



LATROBE
UNIVERSITY

Violet Vines Marshman Centre
for Rural Health Research

Violet Vines
Marshman Centre
for Rural Health
Research



ANNUAL REPORT 2023



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Acknowledgement

Our work takes place on the unceded lands of First Nations traditional owners across Australia. We acknowledge their Elders and their Ancestors, and we thank them for their ongoing care of the land, skies, and waterways of this country. We also acknowledge First Nations, Indigenous and African communities, their land and their Ancestors.

The VVMCRHR endeavours to honour, respect and position First Nations voices, knowledges, languages and culture through our research, teaching and service and is committed to 'marra ngarrgoo, marra goorri – the Victorian Aboriginal Health, Medical and Wellbeing Research Accord.

ABOUT THE CENTRE

The Violet Vines Marshman Centre for Rural Health Research (VVMCRHR) was established in 2019 with the generous bequest from the VV Marshman Charitable Trust and La Trobe University. We are dedicated to transforming rural health outcomes through research, collaboration and community engagement.

We put the needs of rural communities at the forefront of our work. Based in the La Trobe Rural Health School, we define rural as being outside of a major Australian metropolitan city and are proud to work with communities and partners throughout the country and globally.



VISION

To be a world leader in the elimination of disparities in rural health and wellbeing.



MISSION

To narrow the gulf between rural and metropolitan health outcomes, by facilitating high impact research that is rurally focused, collaborative and pragmatic.



OUR WORK IN 2023

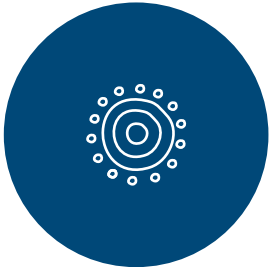
We work with health services and community members to forge pathways from local insight to local impact. We conduct world-class research that centres the needs of communities and makes a genuine difference to the lives of rural people through our **four research streams**.



Oral Health



Workforce



**First Nations
and African
Health**



**Primary and
Preventative
Health**



Listening

to the needs of our communities through our Rural Health Consumer Panel (RHCP).



Partnering

with rural health services to co-design and test innovative healthcare models in communities.



Supporting

community-led health initiatives through our Community Partnership Grants program.



Fostering

the development of emerging researchers and practitioners



Bringing

innovative thought-leaders to rural Victoria through the annual Marshman Oration

2023 AT A GLANCE



194 RHCP members



3 NEW Community
Partnership
Grants awarded



40+ Active
Members



34 CURRENT
HDR Students



\$429K
Research
income



4 PHD
completions



114
Research
publications



5 NEW
Adjuncts

A MESSAGE FROM OUR DIRECTOR AND THE DEAN OF THE LA TROBE RURAL HEALTH SCHOOL



The mission of the Violet Vines Marshman Centre for Rural Health Research (VVMCRHR) to improve the health of rural people is being realised through an uncompromising commitment to partnerships with rural service providers and consumers, and pragmatic research approaches that rapidly translate into real improvement for rural communities. The focus of this annual report is to provide examples of our work that highlight this commitment and to demonstrate the impact of our work through our four research streams.

Through our flagship Rural Health Consumer Panel (RHCP), 194 rural consumers have communicated to us the significant impact of cost-of-living rises, emphasising that this has become the primary obstacle to accessing healthcare, surpassing concerns about distance and waiting times. This report demonstrates the increasing influence of our rural consumer panel's voice in developing our research activities.

Seven of our early career rural researchers have been employed through competitive, externally funded projects, including three from Aboriginal backgrounds. We have welcomed Dr Fiona Dangerfield and Dr Jo Adams as Post Doctoral Research Fellows in addition to our members and PhD candidates. Stephen Begg finished his two-year tenure as Director after guiding the Centre through university accreditation processes amid the upheaval of the pandemic. We farewelled Sandra Mesic as administrative lead while welcoming Andrea Distefano into this role late in the year.

CEO of the National Rural Health Alliance, Susi Tegen, delivered an impassioned Oration, demonstrating that the unacceptable disparity between rural and urban Australians was compounded by \$800 less health service funding per capita for rural Australians. We have a lot of work to do.

The Vice Chancellor, John Dewar, announced three further Community Partnership Grant recipients in 2023 for community-led projects in Cohuna, Wangaratta and Albury. The Community Partnership Grants were established with an initial \$0.5 million donation from Neil, Ian and Ken Marshman in 2019. This funding stream received a further gift of \$5000 from the Australian Philanthropic Services (APS) Foundation at the recommendation of the Marshman brothers and Sarto Advisory Client Endowment (a giving fund in the APS Foundation) in August 2022. We are extremely grateful to our benefactors for supporting this important partnership-building initiative and look forward to announcing further funding rounds in 2024.

