explanatory text.

Other well-liked PHC RIS resources will also display components of the 2007-08 data, including:

- ⇒ **Fast Facts** - longitudinal snapshots, many providing state and territory comparisons
- ⇒ **Mapping Tool** – nation wide picture of Divisions conducting the same programs
- ⇒ **Benchmarking Tool** – find Divisions with similar demographic characteristics
- ⇒ **Division Key Characteristics** – a spreadsheet containing core Division statistics

To follow the progress of the 2007-08 ASD please visit <www.phcris.org.au/products/asd/>.

For more information about this report, the ASD or Divisions please contact: **PHC RIS Assist on 1800 025 882** or email phcris.assist@flinders.edu.au

DIVISIONS ONLINE REPORTING SYSTEM (DORS)

Ann-Louise Hordacre & Simon Patterson, PHC RIS

PHC RIS was engaged by the Department in December 2008 to further develop and enhance the Divisions Online Reporting System. The enhanced system will support the Department and Divisions Network to meet the objectives of the revised National Quality and Performance System (NQPS) through informing and facilitating policy development and supporting performance improvement for the Divisions Network.

The commissioned work fits within three overlapping categories:

- 1 **Information system infrastructure**, including the initial development, testing, implementation of enhancements; ongoing maintenance/enhancements to web based tools; maintenance of historical data; and network related services for the technical infrastructure of the Divisions online reporting system and other Divisions of General Practice web based tools.
- 2 **Knowledge/information management** includes support to system users and others; quantitative and qualitative information management (categorisation, validity checks); and maintenance of web resources and databases related to Divisions of General Practice.
- 3 **Synthesise, interpret and share information and knowledge** includes feedback of information;

aggregating, synthesising, summarising and interpreting data; and consultation with stakeholders to provide an information and knowledge brokering role for policy makers, the Divisions Network and other stakeholders in relation to Division Network.

The system will be live in early February 2009, in time for Divisions and State Based Organisations (SBOs) to enter their 6 Month Reports. A stakeholder working group will continue to meet to refine system requirements, most specifically to determine how the collected information can be used and displayed for two complementary purposes. Firstly, to meet the internal information and reporting needs of the Divisions Network, and secondly to meet the information needs of the wider health and research sectors.



Divisions Network matters

DIVISIONS' ROLE IN THE MANAGEMENT OF DIABETES, 2006-2007

Cecilia Moretti, PHC RIS

As a national health priority of the Australian Government Department of Health and Ageing, the prevention and management of diabetes provides a major focus for Divisions of General Practice. But exactly how have Divisions contributed to diabetes care in General Practice, and to what effect?

These questions are best answered by looking to the two major existing sources of data about Division activities in this area.

Standardised, longitudinal data collected in the Annual Survey of Divisions (ASD) demonstrates the types of activities conducted by Divisions, the approaches used and the populations targeted. Division reporting against National Performance Indicators (NPIs) provides further complementary detail about activities

and outcomes at a practice and GP level, as well as qualitative reflections on challenges and significant achievements to contribute to a learning culture within the Network.

Findings show that in 2006-07, over 90% of Divisions reported conducting diabetes activities with a chronic disease management focus; moreover, they tended to use multiple approaches and were increasingly targeting men, women, and children and youth for these activities.

Divisions are also working to improve access to diabetes-related allied health professionals, for the general population and for residents of aged care facilities.

Division reporting against NPIs in the diabetes domain focuses on register, recall and reminder systems and recording patients' HbA1c levels and Aboriginal status. While a range of quality issues were identified concerning the collection of systematic NPI data for the purposes of quantitative analysis, the explanatory



text provided was greatly useful in identifying the challenges faced by practices in implementing recording systems, and strategies used by Divisions to improve practice use of such systems, for example consulting with GPs to devise a strategy to increase the use of RRR systems in diabetes.

For further information, you can view the following reports on the PHC RIS website:

www.phcris.org.au/products/asd/results/06_07.php

www.phcris.org.au/dios/displayReport0607.php

Primary Health Care Research Impact Study - report released

Eleanor Jackson Bowers, PHC RIS

During 2007-08 PHC RIS has been working on the second stage of our *Primary Health Care Research Impact Project* and the final report from this project will be available soon on the PHC RIS website.

We used an on-line survey to ask the Chief Investigators of 17 primary health care projects what difference their research had made and to explore the pathways by which this occurred.

