HealthCheck
Promoting Health, Enabling Communities

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TOWARD 3%
GRIFFITH WALKS FOR RECONCILIATION
THE FABULOUS BAKER BROTHERS

The Aboriginal & Torres Strait Islander Issue
Pro Vice Chancellor (Health), Professor Allan Cripps

Currently, Indigenous Australians’ life expectancy is around 10 years shorter than for non-Indigenous Australians. This is largely a result of higher rates of chronic diseases such as cardiovascular disease, diabetes, respiratory disease and cancer, poor diet and lifestyle choices. For everyone working in the health sector, this disparity in health outcomes is a very serious matter.

Universities have a vital and pivotal place in “closing the gap” by educating Indigenous Australians to become health workers, and better preparing the non-Indigenous health workforce to provide culturally-appropriate health care for Indigenous Australians. It gives me a great deal of pride to be leading a health faculty at a university committed to tackling these problems. Griffith University has one of the highest rates of participation of Aboriginal and Torres Strait Islander students in the Australian tertiary sector. Griffith Health has about 200 Indigenous students. However there is still much to be done.

Griffith Health has developed a comprehensive strategy to increase the Aboriginal and Torres Strait Islander health workforce. The Group has endorsed a target of 3% of Indigenous students, a 50% increase on our current student numbers, and has established an Indigenous Recruitment Working Party, chaired by Stephen Corportal, to work towards this goal.

The work of Griffith Health staff is supported by the outstanding efforts of community organisations, Hope4Health, which conducts a series of health initiatives throughout the year in Indigenous communities.

This edition of Health Check highlights some of the considerable work being conducted by the Health Group to improve the health outcomes for Aboriginal and Torres Strait Islander people and boost the numbers of Indigenous students, staff and, ultimately, the health workforce. Griffith Health is committed to playing its role in “closing the gap”.

Health Check has been created to show a little of what is being done in and around Griffith Health’s schools and research institutes to address these inequalities. One of the best things about the Aboriginal and Torres Strait Islander issue is it represents only a fraction of the work being carried out. Importantly it also shows a university beginning to understand the important place culture plays in people’s health.

Cultural issues are not understood or generally even taken into consideration by conventional services but impact heavily on our people and communities. This lack of acknowledgement of the importance of cultural perspectives of health and wellbeing actually has, for a long time, acted as a major barrier to Aboriginal and Torres Strait Islander peoples receiving appropriate services.

Currently the overall representation of Aboriginal and Torres Strait Islander people in the Australian health workforce is less than 1%. It is imperative we increase the level of cultural competence among our non-Indigenous health workforce, while simultaneously building the active participation of Aboriginal and Torres Strait Islander people working within health and social emotional wellbeing.

Griffith University is becoming an important bridge for the Aboriginal and Torres Strait Islander community in Queensland to build a healthier future that is relevant and positive for us.

Suzanne Chambers – William Rudder Fellowship

Griffith Health Institute Professor of Preventative Health Suzanne Chambers has been awarded the William Rudder Fellowship by Cancer Council Queensland (CCQ).

The award is a travelling fellowship for 2013 which Professor Chambers will use to deepen her research connections in the US, most notably through the Memorial Sloan-Kettering Cancer Institute in New York and MD Anderson Cancer Center in Houston, two of the largest cancer centres in the world.

Professor Chambers, also a registered nurse and psychologist, was recognised for her work focusing on support services and programs for people with cancer, especially men with prostate cancer.

“When I started in the area in the 1990s there was nothing for prostate cancer, no one was even really interested in it,” said Professor Chambers.

“I started visiting urologists and asking, what should we do? They came back with some great suggestions and we started new programs of research. Thousands of men have been involved in our work and we continue to follow many of them for years later.”

Professor Chambers published nearly 100 peer-reviewed papers in some of the most respected journals in the world and is a lead investigator on research funded by the National Health and Medical Research Council and Cancer Australia.

Past fellowship winners have included former Australian of the Year Professor Ian Frazer who worked with UQ’s Janssen Comprehensive Cancer Centre and Professor Richard Edwards from the University of Otago, Wellington.

“It’s vital Australian researchers connect with international experts,” Professor Chambers said.