Side-by-side with our rural communities and service providers we look forward to continuing to partner in research that makes a difference.

Professor Leigh Kinsman

Chair of Rural Health Research and Director, Violet Vines Marshman Centre for Rural Health Research

Professor Jane Mills

Dean, La Trobe Rural Health School
Pro Vice Chancellor Health Innovation (Regional)



Rural Health Consumer Panel

"Through our flagship Rural Health Consumer Panel (RHCP), 194 rural consumers have communicated to us the significant impact of cost-of-living rises, emphasising that accessing health services has become the primary obstacle to healthcare, surpassing concerns about distance and waiting times."

A MESSAGE FROM OUR ADVISORY COMMITTEE



The Advisory Committee plays a vital role in offering guidance, expertise, and strategic direction to ensure the success of the Centre. Its purpose is to stay informed about the Centre's activities and provide validation or suggestions as needed. Comprised of members from the Centre, senior La Trobe Research and Advancement personnel, and external experts with extensive knowledge of rural health systems and priorities, this diverse composition facilitates meaningful connections between the Centre, other University departments, real-world rural health systems and the communities they serve. These connections are instrumental in delivering positive outcomes to individuals residing in rural and remote locations.

The Committee acknowledges Stephen Begg, who successfully completed his two-year term as Director, for his exemplary leadership and influence in shaping the Centre. Additionally, special recognition goes to Leigh Kinsman, the VVM Professor, for his valuable insights and guidance, as well as Professors Mills and Dewar, who have demonstrated significant support and interest in both the Centre and the Committee.

The Committee met twice during 2023. With the centre's vision and mission firmly established, the emphasis shifted towards identifying and understanding the key factors that drive the Centre's success in the medium term. These deliberations consistently followed presentations of case studies showcasing ongoing work and the Director's Report.

The Committee:

- Recognises the increasing momentum of the Centre in terms of its growth and output. The addition of new streams of Workforce and First Nations and African Health are important inclusions.
- Recognises the respect and influence that the Centre has within the rural health sector, through its alignment with its own mission and vision, its partnerships with providers, the health solutions it delivers and the scientific credibility it brings.
- Supports the development of further performance metrics for the Centre around how rural people receive real health benefits; strengthening of communication channels through simpler and timely messaging; and building a stronger case for funding support.
- Assisted in the selection of the (three) funding stream projects supported by the Centre in 2023.

As the Chair of the Advisory Committee, I deeply value and admire the efforts, support, and input of each member. During our meetings, we validate the work done at the Centre and brainstorm suggestions, many of which are crafted in the moment. This demonstrates the exceptional collaboration among our members.

Neil Marshman

Chair Advisory Committee

"...this diverse composition facilitates meaningful connections between the Centre, other University departments, real-world rural health systems and the communities they serve. These connections are instrumental in delivering positive outcomes to individuals residing in rural and remote locations."

RESEARCH STREAM REPORTS

Partnering with rural consumers through the Rural Health Consumer Panel



Rural Health Consumer Panel

For many rural communities, the importance of rural health is a deeply personal matter that touches the lives of every resident. But how do we truly understand the unique challenges and needs of rural people? That's where the Rural Health Consumer Panel steps in. The panel puts the lived experience and wisdom of rural people front and centre, guiding how research can make a real difference where it matters most.

Sally Fraser, a passionate health consumer, has been involved in the panel from its inception, *"...It is great to see the project developing from a concept to consumer involvement in a wide range of activities..."*. Sally had the opportunity to share the work of the panel at a Rural Health Conference in Canberra *"...I really appreciated the opportunity to come and participate in Canberra, I learned heaps about all sorts of great projects, it was wonderful to be immersed in it..."*.

Consumer involvement can occur at any stage of the research process. Panel members have been involved in shaping the direction of future research in the areas of long COVID, developing a proposed telehealth hub in Mildura and building AI technology to improve rural healthcare. One panel member, reflecting on their involvement in the AI workshop *"...it feels good to know I'm contributing. The technology consultation was interesting..."* while another panel member found the experience to be *"...very enjoyable, particularly its inclusive approach. I would definitely participate again..."*.

Funding is the lifeblood of research. Panel members play a crucial role in the grant application process, providing valuable insights that enrich the proposals. *"...As a consumer it was great to give my perspective on the grant application and support of this activity. I would be more than happy to be involved again and on an ongoing basis to provide sound consumer feedback & opinion..."*.

If we are to see improved rural health outcomes, it's also about everyday advocacy and ensuring that rural voices are heard in national policy discussions. Panel members have been active participants in shaping national policy on issues such as the Consumers Health Forum of Australia response to the Senate Committee on the Review of Australian Dental Services and the

National Mental Health Consumer & Carer forum for the NDIS review. As one panel member reflected on their experience, *"...the NDIS review panel was worthwhile because we felt that we were listened to and that someone was interested in our lived experience..."*.