The results are encouraging and show that primary health care research does have considerable impact. Several projects were used in government policy making and nearly all contributed to improvements in service delivery at system or local level as well as having impact on the practitioners, organisations and patients who took part in them. The projects are building research capacity, resulting in eleven PhDs, further research funding and

collaborations. There were 39 peer reviewed papers in 26 different journals.

The findings showed considerable complexity in the pathways by which research findings come to be used. Collaborative research, links with policy makers, participation in intermediary organisations such as the RACGP and connections with senior people with influence who could bring research findings to a decision making forum were some of the channels by which impact happened.

Chief Investigators were energetic in using every opportunity to get their message across.

There were many project outputs beyond the usual peer reviewed publications and a plethora of presentations were made to different audiences. Participation in committees gave many opportunities to promote the research findings.

Assessment of research impact in primary health care projects is a potential new development and the need is growing for researchers to develop their skills in promoting and positioning their projects so as to maximise the likelihood of impact. This report goes some of the way towards showing how.





RACGP Research update: Seize the opportunity to undertake research

Samantha Chakraborty, RACGP

For over 50 years the RACGP has supported and encouraged general practice research in Australia. GP research discovers a wealth of information that can often be directly related to improving health outcomes in the Australian population and GP researchers who partake in a research project find it very rewarding.

"This RACGP Research Foundation Fellowship has taught me how rural general practitioners can work successfully with limited access to resources, and that general practice research involves not only general practitioners, but all general practice staff: practice nurses, managers and administrative staff" said Dr Tracy Cheffins, recipient of a RACGP/Centre of National Research on Disability and Rehabilitation Medicine (CONROD) Research Fellowship.

The RACGP understands that the general practice workforce can be constrained in ways unobserved by other medical researchers and has advocated for improved resources to

assist GPs who are eager to participate in research.

The **RACGP National Research and Evaluation Ethics Committee (NREEC)** has offered ethics approval to researchers since 1985. Committee membership is guided by the NHMRC and members are appointed by the RACGP Council. Like other Human Research Ethics Committees (HRECs) the NREEC includes lay people, a minister of religion and a lawyer. However, unlike other HRECs, and of beneficence to general practitioners, the NREEC includes five eminent academic GPs who are committed to strengthening the research skills of primary care researchers and ensuring that general practice projects focus on the needs of the Australian community.

Continually striving to improve research capacity within the GP workforce, the NREEC now accepts applications for ethics approval via the online National Ethics Application Form, Version 2 (NEAF 2). The NEAF 2 enables an efficient and educated system for researchers when applying for ethics approval and helps develop

technical skills for GP researchers. More information about the NREEC is available at <www.racgp.org.au/research/ethics>.

The **RACGP Research Foundation** was established in 2004 with the mission to contribute to a research continuum that builds the capacity of general practitioners to improve the health of all Australians. Since 2004, over \$600,000 has been disseminated to GPs, registrars and medical students to undertake research projects of their choice.

In 2009 up to 12 grants and awards valued between \$2,500 and \$20,000 will be available to undertake research on a range of topics including family medical care, Aboriginal and Torres Strait Islander health, integrative medicine and road safety. Ongoing or recently completed post-graduates may also apply for the Chris Silagy Research Scholarship.

The RACGP Research Foundation Grant Round opens on Tuesday 9 February 2009 and closes on Wednesday 15 April 2009 (5pm EST). <www.racgp.org.au/researchfoundation>

ReportWatch: Global Health Watch 2

AN ALTERNATIVE WORLD HEALTH REPORT

Libby Kalucy, PHC RIS

Global Health Watch 2: An Alternative World Health Report was launched by Professor Fran Baum at Flinders University on 4 December 2008, adding Australia to 20 other countries in which this important report has been launched.

The report covers many topics, such as access to medicines, mental health, water and sanitation, nutrition, and war and conflict. It draws attention to the politics of global health and the policies and actions of key actors. The report is not only an educational resource for health professionals and activists, but also makes clear the need

for global health advocates to engage in lobbying key actors to do better and to do more, whilst resisting those that do harm.

What can we do in the face of overwhelming problems described in this report? Fortunately, there are stories of local successes such as academics and activists working to lower the price of essential medicines. A small victory against the global arms industry was scored in the UK when a civil society campaign, including the editorial staff of the Lancet, persuaded the multinational company which owns the Lancet and many other academic journals to sell off its interests in international armaments fairs.