“It’s one of the many ways the Cancer Council is so forward thinking, they understand this. I feel very honoured to have been given this fellowship, very fortunate.”

Launch of National Centre of Research Excellence in Nursing

Australia’s first National Centre of Research Excellence in Nursing (NCREN) opened at Griffith University’s South Bank campus in April.

The Governor General, Ms Quentin Bryce performed the official opening, unveiling a plaque to mark a historic day for nursing education and research.

“Griffith University has played a key role in nursing education for many years and the new centre is an exciting next step that will consolidate this work,” she said during an address at the Queensland College of Art.

“It is about best practice in nursing care and highlighting the challenges faced as nurses strive for excellence.”

NCREN, based across Griffith University’s five campuses, has received $2.5 million from the National Health and Medical Research Council for an initial five-year program of research focused on skin integrity and symptom management. The centre is partnered with the Gold Coast, Princess Alexander, Royal Brisbane and Women’s Hospital, Prince Charles and Royal Children’s Hospital in Brisbane.

“Instead of saying we know we make a difference to patient care, let’s find the evidence to show that nursing practices do make a difference to patient care, and use this evidence to instigate changes to health policy,” Professor Wendy Chaboyer, Director of NCREN, said.

Griffith University Vice Chancellor, Professor Ian O’Connor, described nursing at Griffith University as a major teaching and research strength and said NCREN was a platform for the further development of clinical nursing research expertise in Australia.

“It is not only of great importance to the nation, but importance to Griffith University,” said Professor O’Connor. More than 10,000 nurses have graduated from Griffith University.
2011 was an excellent year for the Health Group as it moved toward building a peerless learning and teaching team. Lecturers picked up local, state and national teaching awards as well as Griffith University’s Vice Chancellor’s award. The results being achieved across the group were recognised in the 2012 Dean’s Commendation list released in March.

“People are graduating from this institution and moving into some of the most demanding professions our community offers. Griffith students need to be confident their lecturers are preparing them to succeed in these professions,” said Griffith Health Dean of Learning and Teaching Professor Nick Buys.

“I’m really proud of the people who have been recognised.”

School of Dentistry and Oral Health
- Dr Roy George
- A/Prof Jeroen Koon
- A/Prof Niks Mattheos
- Dr Mohammed Meer
- Prof Peter Reher
- Dr Frauke Warnke

School of Human Services and Social Work
- Dr Tiana Hetherington
- Dr Stephen Larmar
- Dr Caroline Lenette
- A/Prof Donna McAuliffe
- Dr Kym Macfarlane
- Dr Poqua Sawirkar
- Ms Theresa Scott
- Ms Amanda Vos

School of Medical Science
- Dr Andrew Bulmer
- Mrs Nikki Fozzard
- Dr Darren Grice
- Dr Helen Massa
- Dr Niru Nirthanan
- Dr Roselyn Rose Meyer
- Dr Glenn Ullett
- Dr Jessica Vanderlelie

School of Nursing and Midwifery
- Ms Eileen Grafton
- Ms Jayne Hewitt
- Ms Matylda Howard
- Ms Carol Jeffrey
- Dr Amy Johnston
- Dr Ursula Kellett
- Ms Sharon Latimer
- Ms Jane Menke
- Ms Elizabeth Moore
- Ms Georgina Neville
- Ms Rachel Walker
- Ms Bernadette Watson

School of Physiotherapy and Exercise Science
- Dr Glenn Harrison
- A/Prof Luke Haseler
- Dr Justin Kavanaugh

School of Pharmacy
- Dr Gary Grant
- Dr Alison Haywood
- Ms Denise Hopkins
- Dr Milton Kiefel
- Mr Philip Woods

School of Applied Psychology
- A/Prof Graham Bradley
- Prof Sharon Dawe
- Dr Caroline Donovan
- Dr Michelle Durbar
- Dr Amy Hawkes
- A/Prof Elizabeth Jones
- Dr Angela Morgan
- A/Prof David Neumann
- Dr Tamara Ownsworth

School of Public Health
- Dr Neil Harris
- Dr Jessica Lee

Professor Henly departs Health for SEET

Changes are happening in the executive of Griffith Health as Dean Academic Professor Debra Henly departs to become the Pro Vice Chancellor of Science, Environment, Engineering and Technology (SEET).