When reflecting on the panel's journey, Sally knows that the work is far from over. *"...If we are to see improved rural health outcomes, it is vital that we recognise the invaluable wisdom and lived experiences of rural people..."*. With the Rural Health Consumer Panel leading the way, the future looks brighter for rural communities across the country.

Dr Fiona Dangerfield,
Post Doctoral Research Fellow

Ms Sally Fraser,
Rural Health Consumer



L-R: Leigh Kinsman, Fiona Dangerfield, Mwila Kabwe, Jo Adams and Brodie Adams

Making a difference in First Nations and African health

Researchers in this stream are working on a range of projects to improve health outcomes for First Nations and African people. Dr. Mishel McMahon is a chief investigator on a First Nations-led research project titled System Reform for First Nations Communities – Emergency Departments and Urgent Care Centres. This partnership project commenced in August 2023 and brings together a wide range of stakeholders including Aboriginal Community Controlled Health Organisations (Njernda, Aldara Yenara, Loddon Mallee Aboriginal Reference Group, Mallee District Aboriginal Services, Bendigo & District Aboriginal Cooperative,

Murray Valley Aboriginal Cooperative and Victorian Aboriginal Community Controlled Health Organisation Ltd), Emergency Departments and Urgent Care Centres (Bendigo, Kerang, Maryborough, Echuca, Kyabram, Central Highlands, Swan Hill, Heathcote, Dhelkaya, Mildura, Robinvale, Boort, Cohuna, Inglewood, Mallee Track, East Wimmera), Ambulance Victoria and Murray Primary Health Network. The aim of this project is to reform the experiences of emergency care for First Nations peoples' by developing a Best Practice Framework (BPF). This partnership project utilises the expertise of a broad governance group inclusive of Aboriginal and non-Aboriginal people working

within the hospital emergency care sector in the Loddon Mallee Region. The development of a BPF will enable service provision to be aligned with best practice in cultural safety and decrease preventable hospital admissions and the high rates of First Nations' patients that leave the emergency departments without being seen by a doctor.

We held 'dhelkaya' First Nations Health and Healing Showcase, to provide an opportunity for First Nations organisations and programs to demonstrate their excellence in health, and to build greater understanding and celebration in the wider community about First Nations perspectives and initiatives



"An initiative was developed across 16 African countries to provide online training through an African Nurses Guild for nurses and midwives in the areas of digital health, critical care, midwifery, and chronic disease management."

for health and healing. The event started with a Djaara Welcome to Country and smoking ceremony. During the showcase there were presentations from Aboriginal Community Controlled Health Organisations (ACCHO), Aboriginal Education organisations and from First Nations consultants working within the health sector from Mildura, Shepparton, Castlemaine and Bendigo.

A Community of Practice (CoP) for African Health & Healing Collective met monthly during 2023 to discuss African-led initiatives for mental health and wellbeing. This CoP currently has 22 members from social work, community development and psychology working from Zimbabwe, Kenya, Uganda and Botswana. Each month a member will present their wellbeing program or research project which centres African perspectives to enable high engagement from the rural communities.

The impact of COVID on the health workforce has been significant, resulting in many populations in low-income countries unable to access health services due to the lack of sufficiently trained health workers. To address the lack of trained workforce the Vaka Health Foundation started conversations with East Central Southern Africa College of Nursing and Midwifery (ECSACONM) in 2022 and a partnership was developed. An initiative was developed across 16 African countries to provide online training through an African Nurses Guild for nurses and midwives in the areas of digital health, critical care, midwifery, and chronic disease management. The purpose of these courses is to provide opportunities for professionals working in sometimes very remote rural areas to undertake continuous professional development. Participants undertake study in the areas of telehealth, virtual



"The 'dhelkaya' First Nations Health and Healing Showcase, to provide an opportunity for First Nations organisations and programs to demonstrate their excellence in health, and to build greater understanding and celebration in the wider community about First Nations perspectives and initiatives for health and healing."

models of care, digital health, digital applications, competencies to work in high-pressure critical care environments, 'woman-centred' midwifery practice and chronic disease management. The chronic disease management course builds skills and knowledge to prevent and manage a wide range of chronic health issues (including but not limited to lung, heart, gastrointestinal, thyroid, eyes,

kidney, gender-specific chronic health issues; hepatitis; diabetes; Parkinson's; obesity; osteoarthritis). The courses equip health professionals with the required skills to work effectively in primary health care in a rural African context.

Dr Mishel McMahon and Associate Professor Yangama Jokwiro
Stream leads

Addressing health workforce shortages in rural communities

Health workforce shortages are one of the major challenges currently facing rural communities. Our research aims to develop innovative solutions to these challenges. The focus of our research spans from recruitment or preparation of future rural health professionals through to retention of the rural health workforce and new service delivery models.