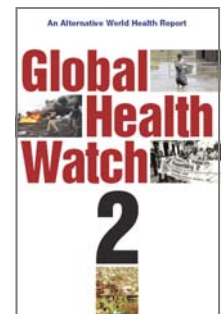
Elizabeth Harris from the Centre for Health Equity Training Research and Evaluation spoke about her long term research work on unemployment in Fairfield in Sydney's west, where more than one quarter of GPs have now been trained in working with the

unemployed, and 250 people have gained jobs in the area health service. I'm aware that many Australian primary health care academics and health workers are inconspicuously engaged in addressing inequalities. Speakers called on the audience to advocate through RACGP, Public Health Association of Australasia and civil society, to take part in local action, and to monitor levels of Australian aid.

Read the report at <www.ghwatch.org/ghw2/ghw2_report.php>

Reference

People's Health Movement, Medact and Global Equity Gauge Alliance (2008). *Global Health Watch 2: An Alternative World Health Report*. Zed Books Ltd, London.



The quest for equal health

Gordon Gregory, National Rural Health Alliance Inc (NRHA)

Like everyone else in Australia's health sector, the NRHA has been trying to keep abreast of opportunities provided by the Rudd Government's reform agenda.

In the Alliance's case the apparently simple challenge is to ensure that a rural and remote voice is provided to the various reviews and inquiries in train.

Despite the fact that there are still significant data limitations, particularly where remote areas and Indigenous peoples are concerned, it is widely agreed that the need is to focus not on what the problem is but on the way to bring health status in rural remote areas up to par with the cities.

This is why the next six months will be such a critical period. The work of the National Health and Hospitals Reform Commission (to which the Alliance made two submissions) has the capacity to provide the structural and financing blueprint for an improved health system for Australia. The Preventative Health Taskforce will lead the way to more effective work in health promotion, initially for obesity, smoking and alcohol, but thereafter for other issues like mental health and injury as well.

The Alliance's submission to this Taskforce emphasised the need for health promotion and illness prevention activities to be tailored to meet the characteristics of rural and remote areas.

The development of a National Primary Health Care Strategy has the capacity to make clearer how effective and safe changes can be implemented in the workforce so that the best clinician provides the appropriate service in the right place and at the right cost to health consumers, including those in rural areas.

The review of Medicare will hopefully support moves in this direction. And there should be recommendations on reinvesting in maternity services from the review headed by Chief Nurse Rosemary Bryant.

Whether it be in health promotion or primary health care, people in rural and remote areas will miss out if programs are delivered only through existing health professionals and funding schemes - simply because of the serious shortages in numbers and capacity of the workforce in those areas. This is why specific initiatives are needed and justified for people outside metropolitan areas.

Some 65 of the existing initiatives are being reviewed by the Office of Rural Health and this takes the Alliance to



NATIONAL RURAL
HEALTH
ALLIANCE INC.

the heart of its core business. In response to what seems to be a plethora of unrelated programs with diverse characteristics, the Minister has apparently indicated a desire for rationalisation and reform. The Alliance is working on input to this review, taking a position in support of rationalisation if it can lead to greater effectiveness but making the point that the quantity of overall support for rural and remote programs needs to be larger, not smaller.

The Alliance hopes to be in a position soon to provide further justification for this position by reference to the size and nature of the overall 'rural health deficit' - not just from the underspend on Medicare but also through the PBS and the private health insurance rebate.

Many of these issues will be the focus of papers at the 10th National Rural Health Conference in Cairns, 17-20 May. You can register on-line for the conference at:

<www.ruralhealth.org.au>

Snapshot 2009

CALL FOR EXPRESSIONS OF INTEREST FOR THE SNAPSHOT OF AUSTRALIAN PRIMARY HEALTH CARE RESEARCH

Sarah Eckermann, PHC RIS

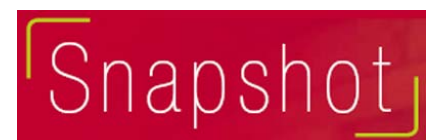
Can you demonstrate the tangible benefits your research has made to the community?

We will showcase outstanding examples of primary health care research in the next edition of *Snapshot of Australian primary health care research 2009*.

This edition of *Snapshot* will be launched at the 2009 General Practice and Primary Health Care Research Conference and is a wonderful opportunity to expose your research to policy advisors, the media and other researchers.

Snapshot highlights policy relevant primary health care research projects and findings, and demonstrates the potential for PHC research to improve the health of Australians.

When launched in 2008 by the Federal Health Minister Nicola Roxon, *Snapshot* received significant attention from the national media and policy advisors from the Australian Government Department of Health and Ageing.