Current Head of Medical Science Professor Tony Perkins has stepped in as acting Dean for the remainder of 2012 until a replacement is confirmed for 2013.

Professor Henly will be missed by the Health Group, as her steady hand, keen sense of strategic direction and confidence in academic and administrative staff saw the group through huge changes in the University sector over the last three years.

Prior to joining Griffith, she served in a number of senior academic leadership roles including, Deputy Dean (Health Sciences), Faculty of Health Sciences and Medicine, and Pro Vice Chancellor (Teaching and Learning) at Bond University. She was instrumental in establishing Bond’s undergraduate medical program and other health programs, including physiotherapy and exercise science.

Professor Henly’s background is in metabolic biochemistry/molecular biology following her PhD at Flinders University in South Australia.

“I will miss the Health Group, it’s a very energetic group that has achieved amazing success in learning and teaching and research,” Professor Henly said.

“The research being conducted through the Griffith Health Institute is world-leading and, as the Vice Chancellor’s awards showed at the end of 2011, the Health Group’s academic work is some of the best in Australia.

“We are right in the middle of significant changes in the way universities are funded and operate, but I believe Griffith Health’s attention to the highest-quality research and teaching will see us make the best of these changes.”

Professor Henly departs

Over the last three years, Professor Henly’s leadership in areas including: Griffith Health’s research focus on strategic research development, changing how research programs and making sure I do a lot of listening and understanding,” he told Health Check.

One of his priorities is Higher Degrees by Research (HDR).

“We need to keep building on our work attracting the highest quality HDR students. They are not only an important part of a vibrant research culture they are the future of health and medical research and the next leaders of Griffith Health.

“Griffith Health has a fantastic culture of research supervision and I also want to make sure we are vigilant about maintaining this.”

His close connections with researchers and institutions in China and Hong Kong could also prove valuable in establishing research networks attractive to future HDR students.

Professor Shum’s research specialty is the cognitive neuroscience of human memory.

New Dean of Research

Griffith Health has a new Dean of Research. Former Director of GHI’s Behavioural Basis of Health Program Professor David Shum has moved into the new position, which will focus on strategic research development.

Professor Shum has been with Griffith University since 1990 when he began as a Psychology tutor while finishing his PhD at UQ. Until recently he was also the Deputy Director of Griffith Health Institute (GHI).

As the new Dean of Research, Professor Shum would like to see Griffith Health at the forefront of health and medical research in the Asia-Pacific Region and the institution of choice for those who want to become health and medical researchers.

To achieve this, he believes he will need to work closely with staff and students of Griffith Health.

“I’m getting around to all the schools and research programs and making sure I do a lot of listening and understanding,” he told Health Check.

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Toward 3%

Griffith Health has endorsed a landmark report by the Medical Deans of Australia to have a minimum 3% entry for Aboriginal and Torres Strait Islander people in each of its schools.

While no time limit was placed on the reform Dean Academic Debra Herly is keen to boost Indigenous student numbers across the school and ensure better retention of students currently enrolled.

"Addressing Indigenous disadvantage in health outcomes requires leadership from universities in better connecting with Indigenous communities and training the next generation of Indigenous health workers," Professor Herly said.

"The number of Aboriginal and Torres Strait Islander students coming to study Griffith Health degrees is quite good but, at 1.77%, is nowhere near enough.

"Similarly we are in the top 10 nationally for entrance of Indigenous students, but we need to improve our retention and completion rates," she said.

New Griffith Health Indigenous Projects Manager Stephen Corporal has been brought in from University of Queensland to work with Griffith’s GU.MURRII Student Support Centre and all Griffith Health schools to develop achievable strategies which will achieve the 3% goal.

In May the first Indigenous Recruitment and Retention Strategic Working Party met at the Gold Coast campus. It was convened by Mr Corporal and supported by Bronwyn Dillon, Head of GU.MURRII.

"It was a great start to the process. The review is barely off the press, so to see the Health Group endorse it and jump straight into the difficult work of doing something about it is very encouraging," he said.

Griffith Health University marks the reconciliation Week and National Sorry Day with a walk through the various campuses.

