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## 2<sup>nd</sup> Rural and Remote Health Scientific Symposium

### Follow-up Evaluation Report

#### Introduction

The purpose of the 2<sup>nd</sup> Rural and Remote Health Scientific Symposium in Brisbane in June 2010 was to bring together key rural, remote and Indigenous health researchers to review leading Australian and international rural and remote health research, with a particular focus on its substance, the science and methodology that underpin it and the most effective means to ensure its adoption into policy and practice.

In the initial online evaluation, reported in July 2010, most people responded that the Symposium met its purpose very well or reasonably well.<sup>1</sup>

The Symposium Steering Committee provided an opportunity for people to share what they had learned from attending the Symposium and had since been able to apply through a follow-up online evaluation conducted during December 2010/January 2011, approximately six months after the Scientific Symposium. The follow-up survey also canvassed interest in the organising committee and practical suggestions for the 3<sup>rd</sup> Scientific Symposium to be held in 2011.

#### Findings

Twenty two out of 85 people or 26 per cent of Symposium delegates responded to the follow-up online evaluation.

#### Application of specific learning, information or findings from the Symposium

Six months after the Scientific Symposium, one or more respondents reported that:

- great research contacts were made and networks have been formed to enhance collaboration around Australia;
- research data presented has been used, methodologies discussed have been incorporated into the development of new projects, feedback received following the presentations has been integrated into further presentations and articles;
- discussion of the definition of rurality led by Jane Farmer and the conceptual framework for rural health and remote health in Australia presented by Bourke et al were both mentioned by several respondents as having led to discussions with other colleagues and in framing future research directions;
- a report of the Symposium was disseminated through a newsletter, papers were disseminated to relevant colleagues within universities and the Symposium outcomes have been used to inform strategic planning and priority setting for research centres;
- learning from policy makers was useful and concepts such as measuring research impacts and considering the changing face of rurality have been built into research plans.

<sup>1</sup> 2<sup>nd</sup> Rural and Remote Health Scientific Symposium Evaluation Report, July 2010.

<http://rrhss.ruralhealth.org.au/evaluation>



Suggestions for further uses to which the findings from the Brisbane Symposium could be put included:

- assisting the next generation of Australian rural health researchers to develop the skills they need to lead health research and contribute to health reforms;
- strengthening the networks, for example, through supporting research applications from other rural research centres;
- stimulating a forum for discussion of the issue of health workforce shortage and differentiating what the implications are for rural and remote areas compared with outer metropolitan areas;
- to move things forward, not just march on the spot.

## **Support for a virtual Partnership Centre for Better Rural and Remote Health**

The central recommendation from the Scientific Symposium was to develop a virtual Partnership Centre for Better Rural and Remote Health.

Most respondents believed that rural and remote health researchers in Australia should give further consideration to this concept (17/22) as a way to strengthen the voice of rural and remote health research through better coordination, collaboration and sharing of ideas, especially given the limited resources available in terms of people and financial capital. However, a number of people tempered their support with concerns that there were already a number of organisations fulfilling similar roles and that commitment to a new one may be hard to sustain in the longer term, especially without a direct focus on research outcomes. This view was shared by those respondents who did not support the concept or were not too sure about it, especially if it just meant more meetings and administration.

Several respondents mentioned the APHCRI funding for a rural health centre of excellence involving a number of key rural health researchers that had been announced in December 2010. Other suggestions for moving forward included exploring the possibility for collaboration with or building upon the centre of excellence, collaboration with an existing rural/remote health organisation such as the NRHA or a subgroup within APHCRI, or using ARHEN for continuity and better connections between University Departments of Rural Health.

## **Planning the next Symposium**

### **Location**

All but one of the respondents wanted to attend the next Symposium and responses were evenly split between:

- a capital city with ready access to intercity flight paths from all over Australia (suggestions included Brisbane, Adelaide or Melbourne);
- a rural or regional centre that is relatively easy and cost effective to access (suggestions included Alice Springs, Kununurra, Broome, Wodonga, Mt Isa); and
- no real preference for location – as one respondent put it “location is not as important as focus and outcomes”.