We encourage you to become part of this exciting publication.

If your research:

- ⇒ was funded through the PHCRED strategy
- ⇒ is recently completed
- ⇒ was relevant to policy and/or practice
- ⇒ has made an impact
- ⇒ is outstanding.

Then simply submit your research project in the template provided by visiting our website before 23 February 2009: <www.phcris.org.au/snapshot>



PHCRED Strategy: Research Capacity Building Initiative

DISCIPLINE OF GENERAL PRACTICE

UNIVERSITY OF SYDNEY



Dr Raechelle Rubinstein
PHCRED Coordinator
P: 02 9556 7200
E: raechelle@
gp.med.usyd.edu.au

Our 2008 RDP Fellows have completed their placements.

Penny Abbott completed the evaluation of a cooking program for Aboriginal people with diabetes. She is writing up her findings in two papers which she hopes to publish. The draft of the first of these is now complete: *Barriers and enhancers to dietary behaviour change for Aboriginal people – lessons for nutrition education programs.*

Promising trends emerged from Sam Stott's SMS appointment reminder trial for marginalised youth attending Youthblock Health & Resource Service, while Melinda Prince's literature review

of General Practice Registrar work-life balance identified moderate stress and lack of wellbeing and/or work-life balance for one quarter to one third of participants in the various studies examined.

For her RCBI Bursary, Aline Smith completed a literature review focusing on early diagnosis of patients with eating disorders. Penny Abbott also held a bursary and evaluated the effectiveness of a DVD about heart disease in promoting heart health at the Aboriginal Medical Service Western Sydney.

Applications for our 2009 RDP Program closed on 16 January, and we hope to get our new Fellows off to an early start on their research.

As in 2007 and 2008, we will also be offering bursaries and writing grants.

This year the Youth Health Research Interest Group (YHRIG) is planning to hold a Breakfast Session at the 2009 GP & PHC Research Conference, so keep an eye out for further announcements.



The University of Sydney

Finally, building on the enormous success of our 2008 program of research training short courses and workshops, we are planning a range of research training workshops and short courses throughout the year.

Workshops for February/March include:

- ⇒ *Critical Reading of Scientific Literature*
- ⇒ *Writing for Publication*, and possibly
- ⇒ *Health Program Evaluation*.

UNIVERSITY DEPARTMENT OF RURAL HEALTH NORTHERN NSW

University of Newcastle



Luke Wakely
Tamworth Community
Health, Hunter New England
Area Health Service
Paediatric Physiotherapist
(RDP Fellow 2008)

P: 02 6762 1975

E: luke.wakely@hnehealth.nsw.gov.au

Research Update: Rural Parents' Experience of Parenting a Premature Infant

Regional health services aim to support families of premature infants to ensure that infants are able to fulfil their developmental potential. Parental experiences post-discharge from Neonatal Intensive Care Units, particularly those of rural parents have not been well explored with the

literature citing difficulty accessing health services in rural areas as a major impact.

This qualitative study aimed to understand the experiences of rural parents caring for premature infants. Seven parents (5 mothers, 2 fathers) participated in face-to-face, semi-structured, in-depth interviews examining their lived experience of the first 12 months of caring for a premature infant while living in a rural area. Data analysis was grounded in a phenomenological methodology and approached through thematic analysis.

Three themes emerged: *Coping through optimism*, *Striving for normal*, and *Stoic survival*. Participants expressed optimistic thoughts on their experience even in the most negative times and may have fixated on positive aspects in order to cope more effectively. *Striving for normal* emerged from participant descriptions of focusing on whatever small milestones their infant achieved (ie. transitioning from tube fed to breastfed) in order to feel that their experience was closer to a term infant experience. *Stoic survival* described

participants expressing that they had little time to reflect on their experience during or afterwards due to the demands of caring for a premature infant while juggling family, work and distance realities. Improved knowledge of the experience of rural parents caring for premature infants can inform health service delivery. Parents may benefit from clinicians assisting them to see the positive aspects of their experience, in particular the progress their child has made. By encouraging families to take time to reflect on their experience, parents may be assisted in adjusting to being a parent of a premature infant.



PHCRED Strategy: Research Capacity Building Initiative

UNIVERSITY DEPARTMENT OF RURAL HEALTH NORTHERN NSW

University of Newcastle



Joanne Blake
Midwife (RDP Fellow 2008)
P: 02 6767 8197
E: joanne.blake@hnehealth.nsw.gov.au

Aboriginal families should be afforded flexible, individualised, family centred care, using evidence based and culturally sensitive practices. It has been established that working in partnership with Aboriginal families facilitates health care. The Aboriginal Mothers and Babies Service provide women and their families with support to make informed decisions in relation to their own and their baby's care and wellbeing.