The Gold Coast walk was attended by Elders, Indigenous and non-Indigenous students as well as senior staff including Vice Chancellor Professor Ian O’Connor, Dean Academic (Health) Professor Debra Herly and several heads of school.

John Graham, local Kombumerri man and Griffith Learning Assistance Officer, performed the welcome to country and reminded those assembled why Sorry Day was important for Aboriginal and Torres Strait Islander people and why reconciliation was important for all Australians.

"We have to acknowledge the sins of the past, but we’re moving forward today with a renewed sense of vitality," he said.

The crowd then moved through the campus, turning the walk into an occasion as others joined in from offices and classrooms along the route.

"I was really impressed at the Gold Coast turnout. I was especially pleased with the turnout of international students just coming along and learning what this day is all about," Mr Graham said.

"Lots of senior staff, students, academics and administrators have come along and it shows the great support for Aboriginal and Torres Strait Islander people at Griffith University."

With nearly 200 Indigenous students Griffith Health has the highest number of Aboriginal and Torres Strait Islander people, and Dean Academic Professor Debra Herly was an enthusiastic participant.

"The Health Group is very committed to increasing Aboriginal and Torres Strait Islander participation and reconciliation is an important part of this," she said.

"The walk and talk is an important representation of how the Health Group is trying to reach out to the Aboriginal and Torres Strait Islander community and ensuring it is a part of the Griffith University community."

I was especially pleased to see the working party realise, very early on, that attracting and retaining Indigenous academic staff is a priority if we are serious about attracting and keeping Indigenous students.

Other key issues raised included the need to find alternative pathways into higher-end health degrees like medicine and dentistry and better support for first-year students and those on clinical placements.

Recommendations from the Medical Deans of Australia & New Zealand Report

- That every medical school/faculty has an established Indigenous Health Unit (IHU) with appropriate staff and resourcing for curriculum development and implementation. Ideally the IHU will be headed by an appropriate Indigenous person.

- That every medical school develops specific professional development pathways for Indigenous academics.

- Investment in specific entry pathways, feeder courses and alternative entry requirements as well as mentoring programs for retention.

- Recognition of Indigenous Health Curriculum Framework and the development of units of Indigenous history, cultures and policies, as well as development of meaningful Indigenous examples for established content.

- Dean and Australasian Indigenous Doctors Association (AIDA) conduct a detailed analysis of Indigenous retention rates.

- That all medical schools establish links with Indigenous communities which they engage for feedback on developing health plans and curriculum.

- Deans commit to the development of locally-relevant cultural awareness training.

- That medical school accreditation teams include an appropriately-accredited Indigenous person.

- Deans to work together to investigate the development of a Commonwealth-funded national Indigenous clinical training scheme, similar to Rural Health.

- The provision of quality immersion learning experiences through practical placements in an Indigenous health context. It is recommended all partners to the report strengthen two-way capacity building partnerships between medical schools and Aboriginal Medical Services.

- The IHU is responsible for providing and overseeing Indigenous health outreach programs to feeder courses and clinical placements.

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Nursing a key to community health

Griffith Health students often have winding roads to their goals, but Piripanti Rive-Nelson’s journey has more twists than the Tour de France.

The 29-year-old Pitjantjatjara man hails from the tri-border area of Western Australia, South Australia and Northern Territory known as the APY Lands (Anangu Pitjantjatjara Yankunytjatjara) and did most of his high schooling in Alice Springs.

After a few jobs and courses he headed to the Tanami gold mine in western Northern Territory where he completed a boilermaking apprenticeship and joined the mine’s search and rescue team.

“We trained in underground search and rescue, first aid, vehicle extraction, rope rescue, confined space rescue, fire fighting and lots of other stuff. It was a great experience and I learnt a lot, but I wouldn’t want to return to that lifestyle,” he said.

Knowing the biggest issue in his community is health he took up nursing.

“There are aspects of nursing which I am not fond of, but I am warming up to it. I really enjoy the social aspect of working with and helping people. It feels more meaningful to work in a hospital than for a multinational mining company,” he said.

“My area of concern is remote Aboriginal health and the chronic diseases we face. I am hoping with my new career path I can make a contribution to change.

“I think it will take a few generations to see some real changes in health outcomes, so through the meaningful employment of Aboriginal people in medicine, nursing, dentistry and pharmacy we can improve health expectations.”

