Editorial

How often have I said to rural health policy-makers that “If you want to know how well a shoe fits, you should ask the wearer and not the manufacturer!”

Despite their best endeavours to develop and implement policies designed to meet rural peoples’ needs, many governments over recent years have been accused of being “out-of-touch” with their constituents. Determining policies from Canberra or Capital City locations often places considerable geographical distance between elected officials and their constituents, a distance not alleviated by periodic roving Cabinet Meetings held in regional locations. Often, too, the voices of rural parliamentarians are over-ridden by the collective clout of more numerous metropolitan members.

At times it is worth asking rural health researchers how well they are in touch with the constituency with whom they are engaged with research or more commonly whom they are researching! At a time when it is very easy to undertake rural health research by GOOGLE and electronic literature searches, it is vitally important that adequate fieldwork and local input informs the research. All too often the “windscreen approach” adopted by researchers who make rapid visits outside of their comfort zone is an insufficient basis to gauge the needs and involvement of rural communities in the research.

Contextualising research is critical to ensure successful uptake of its outcomes, whether this be in terms of seeking to change human awareness and behaviour, health practices or rural health policies. For example, because a particular model or approach to service delivery has been shown to be effective in rural areas in overseas countries, there is no guarantee that its adoption in rural Australia will necessarily yield similar results. Comprehensive knowledge acquired through detailed fieldwork associated with living and working in Australia’s rural communities, combined with the engagement of local stakeholders in the development and conduct of research is required. Only in this way can the research really reflect and respond to local needs and circumstances.

Here at Monash University, our numerous clinical school locations and associated rural teaching practices, provide a wonderful opportunity for staff and students to engage in rural health research. Their close association with members of these rural communities provides a superb platform for mounting ongoing research that can increase our understanding of what contributes to the poorer health status of rural Australia and what is required to produce improved health outcomes.

Combined with Monash University School of Rural Health’s medical education and training program through which we seek to increase the health workforce supply into rural regions, staff and students can undertake research into all aspect of rural population health. One example is the exciting health service research currently being undertaken with health providers and residents from the Elmore community just north of Bendigo. This three-year project aims to inform policy makers, health care providers and community residents about how they can maintain and grow their health service to better meet local needs and ensure equity of access to health care at a time of need.

John Humphreys

If you would like to contribute to this newsletter, please contact Lisa Lavey on 03 5440 9082 or email lisa.lavey@med.monash.edu.au

Contact Us – Office of Research

North West Region
Telephone: +61 3 5440 9082
Facsimile: +61 3 5440 9080
Office Location: 37 Rowan Street
Bendigo, Victoria
Postal Address: Monash University School of Rural Health Office of Research PO Box 666, Bendigo, Victoria 3552
Recent Grants

Nurses Board of Victoria
Congratulations to Leigh Kinsman who has received a Major Research Grant 2008 from the Nurses Board of Victoria for $20,000. The project “Situational Awareness of patient deterioration in a simulated environment” is a joint collaboration with Professor Ruth Endacott (University of Plymouth, UK & La Trobe University), Dr Simon Cooper (School of Nursing, Monash) and Professor Julie Scholes (University of Brighton, UK). This study aims to examine how final year nursing students assess, identify and respond to patients either deteriorating or at risk of deterioration.

NHMRC Complementary and Alternative Medicine Grants
Funding has been awarded for the amount of $450,771 for a project entitled “CAM use among mid-age women: a national mixed-methods study across the urban-rural divide”. The Chief Investigators of the project are: Jon Adams (UQ), Anne Young & David Sibbritt (Newcastle), Marie Pirotta (Melbourne), John Humphreys (SRH), Marc Cohen (RMIT) and Alexander Broom (UQ). The aim of this project is to understand and explain why higher proportions of mid-age women in regional areas use complementary and alternative medicine (CAM) than those in urban areas of Australia.

NHMRC Project Grant
Funding has been awarded for the amount of $696,000 for a project entitled “Using epidemiology to inform psychiatric classification (DSM-V and ICD-11)”. The Chief Investigators of the project are: John Andrews (UNSW), Timothy Slade (UNSW), Maree Teesson (UNSW), Katherine Mills (UNSW), Andrew Baillie (Macquarie) and Mark Oakley Browne (SRH).

International visitors

Professor Ivar Aaraas - Norway
Professor Ivar Aaraas and his wife, Ann-Mari, visited the School of Rural Health in Bendigo in March 2008. Professor Aaraas is Professor and Chair of the National Centre of Rural Medicine at the University of Tromso. Professor Aaraas has published widely and recently edited the first Norwegian textbook of general practice.

The visit to Bendigo was part of a planned tour of Rural Health Academic Centres in Victoria and Queensland, including regional clinical schools and rural teaching practices.

During the visit to Bendigo, Professor Aaraas presented a seminar to the staff and students on the “Rural Practice and Academy - a Norwegian Perspective”.

Thomas Rotter - Germany
Mr Thomas Rotter, a Research Fellow in the Medical Department & Department of Public Health at the University of Dresden Germany visited the School of Rural Health at Bendigo for three weeks from 13 April to 5 May 2008.

Thomas visited the School of Rural Health as part of the Group of 8/German Collaboration Grant working with Leigh Kinsman and John Humphreys on the “Impact of integrated care (clinical pathways) in hospitals”. Significant progress was made with Leigh on their Cochrane Review of clinical pathways. Preliminary discussions about a future research alliance were productive whilst his perspective as a health economist was utilised for existing projects.

During his visit, Thomas conducted a seminar on “A comparison of health systems across Europe”. His seminar highlighted the relative efficiencies and comparative inefficiencies of various models implemented by European countries and summarised some lessons learned relevant to the Australian healthcare system.