For example, an audit of rural Australian health courses found few offerings for allied health, medicine and dental disciplines. Our research into the supports required by

mature-aged health students in rural areas to successfully participate and complete health courses based on rural campuses, has highlighted the specific needs of these students as they prepare to enter the workforce.

Throughout the pandemic years we saw an increase in the use of telehealth. Telehealth has the potential to improve access to services for rural people while decreasing cost and time associated with travel. At a time when cost of living pressures are being felt in many households, services like telehealth will be

crucial in ensuring ongoing access to sustainable and affordable health services. Research conducted with allied health academics from the University of Plymouth has identified the telehealth competencies health students need to develop prior to their placements and future employment. In collaboration with Bendigo Health, researchers conducted a systematic review to examine the evidence of delivering telehealth allied health interventions to regional and rural people. We now have a scholarship with Loddon Mallee Virtual Care Office for an industry-based PhD student to investigate the effectiveness of remote health monitoring for rural people.

Researchers involved in La Trobe Rural Health School's graduate destination project are evaluating the impact of providing regional end to end education for dentistry, occupational therapy, physiotherapy, pharmacy and nursing students and rural work integrated learning placements during their studies. Research into innovative service-learning placements that utilise an occupational therapy and speech pathology student workforce to deliver services not available to rural communities is planned. Rachael McAleer, a VVMCRHR scholarship recipient, is examining what supports early-career physiotherapists require to successfully make the transition into practice. The risk and experience of burnout in early career occupational therapists is currently being explored by honours student Vanessa Commons.

Professor Carol McKinstry
Stream lead



L-R: Dr. Marcus Gardner, Professor Carol McKinstry and Dr. Hannah Slootjes (graduating in May 2023).



“Raising awareness about the lack of water fluoridation in rural Victoria and bringing that to the attention of health service providers and policymakers has been a key part of our work in 2023.”

Improving oral health outcomes for rural people

Researching real problems faced by rural communities underpins much of the work we do. Raising awareness about the lack of water fluoridation in rural Victoria and bringing that to the attention of health service providers and policymakers has been a key part of our work in 2023. Our efforts have resulted in Sarah Mansfield (Greens MP for Western Victoria), taking a keen interest in the poor oral health status in many communities in the Wimmera, and has highlighted our work in a parliamentary speech focused on oral health inequities for rural children. Our advocacy with our existing community partners (Heathcote Health, City of Greater Bendigo, Gannawarra Shire Council, Northern District Community Health) continues, and we’ve formed new partnerships with West Wimmera Health Services, Grampians Public Health Unit, and the Department of Families, Fairness, and Housing (Loddon Mallee Region).

Our article, “Access to community water fluoridation in rural Victoria: It depends where you live...” published in the Australian Journal of Rural Health, attracted significant media attention, including coverage in the Sunday Age and a feature on the Channel 9 program House of Wellness. This sparked interest from many communities, leading to several reaching out to us for assistance with advocacy programs.

These partnerships have resulted in several community-sponsored group honours projects for dental students, including improving oral health in aged care settings, exploring alternative funding sources for oral health infrastructure, and addressing oral health challenges for children in out-of-home care. We have developed deep partnerships with many local health services including West Wimmera Health Service, Heathcote Health, Bendigo Health and the Department of Families, Fairness and Housing).

Our expert researchers have contributed to Senate Select Committee Submissions, Position Papers, and Pre-Budget submissions throughout the year. Our work with peak bodies like the Consumers Health Forum of Australia, National Oral Health Alliance, and the Public Health Association (Oral Health Special Interest Group), VicHealth, and Dental Health Services Victoria highlights the depth and breadth of our networks. Our stream lead, Associate Professor Virginia Dickson-Swift, has secured a seat at the table on the National Oral Health Alliance and the Victorian Oral Health Alliance. Both of these organisations undertake a lot of advocacy work, and our role is to represent rural communities and advocate for better outcomes for rural people.

Associate Professor Virginia Dickson-Swift

Stream lead and Principal Research Fellow

Preventing disease and improving primary health care

The research in the preventative and primary health care stream focusses on improving equity, access to care and health outcomes for rural people. While our research spans a diverse range of health topics, addressing the social determinants of health is central to our work.

As our researchers are located across La Trobe Rural Health School's four regional campuses, a key strength of this group is our research is conducted in multidisciplinary teams and in close collaboration with local communities. This facilitates broad impact in rural communities and the development of our rural researchers. We are fortunate to have numerous PhD students undertaking important research within this team. Some examples of our research are described below.

Tara Williams' who is located in Mildura, is exploring loneliness, social isolation and the role volunteering can play on health outcomes. While loneliness and isolation contribute to poorer health outcomes, volunteering plays a crucial role in underserved rural communities.