“I was especially pleased to see the working party realise, very early on, that attracting and retaining Indigenous academic staff is a priority if we are serious about attracting and keeping Indigenous students.”

Photo: Indigenous Nursing Students

Photo: Piripanti Rive-Nelson

Photo: L-R Tish King, Mirri Harris, Clay Kudla and Tyron Ben

Photo: Bronwyn Dillon, Head of GU.MURRII

Photo: Piripanti Rive-Nelson

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HOPE4HEALTH - Closing the Gap

HOPE4HEALTH is an altruistic brigade of Griffith Health student volunteers wanting to make a difference to Aboriginal and Torres Strait Islander health outcomes.

Highlights of the HOPE4HEALTH Indigenous health awareness programs include the Cherbourg Dental Clinic, Cherbourg Teddy Bear Hospital, Cherbourg Health Careers Expo and the Smile Wise Program.

The community of Cherbourg has hasn’t had access to a dentist for several years. The Cherbourg Teddy Bear Hospital runs health workshops for junior primary school students. The workshops cover fundamental topics such as ‘calling for help’, ‘medicines and poisons’, ‘diet and exercise’ and ‘visiting the doctor’.

“Our Cherbourg preventative health care program now includes a senior primary student health awareness program focusing on alcohol and drug use, relationships and peer pressure, puberty, motivation and hygiene,” said former H4H president Brodie Quinn.

“I’ve always been committed to improving Indigenous health and education. That includes back when I was a nurse 25 years ago,” said Dr Owen.

“I love getting along to the schools and then along to events where the kids bring their parents back to the ambulance and show them what they learnt and what got them in the first place. Then you might get the elders pop in and say hello, and at times like Murr Carnivale you end up treating an elder brother’s ankle.

“These small but important things create an ‘open house’ kind of connection, because it’s genuine and will encourage people who want to go to university to come to Griffith. Ultimately we want their communities to be part of the Griffith community,” she said.

Dr Owen recently completed her PhD in Medical Science and works to demystify health sciences so young people feel it is approachable. She is an important link between high schools and the University in establishing foundation programs for future students.

“I’m an enabler. I like to excite young people, not just Indigenous kids, about education. All kids should dream and achieve,” she said.

Reconciliation award for Dr Owen’s total commitment

Griffith Health community educator and medical scientist Dr Suzzie Owen has been recognised for her education and community work with a Reconciliation Award from GUMURR, Griffith University’s Indigenous student support unit.

Dr Owen, known around the University for the “Go Health Go Griffith” ambulance, is a bridge builder between communities and Griffith University. Visiting high schools, sports carnivals and public events, Dr Owen and her team deliver health programs and present information on improving the health of communities and individuals.

“I’ve always been committed to improving Indigenous health and education. That includes back when I was a nurse 25 years ago,” said Dr Owen.

“I love getting along to the schools and then along to events where the kids bring their parents back to the ambulance and show them what they learnt and what got them in the first place. Then you might get the elders pop in and say hello, and at things like Murri Carnivale you end up treating an elder brother’s ankle.

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Cherbourg superclinic kicking goals four years on

When Dr Neil Tuttle of the School of Physiotherapy and Exercise Science joined an outreach program to the Indigenous community of Cherbourg four years ago, the learning experience for him and his students was steep and has never relented.

The town, 375km north-west of Brisbane, was a former government settlement for Aboriginal and Torres Strait Islanders forcibly removed from their lands and families. It has around 1500 Indigenous residents, most of whom live below the poverty line with few employment prospects.

Dr Tuttle (a physiotherapist) and the outreach team provide a ‘superclinic’ of specialist physicians and surgeons who work out of the local clinic with a GP and nurse practitioner to ensure the specialist medical needs of the town are met. All specialists are generally accompanied by two or three observing students.

“It’s extremely valuable experience for the students, because they are moving from the relatively simple diagnostic situation of a school to a very complex diagnostic situation of real life,” he said.

Unique collaboration battles cancer cluster

A unique collaboration between Griffith Health Institute researchers and the Menzies School of Health Research is tackling a cancer cluster involving women in a remote Northern Territory Indigenous community.