A research project was undertaken to explore barriers that Aboriginal families

have in accessing maternal, infant and child health care services in Tamworth. This information will guide the development of health services to better meet the needs of Aboriginal families. The HNEAHS Human Ethics Committee approved this research project.

An action research methodology was used to develop a survey - with the assistance of Aboriginal Health staff - to ensure appropriate language use, length and cultural sensitivity. Women in Aboriginal families of child-bearing age were asked to participate. Results indicate that continuity or carer in a community based setting with access to an Aboriginal Health Education Officer is of high importance. Participants know to access antenatal care early, but choose to delay. The main barriers that were identified were transport, financial concerns and knowledge of available services. This information will be used to either influence or reinforce future pathways for the Aboriginal Mothers and Babies Service.

This research project has enabled partnerships to be brokered with a variety of people within a number of different services, including the Tamworth Aboriginal Medical service, Coledale Community centre, mainstream maternity providers, and especially the multidisciplinary staff of the Tamworth University Department of Rural Health. This has enabled the research experience to be as advantageous as it has been.



SCHOOL OF MEDICINE

Griffith University

Xanthe Golenko
Research Administrator PHCRED
P: 02 3382 1337
E: x.golenko@griffith.edu.au

Griffith PHCRED Fellow wins ASICS Award

Podiatrist and Griffith Primary Health Care Research Evaluation and Development (PHCRED) Fellow Kent Sweeting was presented with the ASICS Award for Best New Investigator - Lower Limb at the recent ASICS Conference of Science and Medicine in Sport.

Kent won the award for his paper, co-authored by Associate Professor Michael Yelland, which investigates how prolotherapy injections compare to an exercise program for the treatment of Achilles tendinosis.

The project involved a randomised clinical trial which saw patients randomised into three groups for a 12 week course of either prolotherapy,

eccentric loading exercises or a combination of both treatments.

Outcomes for the groups were measured over 12 months using the Victorian Institute of Sport Assessment - Achilles (VISA-A) questionnaire. The research found that while there was little difference in the effectiveness between prolotherapy and eccentric loading exercises, there was a trend

towards a more rapid and greater improvement using a combination of the two treatments.



In winning this award, Kent has been invited to present his paper at the American College of Sports Medicine Annual Meeting in Seattle in May 2009. He has also been awarded a second PHCRED Fellowship to work on the final stage of his research which evaluates treatment preferences for chronic Achilles tendon pain using discrete choice modelling.

***Prolotherapy** involves injecting hypertonic glucose and local anaesthetic around the tendon which stimulates new collagen production and tendon healing.*

***Eccentric loading exercises** are done by dropping the heel off the back of a step so that the calf muscles contract whilst they lengthen at the same time. Like prolotherapy, this can also stimulate new collagen production.*



Kent Sweeting with Conference Chair Assoc Prof Jill Cook



PHCRED Strategy: Research Capacity Building Initiative

CENTRE FOR REMOTE HEALTH, ALICE SPRINGS

Flinders University



Rikkisha Collins
PHCRED RCBI Research
Associate (Indigenous
Research Trainee)
P: 08 89 51 4722
E: rikkisha.collins@
flinders.edu.au

Rikkisha Collins joined the Centre for Remote Health (CRH) in May 2007 as a PHCRED Research Associate (Indigenous Research Trainee).

Rikkisha completed a Traineeship placement at the Central Australian Aboriginal Congress where she worked as an Administrative Receptionist for three years. She completed a certificate III in Business Skills at Charles Darwin University in 2007 and this year commences study for a Bachelor of Primary Health Care (Health Promotion) at Batchelor Institute of Indigenous Tertiary Education.

Rikkisha's role includes assisting with research projects (such as a current project investigating occupational stress in the remote area nursing workforce), and assisting to organise

the PHCRED research seminar series. She has also been involved in two internal evaluations (CRH staff orientation, and Aboriginal and Torres Strait Islander Student Support and Recruitment Strategy).

Rikkisha's personal motivation for undertaking the PHCRED RCBI position comes from a strong desire for knowledge, capacity, confidence and career development in the area of PHC and PHC research. The main motivation is her vision for the future that is the abolition of disparities between Aboriginal and non Aboriginal peoples lives.