Michele Conlin's is investigating the impact of public health microgrants awarded to community members in support of their ideas and initiatives to increase local health activities. This PhD is conducted in collaboration with West Wimmera Health Service and is clearly a 'bottom-up' community led approach to improving health wellbeing.

Our researchers also undertake work to improve the provision of palliative care in rural communities. Doctoral student Salatiel Ngezi's work in Shepparton is investigating the experience of African migrants with local palliative care and in Mildura to improve the only community based palliative care service to support

people who choose to die at home.

Improving the delivery of primary health care is the focus of Susan O'Neill's PhD. The research is a collaboration with Murray Primary Health Network investigating how ear, nose, and throat (ENT) issues can be better addressed in primary care, given the marked absence of ENT specialists in rural areas.

The BreastScreen project funded by the Department of Health and undertaken by our researchers Dr Virginia Dickson-Swift, Professor Evelien Spelten and Dr Jo Adams along with Professor Irene Blackberry (John Richards Centre for Rural Ageing), Professor Carlene Wilson (Olivia Newton-John Cancer Centre) and Dr Eva Yuen (Deakin University) was completed in March 2023. Sixty in-depth interviews were undertaken with older women across Australia. The key findings outlined their motivations and

behaviours in relation to breast cancer screening after age 75 and recommendations made to the Department of Health.

The community paramedicine project that started as a feasibility study in Mildura has recently received \$1.4 million from the Department of Health and Ageing to implement and evaluate the model in four rural communities struggling with access to healthcare. The evaluation showed this program is increasing access to care with a strong focus on prevention. Clients of the program felt safe and heard and built up a strong relationship with the paramedics. Through this program rural people are better connected and are feeling more confident in monitoring their health.

Professor Evelien Spelten
Stream lead





HOW WE'RE MAKING A DIFFERENCE: CASE STUDIES

Our researchers work closely with a range of service providers and community members to address real world challenges that impact on health and wellbeing. The following case studies highlight our ways of working and the impact of our work for rural communities.

The 3C (Care for Complexity in Community Health) trial

Sunraysia Community Health Services and Violet Vines Marshman Community Partnership grant recipient 2021

Managing chronic health conditions can be a full-time job, especially when rurality limits access to healthcare. For those with added challenges like financial hardship, social isolation, and poor mental health, it can all seem too hard. People just give up on their health.

The 3C (Care for Complexity in Community Health) trial was designed to support these people. People with chronic health conditions and complex life demands (social, financial, or psychological) were linked to care coordinators. Clients and coordinators worked together to identify what was most important to the client, and then explored ways of restoring the balance between the clients' individual capacity and their treatment workload.

For the clients engaged in the trial, this was an opportunity to work

with someone who could look beyond their health conditions and focus on the impact on their lives. Clients reported that *"(the Care Coordinator CC) sat there and said, is there anything I can do for you in any way or any form? Be that financial or medical, healthwise, whatever."*

Coordinators could provide help to navigate health, housing, social and community services... *"And [the CC] was the sheep dog at the back... they were following up everybody and everyone"* and health coaching to work out priorities... *"(to) work out what I needed and what my goals were. That was really good."*, increase self-efficacy... *"I'm feeling a lot more in control. I feel a lot more confident in handling myself" and build motivation... "the (CC) gets along with me and encourages me and gets me going and back up again."*

By focussing on complexity, rather than specific health conditions, coordinators could put aside their discipline lens and meet the clients where they were at... *"You have to be happy to step out of your comfort zone...I think you have to want to make a meaningful difference to that person based on what their meaningful difference is."*

As healthcare and treatments become more complex and greater responsibility is placed on individuals to manage their own health, we need to change the focus from 'compliance' to supporting people to achieve what is important and meaningful to them.

Dr. Ruth Hardman

Clinical lead, Pain Rehabilitation Service



Supporting rural people with a rare cancer (SPARC-R)

Rare cancers are not that rare. Rare Cancers Australia (RCA) defines a rare cancer as an incidence of less than six per 100,000 of the population, however, because of the number of rare cancers, one in five cancer diagnoses involve a rare cancer. People with a rare cancer have a more difficult, often lonelier, illness trajectory and worse medical and psychosocial outcomes.

About 25% of people diagnosed with a rare cancer live outside major cities, however evidence shows that the further from a metropolitan centre a cancer patient lives, the more likely they are to die within five years of diagnosis. Rurality exacerbates the complex trajectory rare cancers patients are already in, because of difficulties accessing treatment and tailored supportive care.

In close collaboration with Rare Cancers Australia, we are undertaking the Rural 'SPARC' (Supporting People with A Rare Cancer) study. The purpose of this study is to co-design and co-develop the first-ever peer-support psychosocial intervention program for people living in rural communities who have a rare type of cancer. The study aims to address unmet information needs and reduce psychological morbidities such as isolation, loneliness, depression, and anxiety, as well as increase the quality of life of rural patients diagnosed with a rare cancer.