The two institutions are collaborating to not only find the cause of the cancer, but establish a new path for helping the people and community better deal with the effects and ongoing treatment of the condition.

Associate Professor Pam McGrath and her team from the Institute for Population and Social Health Research were called in by the Menzies School to tackle the social side of the cluster.

The Menzies School team, led by Associate Professor John Condon, is performing the genetic and epidemiological testing in partnership with the local clinic.

“This is by far the hardest thing I’ve done in Indigenous health research as the focus is on sensitive women’s issues that have profound cultural significance,” said Associate Professor McGrath.

“We have used a qualitative approach based on active, open-ended listening to the voice of the individuals affected and their community. From the start we have emphasised confidentiality and fostered the active involvement of the community in the development of the research.

“The interviews have been conducted by an Indigenous woman with kinship links to the community.

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“When you come across things like that you really have to start understanding people better, understanding their lives and their relationship to the medical profession.

“How you talk to people and tease out those problems become very valuable to the students and obviously the health of the community.”

Dr Tuttle admits it took a long time for the team, established by Dr Don Pitchford of Robina Hospital, to gain the trust of community members.

“It was very important to be invited in by the community. We had to build relationships from there, but it’s very important to be invited in the first place,” Dr Tuttle said.

He is looking forward to a formal assessment of the programs long-term effectiveness because, while it has been a success for the students and professionals, how the program has affected the ongoing health of the community and its members is relatively unknown.

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Given the increased rates of poor health outcomes for Indigenous Australians it is guaranteed future doctors of all types will find a substantial number of their patients will be Indigenous.

Understanding the importance of the social determinants of Indigenous people’s poor health outcomes will become increasingly important for medical students. In February the Griffith University School of Medicine ran their first Indigenous Health Symposium to first year students.

The day-long event included presentations from traditional owners and Indigenous academics on the roles identity, history, land and colonisation play in the social determinants of health.

Public Health academic Clinton Shultz presented a number of the topics on the day.

“What we talk about when we talk about ‘Aboriginal Australians and Disability’”

I learnt this when, as the convener of Disability Studies in the School of Human Services and Social Work, I invited a colleague, Alfred Davis, to provide an on-line lecture on ‘Aboriginal Australians and Disability’ in one of my first semester courses, ‘Conversations about Disability’.

Mr Davis said, “It is impossible to understand and provide services for Indigenous Australians without first acknowledging the social, historical and cultural contexts in which Aboriginal Australians live today.”

While Mr Davis’ lecture was confronting, it proved to be one of the most popular lectures for my students, if the level of on-line discussion is anything to go by.

One student, Amanda, wrote ‘I feel this lack of understanding is largely what segregates Indigenous and non-Indigenous Australians.’

Another student, Mary Anne, wrote ‘So often, health professionals lament the poor engagement of their Aboriginal and Torres Strait Islander clients without acknowledging or reflecting that this may be due to a lack of knowledge or understanding on their (the clinicians) part.’

Mr Davis’s lecture provoked a third student, Kelli, to write ‘What I find alarming is that it appears we haven’t learnt from the past, in that we continue to devolve so many within our society.’

In reaching even just a handful of students, Mr Davis’s lecture may have helped break down a few more barriers.

It takes a great deal of courage to confront an issue whose antecedents have produced some of the worst treatment of people anywhere in the world, but Griffith researchers from the School of Human Services and Social Work are calling for more research and structures around Indigenous Australians with impaired decision-making capacity.

Impaired decision-making capacity is a legal concept in which a guardian is appointed to a person whose mental or psychological state leaves them unable to make decisions for themselves.

Several degrees within Griffith Health are now including Indigenous Health subjects into their curriculums.

Professional decision-making is conducted to incorporate individual circumstances is crucial, as is acknowledging that there is a particular socio-historical context to current practice that impacts upon current service delivery.

There is little research into the number of Indigenous people with impaired decision-making capacity, however a cross-referencing of data into the conditions which create cognitive impairment suggest Indigenous people would be in disproportionate need of such a system.

“Flexibility in practice to incorporate individual circumstances is crucial, as is acknowledging that there is a particular socio-historical context to current practice that impacts upon current service delivery.”