CENTRE FOR REMOTE HEALTH, KATHERINE OFFICE

Flinders University



Kylie Stothers
PHCRED RCBI Research
Associate (Indigenous
Research Trainee)
P: 08 8971 2758
E: kylie.stothers@
flinders.edu.au

Kylie Stothers joined the Centre for Remote Health at the Katherine Campus in August 2008, as a PHCRED Research Associate (Indigenous Research Trainee). Kylie is a young mother of two children. She is a

Jawoyn woman who was born and raised in Katherine and comes from a large extended family with strong ties to Katherine and surrounding communities.

Kylie studied a Bachelor of Social Work at NTU (now Charles Darwin University) and after graduating from there she has spent the last 10 years working throughout the Northern Territory – both Top End and Central. Kylie has worked in the areas of Child Protection, Hospital and with Aboriginal Community Controlled Health services.

Kylie's passion and interest in Indigenous health relates to her own local NT Indigenous community experience (personal and professional)

but she also has strong ties to her husband's New Zealand Maori community and as a family they spend time in and with both communities when possible, ensuring her children have access to both cultures and family experiences.

Kylie is just beginning her career in the field of research and is keen to have exposure to a vast range of research topics which work towards creating changing and having sustainable and positive impacts on the local communities. Since commencing with CRH Kylie has been involved in an internal CRH evaluation report looking at the CRH Mental Health seminar series which was run in 2008.

ACADEMIC UNIT OF GENERAL PRACTICE & COMMUNITY HEALTH

The Australian National University

Carl Brusse
Research Assistant
P: 02 6244 4953
E: carl.brusse@anu.edu.au

PracNet is a research network of 10 General Practices from Canberra and the ACT region, which operates in association with the PHCRED program of the Academic Unit of General Practice and Community Health at the ANU Medical School. We meet regularly to manage and develop a broad suite of research projects and activities in Primary Care, with an emphasis on capacity building, securing external funding for research and engagement

with the wider Primary Care and research community.

One recent PracNet project is an antibiotic resistance study of patients treated for **Propionibacterium acnes** to test the concern that the use of antibiotics in acne treatments would lead to increased and sustained levels of antibiotic resistance. Main results have been presented at the 2008 WONCA conference and are being prepared for publication. When compared to data from a similar study from ten years ago (which involved a current PracNet member, Dr Cameron Webber), the results also shed light on changes in prescription behaviour. Further analysis is in progress.

Other projects have attracted funding from sources such as the NHMRC and ACT Health, including a study into the effectiveness of the ACT's unique

Benzodiazepine Voluntary Undertaking (BVU) program, a policy designed to encourage better doctor-patient relationships and improve treatment outcomes for methadone users. Another funded study titled 'No Symptoms, No Disease' is taking place investigating the attitudes of patients toward chronic illness, and how these attitudes correlate with their use of health care services and health outcomes.

During 2009 we intend to develop further projects and linkages, including a formal relationship with the ACT Division of General Practice, and projects integrated with research education at the ANU School of Medicine. We look forward to a sustained presence in the ACT region as an active nexus between Primary Care providers, researchers, educators and the wider community.

PHCRED Strategy: Research Capacity Building Initiative

PHCRED SUPPORTED PBRNS

Ellen McIntyre, PHC RIS

Several PBRNs have been established with support from the PHCRED Strategy. Here is a short description of these PBRNs as mentioned in the 2007 RCBI annual reports supplemented with information from relevant websites and PBRN coordinators.

PractNet

Based at ANU, PractNet incorporates 10 general practices. Activities include regular meetings and ongoing recruitment. PractNet has completed two projects:

- ⇒ Data Interrogation – comparing practice population data for various illnesses against population averages
- ⇒ Antibiotic resistance in General Practice.

Further information is available from Research Manager, Stephanie Louise at P: 02 6244 4956

E: stephanie.louise@anu.edu.au

W: <http://medicalschoo.anu.edu.au/sgprih/>

IntCatId=34&IntContId=7592&IntContContId=7552

NQ PBRN

The North Queensland Practice Based Research Network (NQPBRN) includes general practices in Townsville, Cairns and Mackay. Members include GPs and Practice Nurses with a common interest in answering questions through developing practice-based research and gathering data. The Network main interests are skin cancer, sexual health and enhanced primary health care.