As part of the ongoing collaboration, Leigh and John will be visiting Germany in September 2008 and 2009, and Thomas will be returning to Bendigo in March 2009.

R-L: Thomas Rotter, Leigh Kinsman and John Humphreys
Research Projects

“Strengthening the Bite – Improving oral health for older people”

Dr Rachel Tham

Oral health of older people, is of increasing importance as more Australians are living to older ages and are maintaining their teeth. The oral and general health and quality of life of dependent older people are particularly vulnerable to oral diseases that result from poor oral hygiene. These include tooth decay, gum disease, broken teeth, or ill-fitting dentures as they can cause pain, infection, inability to eat and may elevate the risk of complications with chest infections, Type II diabetes and functional independence.

Australian research has found that oral health of rural people is worse than their metropolitan counterparts. However, data are lacking on the oral health status of rural older people, especially those who are residing in aged care facilities.

Following a grant from the Windermere Foundation, Dr Rachel Tham is undertaking collaborative research that aims to improve the oral health of people residing in Hepburn Health Service’s aged care facilities. Rachel is working with aged care facilities in Daylesford (hostel and nursing home), Trentham (hostel and nursing home) and Creswick (nursing home) which care for approximately 90 residents.

The project will undertake oral health status and needs assessment of residents; identify and address barriers to obtaining oral health care experienced by residents; and develop and implement an oral health education program for aged care nursing staff and carers.

This initiative aims to show how effective and efficient prevention, early identification and management of residents’ oral conditions can improve their quality of life and reduce demand for emergency oral health care of the elderly in rural areas.

Further information, contact: rachel.tham@med.monash.edu.au

“Continuous Medical Education in Clinical Microsystems”

Community-based medical education (CBME) refers to medical education programs that are implemented in community settings, such as general practices or community health services. These programs deliberately expose students to service environments and social realities within these settings to contextualise and increase the depth and relevance of their learning. CBME has often been promoted as a strategy to increase student understanding of and commitment to practice in underserved communities.

In Bendigo, the Monash School of Rural Health is developing a model of CBME that hopefully will maximise the likelihood that students will return to serve in these communities. Firstly, students are selected from rural communities in Northern Victoria and then return for most of their clinical training. Secondly one whole year of their clinical training is devoted to continuous placements in carefully selected general practices that are functionally linked to small rural hospitals, community health services and health-related agencies. Continuous clinical placements in general practice nested within these so-called “Clinical Microsystems” are thought to produce learning outcomes that differ significantly from those for students covering the same curriculum within metropolitan teaching hospitals.

Continuous placements of this kind provide excellent opportunities to understand the chronic illnesses that now constitute the main burden of disease in Australia.

Long term placements allow students to take on professional roles under the consistent guidance of credible role models that are so critical for the formation of their own professional identities. They provide opportunities for immersion in total systems of care that allow students to understand the relationships between the wide array of health workers responsible for the care of their patients and the complex social, economic and environmental conditions that influence efforts to improve the health of these communities.

Professor Geoff Solarsh

This vital experiment requires careful conceptualisation of the service and educational components, and rigorous measurement of the educational and behavioural outcomes for students and the indirect and longer term effect on rural health services.

Will all these students return to serve these rural communities? Probably not, but deep and protracted experiences of this kind will increase the likelihood that some will return. Those who do not return will continue their professional careers with a much better understanding of the special health challenges in rural communities and their patients.

Further information, contact: geoff.solarsh@med.monash.edu.au
Postgraduate Activities

Postgraduate Student Profile

Anton Isaacs

Anton Isaacs is a PhD student at Monash University Department of Rural and Indigenous Health based at Moe. His thesis examines the factors that facilitate and inhibit utilisation of mental health services by Indigenous men in Gippsland. Anton aims to capture the opinions and perceptions of Indigenous men and their carers with regard to available mental health services in Gippsland.

The results of this study could provide evidence for innovations to currently available services in order to improve their utilisation. Anton will be working under the auspices of the Ramahyuck District Aboriginal Corporation, Sale, which is an Aboriginal Community Controlled Organisation. He also works part time as a lecturer with the Indigenous Health Unit at Moe.

Anton is an overseas trained public health physician from India who left his position as Assistant Professor of Community Health to pursue his PhD here at Monash University. While in India, he developed and coordinated a rural community mental health program. Anton’s research interests include the role of community health workers in rural and remote service provision and factors that reduce risk for depression and other stress related disorders.

Further information contact: Anton.isaacs@med.monash.edu.au

Recent Publications

Book Chapters:


C1 Refereed Articles


C4 Journal Article – Letter or Note


C4-Ext Journal Article – Letter or Note


O Other Publication Categories


Faculty Research Grants Calendar

Enquiries can be emailed to: Medicine.research@med.monash.edu.au

May 2008:
• 2009 Strategic Grants – call for applications

June 2008:
• Collier Equipment Grants – call for applications (dependent on Research Office advertising dates)
• 2008 LinkAssist Grant, Round 2 – call for applications

August 2008:
• LinkAssist Grant applications, Round 2 close 6th August
• 2009 Strategic Grants – applications close 11th August
• Collier Equipment Grants – applications close

October 2008:
• 2009 Travel Grants, Round 1 – call for applications
• 2008 Bridging Postdoctoral Fellowships – call for applications

November 2008:
• 2009 Travel Grants, Round 1 – applications close 19th November
• 2008 Bridging Postdoctoral Fellowships, Round 2 – applications close 31st November
• 2009 Senior Postdoctoral Fellowships – applications close 28th November