Did you know that a shocking 94% of Aboriginal Australians languishing in our prisons have a hearing loss ranging from mild to profound?
New leader for Indigenous Research Network

Griffith University’s Indigenous Research Network (IRN) is set to get a boost with the recent hiring of Professor Adrian Miller as its new head.

Professor Miller will join the network from Southern Cross University where he is a Professor of Public Health and Head of the School of Indigenous Studies.

Current IRN Head Dr Chris Matthews (Applied Mathematics) is enthusiastic about the appointment and looking for some new momentum for the network.

“Adrian should be an excellent addition to the team. He brings a huge level of public health research with him and the School of Indigenous Studies at Southern Cross is very highly regarded,” said Dr Matthews.

“We want the broadest range of ideas and fields of research possible. They could be Indigenous quantum mechanics specialists, human services, law, whatever.”

Professor Miller is optimistic about the future of Aboriginal and Torres Strait Islander scholarship.

“I initially was about access and opportunities, now I think we’re getting to the next level which is about higher-end research. Universities need to make sure highly-qualified Indigenous scholars have sustainable academic careers,” said Professor Miller.

“I also see a role for the network in capacity building for non-Indigenous researchers working with Indigenous people, especially in the health area.”

From 2009-11 Professor Miller was Chief Investigator on two National Health and Medical Research Council grants which examined containment strategies for H1N1 (swine flu) and pandemic influenza in rural and remote Indigenous communities.

Professor Miller has also been a member of research teams to investigate Indigenous student participation in higher education and health workforce projects, and was the former content editor on the Journal of Rural and Tropical Public Health.

Breakthrough ramping report paves way for solutions

The underlying causes and knock-on effects of ambulance ramping at Queensland hospitals were explored and analysed in a ground-breaking report published recently by Griffith Health Institute (GHI) Senior Research Fellow Dr Ramon Shaban.

In the first official study of the phenomenon and the practices associated with ambulance ramping, researchers from GHI and Queensland Health examined its impact on the delivery of emergency health services across southeast Queensland.

“Essentially, ambulance ramping was found to occur when no suitable emergency department bed was available, nor able to be made available, for patients presenting by ambulance and a patient remained under the care of ambulance personnel,” Dr Shaban said.

Griffith’s Research Centre for Clinical and Community Practice Innovation (RCCPI) study evaluated the effects of ambulance ramping on how emergency departments functioned, on ambulance services and on the delivery of emergency health services, based upon the results of interviews with health service employees.

“The findings indicate that ambulance ramping is a consequence and manifestation of emergency department overcrowding, and that considerable inconsistencies exist in how it is defined and reported across the health sector,” Dr Shaban said.

Overwhelmed resources at the point of triage and delays while emergency department patients were moved to accommodate incoming patients were reported to lead to delays in ambulance off-stretcher times.

“Staff expressed concern they were unable to provide optimal treatment for patients and fulfil their roles as health professionals,” Dr Shaban said.

The report also provides an evidence base for future work by the Metropolitan Emergency Department Access Initiative established by the Queensland Government.

Brewarrina clinic reaching remote patients and teaching vital skills by Professor Ratilal Lalibo

Since 2009 the School of Dentistry and Oral Health at Griffith University has successfully conducted a clinical placement for five-year Dental students in Brewarrina, north-west NSW.

Brewarrina is a rural, remote and predominantly Indigenous town with a population of 1500.

No dental services had been available in Brewarrina for many years, but since the Dental School’s initiative more than 1800 people have been treated in the first three years of the clinic’s operations.

The clinic provides health promotion, prevention and basic dental services to the community of the town and surrounding areas. The students experience a setting that would be unique for most and this placement we hope, will make them appreciate the general and oral health burden experienced by rural, remote and Indigenous communities.

The community has benefited with an easily-accessible dental service, avoiding long-distance travel and the associated costs to the nearest service. The students have benefited in that they believe they have enhanced their clinical competence and confidence while on this placement.

The true impact of the placement will only be realised when graduates are confident to venture into clinical practice settings in rural locations.

The clinical placement is in partnership with the Brewarrina Shire Council, Greater Western Area Health Service of NSW Health, and Ochre Health Group. It is funded by a Commonwealth of Australia Grant for Dental Training – Expanding Rural Placements Program (DTRPP). Further funding to build capacity was provided by the Rio Tinto Aboriginal Fund.