We are currently in the 'co-design' stage of this project. This has involved information gathering in the form of a review of the international evidence and stakeholder engagement with

both consumers and clinicians. Our review demonstrated that there is very little peer support available to those diagnosed with a rare cancer and in rural Australia. Our stakeholder engagement has found that individuals diagnosed with a rare cancer and who live in rural Australia, as well as clinicians treating this population, felt that peer support can help to reduce isolation, improve reassurance and hope, provide information and instil coping mechanisms. Over the next year, we will continue to work with consumers to co-design an intervention that serves the needs of this unique population.

Dr Laura Hemming
Postdoctoral Research Fellow

COMMUNITY PARTNERSHIP GRANTS PROGRAM

Supporting rural communities through our community grants scheme is a privilege rarely afforded to research centres. The opportunity to give to rural communities, sets the Violet Vines Marshman Centre for Rural Health Research apart. Nine projects have been funded since 2021, each receiving up to \$50,000. And they are making a difference.

For example, the Cultivate Farms project has been highlighted in the media as 'Tinder for farmers' by supporting ageing farmers to partner with younger farmers to take over at the right time. Eleven older farmers participated, and findings have been incorporated

into the Cultivate Farms 'Ageing-on-Farm Guide' accessed by its 2,600 members and 7,500 subscribers.

The 3C project has been highlighted on [page 14](#) while other projects are at various stages of progress. Applications for grants come from across the State and in 2023 we awarded three new grants that aim to: 1) retain maternity services in Cohuna; 2) test the Community Paramedic role in north-east Victoria, and; 3) attract health professionals to the Wangaratta region.

The community grants scheme gives us an opportunity to understand rural priorities.

With four of the last five grants focusing on rural health workforce, it is clear this is of significant and growing importance to rural communities. We look forward to seeing what our rural communities see as priorities in 2024, and how we can support their endeavours through the community partnership grants scheme.

More information can be found at:

latrobe.edu.au/research/violetmarshman/partnership-funding



"Nine projects have been funded since 2021, each receiving up to \$50,000. And they are making a difference."

L-R: Community Partnership Grant Recipients 2023: Rebecca Golia (Rural City of Wangaratta), Simon Donohue (Gateway Health) and Caitlin Fehring (Cohuna District Hospital).



RESEARCH DISSEMINATION AND TRANSLATION

One of the key areas of our work within the VVMCRHR is dissemination and research translation. The development of our communications plan has enabled us to consider the audiences for our work and the ways we communicate the impact of our research. Our research outcomes are communicated via research publications, conferences, seminars, reports, summaries, infographics and often coauthored with our community partners.



L-R Dr Sudheer Balla, Dr Elizabeth Sari, Associate Professor Santosh Tadakamadla, Dr Jyothi Tadakamadla, Dr Nesa Aurlene Jayadhas, (OH stream researchers at the International Association of Dental Research (IADR) conference in Sydney).

The La Trobe Rural Health School Conference is the flagship translation event where researchers, students and community partners present their research. **The theme of the 2023 conference was 'real impact for rural communities' and was a great opportunity to highlight the work of our researchers.**



L-R: Professor Leigh Kinsman (VVMCRHR Professor of Rural Health), Vice Chancellor John Dewar, Professor Jane Mills (Dean, La Trobe Rural Health School), Brooke Shelley (Consultant Pharmacist)

Efforts by Council and other agencies to improve the oral health of residents were highlighted at the LRHS Conference. Council and Northern District Community Health representatives joined with Associate Professor Virginia Dickson-Swift in presenting the outcomes of the Gannawarra Oral Health Action Plan, which aimed to implement measures to improve the oral health of residents in the municipality.



L-R: Council's Manager Community Recovery, Narelle O'Donoghue (left), Northern District Community Health CEO, Mandy Hutchinson and NDCH General Manager, Programs and Services, Alexia Stephens

STUDENT PROFILES

We provide supervision and mentoring to over 30 students undertaking higher degree research within the VVMCRHR. Our aim is to develop the next generation of researchers passionate about making a difference to rural health outcomes.



Dr Nesa Aurlene Jayadhas

I am Dr Nesa Aurlene Jayadhas, a PhD student in La Trobe Rural Health School, Bendigo and also affiliated with the VVMCRHR. I am a dental public health specialist and for my PhD research I intend to develop an oral health promotion program for older people in residential aged care facilities (RACFs) of rural and regional Victoria.