There was also one vote for WA and one for NT.

### **Structure, format, content**

The main comments received with regard to changes to the format and content for the next Symposium were:

- that the structure was good last time (3), inclusion of new researchers was a highlight (1) and that the number of participants and breadth of agencies represented was appropriate (1);
- more time was needed for presentation and discussion (3), for example, through:
  - longer time for symposium presentations;
  - not so many short papers, perhaps have streams so people can follow their interest;
  - no more than two or three key themes and issues, fewer presentations, more a think tank approach to develop strategies for dealing with rural issues and discussion of replicating the relatively few successful models;



- program and participation should be more open and inclusive (4), for example:
  - announce focus well in advance and seek expressions of interest or suggestions of people who could contribute to that focus;
  - more forward thinking and contemporary research sessions, including presentations from emerging researchers in the field, and fewer reflective sessions;
  - workshop-style sessions designed to bring together people with similar research interests in the broader field of rural health, so that they can begin to conceptualise and build collaborative research programs/projects;
  - more interaction with policy makers from state and national levels;
  - an offer to contribute to the remote Aboriginal research segment;
  - a wide consultation on international speakers well before the Symposium;
- content should be more strategic, for example:
  - further action-oriented focus on establishing the virtual network we discussed at the 2010 Symposium;
  - more sessions focused on building the health of rural communities rather than just health workforce and service delivery models;
  - focus on the best recently-published rural health research and develop, build on the findings rather than simply following on the presentation of abstracts pattern of most conferences.

One respondent suggested further consideration following the 11<sup>th</sup> National Rural Health Conference.

These findings are consistent with the main feedback in the July 2010 evaluation report: that there needs to be more time for discussion throughout the Scientific Symposium and also sufficient times for questions and answers with the presenters. There should be more value placed on the wide range of health research expertise, beyond the traditional institutions for health research and beyond the current health service focus on doctors and nurses.

### **Symposium steering committee**

Six of the 22 delegates expressed interest in contributing to the organisational committee for the next Symposium and provided names and contact details, two others were happy to assist if needed and another apologised that they could not be available due to a change in role. (See Attachment)

### **Suggestions for guests and speakers**

There were suggestions to increase the range of speakers and participants beyond academic health researchers even further in order to improve transferability and relevance of the considerations, including:

- previously unaffiliated doctors and nurses who may be able to give a view on how policy changes over the last ten years had affected their work;
- health service providers and policy makers beyond acute and primary care in rural areas, such as palliative care, rehabilitation and disability services, likely to be increasingly required as rural populations age and who could bring new ideas to the discussions;
- more Aboriginal and on-the-ground speakers, with a stronger focus on stories from the field about translating evidence into practice;
- international speaker(s) from beyond the UK;
- speakers/facilitators from the Asset Based Community Development (ABCD) network, internationally. They could discuss ABCD approaches, the researcher's role in these, and research approaches such as appreciative inquiry methods, action research approaches and community asset mapping tools – pertinent to building the health of rural communities.

A list of names of people who were specifically suggested is included in the Attachment.

## Other comments

Other comments were generally supportive of the 2010 Symposium in Brisbane, but for consideration:

- how the Symposium relates to the AJRH and American Journal of Rural Health;
- healthy food for delegates and some physical activity built into the program;
- let's move the discussion and debate to a vision for the 21<sup>st</sup> century; let's look at health systems and technologies for the future rather than hanging on to the past.

## Conclusion

The 2<sup>nd</sup> Rural and Remote Scientific Symposium in Brisbane in 2010 provided delegates with many opportunities to learn about and discuss the latest research in rural and remote Australia and in Aboriginal and Torres Strait Islander health, as well as to strengthen rural and remote research networks.

One respondent summarised the Scientific Symposium as follows: “great chance to talk to other rural and remote researches and hear about the latest research... and I got a lot out of it”.

A core group of people have expressed interest in contributing to the next Symposium in 2011 and there are some very practical suggestions to pass on to the next Symposium Steering Committee.

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