Current research network projects include:

- ⇒ The use and value of health assessments in preventive health care in General Practices in North Queensland
- ⇒ Consumer's Chlamydia Screening preferences in General Practice

Completed projects include:

- ⇒ Acute Otitis Externa (AOE): Incidence, prevalence and management in primary care settings in north Queensland. With

General Practitioners in Cairns, Townsville and Mackay

- ⇒ Topical Chloramphenicol study: With General Practitioners in Mackay

Further information is available from Robyn Preston, PHCRED-JCU Coordinator at:

P: 07 4781 6232

E: phcred@jcu.edu.au

W: www.jcu.edu.au/medicine/research/research_groups/JCUDEV_010839.html

VicReN

The Victorian Primary Care Practice-Based Research Network (VicReN) based at the University of Melbourne, brings together primary care practitioners (GPs, practice nurses, community and allied health practitioners) with academic GPs and other researchers in long-term collaborations to conduct research that matters to practitioners and that makes a difference to the delivery of primary care. Current projects include:

- ⇒ Ageing Care in General Practice Study
- ⇒ Weave Study - how GPs should care for the emotional well-being of women
- ⇒ Exercise and Type 2 Diabetes Study
- ⇒ Health Assessment in General Practice for Children and Young People Entering Out-of-Home Care in Victoria
- ⇒ Better Outcomes for Obese Children in General Practice: Randomised Controlled Trial of a New Shared-Care Model vs. Usual Care
- ⇒ ACCESS: General Practices (GPs) Chlamydia Sentinel Surveillance
- ⇒ HopSCOTCH: Helping Obesity Problem: Shared Care Overweight Trial in Children

Further information is available from Melinda Soós:

P: 03 8344 3392

E: msoos@unimelb.edu.au

W: www.gp.unimelb.edu.au/vicren/

PHReNet-GP

PHReNet-GP, a PBRN that evolved from the broader PHReNet research network group, aims to facilitate and streamline the participation of GPs in high quality primary health care research projects led by the UNSW Research Centre for

Primary Health Care and Equity (CPHCE).

Current projects include:

- ⇒ A cluster RCT of nurse and general practitioner partnership for care of COPD
- ⇒ A project to assess the effectiveness and feasibility of case finding of COPD by practice nurses in General Practice
- ⇒ Absolute risk assessment in general practice – a pilot study to measure impact on prescribing and adherence to guidelines
- ⇒ Diagnosing obstructive sleep apnoea in primary care

Further information is available from Suzan Mehmet, PHReNet-GP Network coordinator:

E: phrenet-gp@unsw.edu.au

W: www.cphce.unsw.edu.au/

NRGP

In 2007, the Departments of General Practice and Rural Health at the University of Newcastle collaborated to establish the Network of Research General Practices (NRGP) in the Hunter, Central Coast and New England regions of NSW. The NRGPs include PHC practitioners (GPs, practice nurses and allied health staff) who are interested in being supported to conduct research and evaluation projects within their own general practice setting.

Current projects include:

- ⇒ occupational violence amongst non-GP general practice staff
- ⇒ exercise physiologists' delivery of exercise programs to patients
- ⇒ perceived effects on other patients of methadone prescribing in general practices
- ⇒ sequelae for patients when a general practice in an area of need shuts down

Further information is available from Susan Goode:

P: 02 49686737

E: Susan.Goode@newcastle.edu.au

W: www.newcastle.edu.au/school-old/medprac-pop/phcred.html

(Continued on page 12)



Upcoming events

4-5 Mar 2009, Melbourne VIC
NATIONAL DIVISIONS NURSING IN GENERAL PRACTICE FORUM 2009
E: eryl@agpn.com.au
Web: www.generalpracticenursing.com.au/site/index.cfm?display=39188

4-4 Mar 2009, Brisbane QLD
2ND QUEENSLAND PRIMARY HEALTH CARE RESEARCH FORUM
Models of Care and Preventative Health Care
E: d.schultz@uq.edu.au
Web: www.uq.edu.au/phcredqld

23-25 Mar 2009, Sydney NSW
11TH ANNUAL HEALTH CONGRESS
Developing a long-term health reform plan for a modern Australia
E: registration@informa.com.au
Web: www.informa.com.au/healthcongress/el

1-4 Apr 2009, Florence ITALY
WORLD PSYCHIATRIC ASSOCIATION INTERNATIONAL CONGRESS
Treatments in Psychiatry: A New Update
E: info@wpa2009florence.org
Web: www.wpa2009florence.org

29-30 Apr 2009, Sydney NSW
REDESIGNING THE HEALTHCARE WORKFORCE 2009
E: enquire@iqpc.com.au
Web: www.iqpc.com.au/healthworkforce