I am honoured to be the La Trobe University 3 Minute Thesis (3MT) Champion for 2023. My primary supervisor Dr Santosh Kumar Tadakamadla and with the help of Dorothy McLaren who is the Health Promotion Manager at West Wimmera Health Services have established networks with numerous RACFs, including Nhill, Kaniva and Jeparit. We hope to find out the unique barriers and facilitators to maintaining oral health among older people living in RACFs in rural areas like West Wimmera where access to dental care is limited. For this purpose, we will conduct a qualitative study based on the Theoretical

Domains Framework with residents and both formal and informal care workers in RACFs in West Wimmera.

As the primary investigator I will be conducting in-depth interviews with residents and care workers to understand the contextual factors that impact oral health and oral care behaviours among older people in RACFs. Once we understand the unique contextual barriers for this vulnerable population, we will then tailor an appropriate oral health promotion intervention which will help initiate and maintain good oral health behaviours and thereby improve oral health outcomes for older people living in RACFs in rural Victoria.

The final intervention will be developed with input from residents and care workers who will be actively involved to ensure end-user engagement. We are very grateful for West Wimmera Health Services' participation in the research project and all the support they've extended towards our research project so far.



Dr Sudheer Babu Balla

Partnership with Bendigo Community Health Services (BCHS):

I am Dr Sudheer Babu Balla, a PhD scholar affiliated with the VVMCRHR in the La Trobe Rural Health School, Bendigo.

My project focuses on enhancing the oral health of the children within the Karen refugee community in Bendigo. Our collaborative team, consisting of myself and my supervisors Santosh Kumar Tadakamadla and Jyothi Tadakamadla, have partnered with Kaye Graves, a senior leader in Refugee and Cultural Diversity, Bendigo Community Health Services (BCHS).

The project encompasses three key phases: qualitative exploration involving interviews with the Karen parents to identify barriers, facilitators, and their needs; secondly, a

co-design phase where we develop an oral health intervention with the active involvement of all stakeholders; and finally, a conclusive quasi-experimental study to evaluate the effectiveness of the oral health intervention.

BCHS plays a pivotal role in supporting these initiatives by facilitating the recruitment of families for insightful interviews, providing office space for our research activities, and ensuring effective communication through interpreters during interviews. This collaboration with BCHS is invaluable as it enables direct interaction with the Karen refugee population and enhances the translational impact of our research. We express our gratitude to BCHS for their instrumental support in this collaborative effort.

NEW ADJUNCT APPOINTMENTS

We welcomed five new adjunct appointments in 2023 and we look forward to partnering with them into the future.

- Adjunct Professor Bruce Bolam, Chief, Strategy and Performance, Murray Primary Health Network
- Adjunct Professor Naveen Tenneti, Medical Director, Loddon Mallee Public Health Unit
- Adjunct Associate Professor Angela Crombie, Director, Research and Innovation, Bendigo Health
- Adjunct Senior Research Fellow Nicole Johnson, Women's Health Loddon Mallee
- Adjunct Research Fellow Hamid Ghadheri, West Wimmera Health Service

Meet our newest Adjunct Research Fellow



As a dentist, researcher, and health promotion officer, I am deeply passionate about oral health, with a particular focus on oral cancer research and prevention. Now, as an Adjunct Research Fellow, I am privileged to have access to a wealth of resources, expertise, and collaborative opportunities. This affiliation grants me access to cutting-edge research facilities, mentorship from esteemed faculty members, and networking opportunities with fellow researchers. It enables me to further develop my research skills, expand my professional network, and make meaningful contributions to the field of oral health.

Hamid Ghadheri

(West Wimmera Health Service)

FEATURED PUBLICATIONS

The following publications have been selected as they highlight the breadth and depth of our research. Many of these publications are co-authored by our researchers, students, University, and community partners. A full list of publications is available on our website.

Booker, L. A., Hodge, B., & Skinner, T. C. (2023). Rethinking the distribution of sleep services: Discrepancy of obstructive sleep apnoea in rural compared with metropolitan men in Australia – a large national survey. *Rural and Remote Health*, 23(3), 1–7. <https://doi.432534441034038>

Individuals living in rural areas are known to have increased illness and comorbidities. This study explores the proportion of diagnosed and undiagnosed Obstructive Sleep Apnoea (OSA) in men living in rural compared to metropolitan areas and results highlight the need to ensure adequate services are provided in rural areas.

Conlin M., McLaren D., Spelten E., MacDermott S. (2023) Cultivating participatory approaches in health promotion planning, delivery, and evaluation: A case study of an academic–health service partnership in rural Victoria. *Health Promotion Journal of Australia*. <https://doi.org/10.1002/hpja.818>

This case study describes the outputs of an academic–health service partnership in rural Victoria. The collaboration has led to the implementation and ongoing evaluation of a microgrant program for health promotion which integrates community participation principles in the foundations of the program and its evaluation.

Corbett, E., **Theobald, J.**, Billett, P., **Hooker, L.**, Edmonds, L., & Fisher, C. (2023) Revictimisation of women in non-urban areas: A scoping review. *Trauma, Violence, & Abuse*, 24(4), 2379–2394. <https://doi.org/10.1177/15248380221094317>

Findings from the review indicate that experiences of violence in childhood and adulthood are frequent among non-urban women, and that experiencing child abuse is associated with a heightened likelihood of poor mental health and interpersonal violence in adulthood. We also found that non-urban women faced significant structural disadvantage including low levels of employment and income, limited–

service sector resources, unsafe family environments and exposure to community violence.

Dickson-Swift V., Crocombe L., Bettiol S., Bracksley-O'Grady S. (2023) Access to community water fluoridation in rural Victoria: It depends where you live.... *Australian Journal of Rural Health*. 31: 493–502. <https://doi.org/10.1111/ajr.12973>

Water fluoridation is the most cost-effective method for reducing dental caries experienced in children and adults. Despite government recommendations for water fluoridation for towns >1000 population, more than one third of Victorian rural towns currently do not have access. This is impacting on the oral health status of rural people.

Godwin, S., **Hyett, N., McMahon, M., McKinstry, C., Long, N.**, Whiteside, M., & Bruce, C. (2023). Methods and processes for First Nations health curriculum development for nursing, medicine, dentistry and allied health entry-level programs: A scoping review. *Sage Open*, 13(2). <https://doi.org/10.1177/21582440231163834>

The inclusion of First Nations health curricula in programs is critical for the development of culturally safe graduates, however, less is known about how to embed content into curriculum in ways that reflect best practice and pedagogy. Results highlight that evidence-informed curriculum development is critical to ensure effective methods and processes are adopted and cultural safety learning outcomes are achieved.

Quilliam, C., Wong Shee, A., Corboy, D., Glenister, K., King, O., McNamara, K., Alston, L., Aras, D., Beauchamp, A., **McKinstry, C.** (2023) Design and implementation characteristics of research training for rural health professionals: a qualitative descriptive study. *BMC Medical Education* 23, 200. <https://doi.org/10.1186/s12909-023-04169-5/metrics>

The research capacity and capability of rural health professionals is essential to the delivery of evidence-based care and informing strategies to address rural health inequities. Strategically planned and evaluated research training programs and education via co-design with rural health professionals and use of research champions are needed to build research capacity and capability in rural health professionals.

Modderman, C., Sanders, R., Cordon, E., Hocking, C., Wade, M., & Vogels, W. (2023). Integrating health systems for children and young people in out of home care: Challenging the nature of siloed service delivery in rural Australia. *The Australian Journal of Rural Health*, 31(4), 670–679. <https://doi.org/10.1111/ajr.12991>

The study highlights the enablers and barriers during the first 2 years of the health systems integration project in northern Victoria that included the implementation of a health navigator role. The results show that health outcomes for children and young people residing in out of home care in rural Australia can be improved with a health navigator co-located between child protection practitioners and community health services clinicians.

O'Neill, S., Begg, S. & Spelten, E. (2023) A five-year descriptive analysis of potentially preventable hospitalisations for Ear, Nose, and Throat conditions in regional Victoria, Australia, from 2015 to 2020. *BMC Public Health* 23, 1536 <https://doi.org/10.1186/s12916-023-04169-5/metrics>

Higher than expected potentially preventable hospitalisations for Ear, Nose, and Throat (ENT) conditions, have been found to disproportionately impact communities in the Murray Primary Health Network region. The ENT conditions included ear infections,

tonsillitis, and upper respiratory tract infections, with patients being more likely than others to either be aged 0 to 9 years, Indigenous, or from a culturally and linguistically diverse background.

Spelten, E., Thomas B., van Vuuren J., **Hardman R.,** Burns D., O'Meara P. & Reynolds L. (2023). "Implementing community paramedicine: A known player in a new role. A narrative review." *Australasian Emergency Care* 27(1): 21–25.

Community Paramedicine is a model of care which is effective and accepted by health professionals and the community. Community paramedicine delivers low acuity primary care to disadvantaged communities and addresses service gaps. This study identified successful implementation of community paramedicine models and signalled opportunities and challenges.

Veginadu P., Gussy M., Calache H., Masood M. (2023) Disparities in spatial accessibility to public dental services relative to estimated need for oral health care among refugee populations in Victoria. *Community Dentistry and Oral Epidemiology*. 1: 565–574. <https://doi.org/10.1111/cdoe.12792>

To aim of this study was to examine the spatial accessibility to public dental services (PDS) relative to the estimated oral health needs of refugee populations within the state of Victoria, Australia. The methodology used outlines a complementary approach in planning oral health service provision in the absence of population level data at a small-area scale on access to dental services or need for oral health care. The findings provide implications for researchers and policy makers to address the inequalities in access to PDS among the refugee population in Victoria.