30 Apr-2 May 2009, Melbourne VIC
APNA VISIONARY CONFERENCE 2009
The Right Stuff
E: lucy.dear@apna.asn.au
Web: www.apna.asn.au/conference

8-9 May 2009, East Melbourne VIC
TEAMWORK FOR BETTER HEALTH CONFERENCE 2009
E: rwav2009@meetingplanners.com.au
Web: www.rwavconference.com.au

14-16 May 2009, Brisbane QLD
HEART FOUNDATION CONFERENCE 2009
Hearts in focus - celebrations, collaboration and challenges
E: heartfoundation2009@tourhosts.com.au
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

18-20 May 2009, Oslo NORWAY
CAMPBELL COLLABORATION COLLOQUIUM 2009
Better Evidence for a Better World
Web: www.campbellcollaboration.org/Colloquium/Colloquium.shtml

27-29 May 2009, Adelaide SA
NATIONAL AUSTRALIAN CONFERENCE ON EVIDENCE-BASED CLINICAL LEADERSHIP
The perfect blend of evidence & practice
E: chris.cafcakis@adelaide.edu.au
Web: www.joannabriggs.edu.au/events/2009NAC/home.html

5-7 Jun 2009, Surfers Paradise QLD
RDAQ 20TH ANNIVERSARY CONFERENCE
Celebrating the past, embracing the future
E: zhorton@healthworkforce.com.au
Web: www.rdaq.com.au/conference

5-7 Jun 2009, Ballarat VIC
AUSTRALIAN COLLEGE OF PSYCHOLOGICAL MEDICINE
Many Hands Make Light Work
E: fgurd@sapmea.asn.au
Web: www.sapmea.asn.au

9-11 Jun 2009, Crete GREECE
5TH INTERNATIONAL CONFERENCE OF THE INTERNATIONAL SOCIETY FOR EQUITY IN HEALTH
Social and Societal Influences on Equity in Health
Web: www.iseqh-conference2009.com

12-14 Jun 2009, Crete GREECE
9TH WONCA RURAL HEALTH WORLD 2009 CONFERENCE
health inequalities
E: wonca2009@acnc.gr
Web: www.ruralwonca2009.org/

25-28 Jun 2009, Sydney NSW
8TH INDUSTRIAL & ORGANISATIONAL PSYCHOLOGY CONFERENCE
Meeting the Future: Promoting Sustainable Organisational Growth
E: iopconference@psychology.org.au
Web: www.iopconference.com.au/

8-10 Jul 2009, St Andrew's Scotland UK
SOCIETY FOR ACADEMIC PRIMARY CARE 38TH ANNUAL CONFERENCE
Exploration and Enlightenment – A Voyage of Discovery

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

E: office@sapc.ac.uk
Web: www.sapc.ac.uk/09

15-17 Jul 2009, Melbourne VIC
2009 GP & PHC RESEARCH CONFERENCE
Driving Change
E: phcris@flinders.edu.au
Web: www.phcris.org.au/conference/2009/

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

(Continued from page 11)

Greater Green Triangle Research Network

This research network which is predominantly a PBRN, evolved over time from the original Greater Green Triangle CVD Prevention Partnership in 2001. Members of the research network participated in a diabetes prevention program and risk factor studies from 2004-2006, and in the evaluative trial of a collaborative care model for comorbid depression, diabetes and heart disease. This network is now undertaking an RCT with 20 practices examining a complex intervention to manage these three comorbidities.

Further information is available from Rachel Boak, PHCRED Coordinator:
P: 03 5563 3502
E: rachel.boak@greaterhealth.org
W: www.greaterhealth.org/research/health-services-research/38/



Funded by the Australian Government
Department of Health and Ageing

PHC RIS *infolnet* is printed bi-monthly by Flinders Press, Adelaide.

Editorial team: Sarah Eckermann, Ellen McIntyre, Libby Kalucy, Fiona Thomas, Louise Baird

Contributions are invited for inclusion in the newsletter. This newsletter supports the Primary Health Care Research, Evaluation & Development Strategy, the Divisions Network and the Australian Government Department of Health and Ageing (funding body). The views expressed in this newsletter are not necessarily those of the editorial team or the funding body.

Primary Health Care Research & Information Service
General Practice, Flinders University, GPO Box 2100, Adelaide SA 5001
P: +61 8 7221 8520 F: +61 8 7221 8544 E: phcris@flinders.edu.au Web: www.phcris.org.au