Physical inactivity costs Australia $1.5 billion per annum with 70% of the population not getting enough exercise to stay healthy.

While exercise programs generally focus on the mechanics of exercise, Associate Professor David Neumann believes that the mind of the exerciser is just as important.

“Our perceptions have a big impact on exercise,” said Associate Professor Neumann. “If someone perceives the exercise to be too intense and not enjoyable they will be less likely to continue, no matter how much they are told it is good for their health.”

Associate Professor Neumann, from GHI’s Behavioural Basis of Health Program, is researching focusing strategies during exercises such as running and weight training. It is funded by an ARC Discovery Project and IRT Research Foundation.

“If we train the mind to pay attention to the right cues during exercise, the body will be able to cope better and the person will enjoy exercising more,” he said.

Over half of people who begin an exercise program will drop out within the first year, with many of these within the first six months.

The outcomes of the research will help fitness trainers and psychologists give psychological strategies that can help people who would otherwise drop out due to the negative feelings they experience during exercise.

The research uses a multidisciplinary approach combining physiological measures of exercise, like oxygen consumption and muscle activity, with psychological measures of mood states and perceived exertion.

“Our research program is broad in that we are studying novice exercisers and experienced exercisers, both young and old. This will give our outcomes greater impact to the community.”
Making a difference in third world, HIV-positive populations

A Griffith Health Institute researcher working with AIDS-affected populations in Asia and Africa was recently named a winner of the DNA Genotek Grant Program.

Dr. David Speicher was recognised for his outstanding research into the detection of viruses in human oral fluids, especially in HIV-positive populations, and awarded $25,000 and 400 OMNIgene® DISCOVeR collection kits for his future work.

“In the past few years our research has been focused in Nairobi, Kenya and Chennai, India as they both have major problems with HIV, and the viruses we are interested in cause huge problems with opportunistic infections in the immunosuppressed. This award now enables me to travel back to these regions to gather more saliva samples from HIV-positive patients, and to expand our work to Papua New Guinea which has the highest rates of HIV infection in our region,” said Dr. Speicher.

“We are ultimately working towards equipping the local dentists to be able to diagnose and treat HIV-associated oral diseases. If we can improve early diagnosis and then trigger early antiretroviral therapy, this will be a substantial step to stemming this epidemic,” said Dr. Speicher.

The OMNIgene® DISCOVeR collection kits allow whole mouth fluid to be collected, stabilised and stored at room temperature for up to 90 days, during which period the saliva samples can be tested for RNA and DNA viruses.

According to UNAIDS, at the end of 2009 there were 6000 new infections per day in adults aged 15 years and older; 41% of these were in the 15-24 years group.

Dr. Speicher has dedicated the past six years to understanding some of the viruses which cause disease in patients with HIV and AIDS, particularly human herpes viruses.

World Scientific Conference on Golf

“Few sports rely so heavily on such a variety of sciences as golf, from the technical design and manufacturing of equipment, to the physical perfection of swings and techniques, hydrology, soil enrichment, engineering, construction or environmental science, all before psychology and course management is even touched on.”

“One of the big changes is the massive rise in popularity and professionalism of women’s golf, so there is a developing area of research around what the genders can learn from each other,” he said.

Griffith University already runs a exercise science program and will benefit from presenting the best technical, psychological, coaching and management ideas to the leaders of the world’s biggest sports industry.

One of the features of Griffith University’s bid was its focus on Asian delegates and institutions.

“We had a look at their usual delegates and noticed there wasn’t much of an Asian presence there and we realised, as Aussies, we were just much more connected to that area of the world, culturally and physically.”

The University’s successful proposal was put together with assistance from the Gold Coast Convention Bureau.

The Gold Coast has moved up the ladder of golf’s major Asian centres after Griffith University snared the right to host the 2014 World Scientific Conference on Golf (WSCG) at Royal Pines.

The conference will attract hundreds of delegates from around the world and, since 1990, has traditionally been held every four years at either St Andrews in Scotland (the home of golf) or Scottsdale, Arizona.

Griffith’s Head of Physiotherapy and Exercise Science Professor Peter Milburn believes it’s a huge boost for the local golf industry and sports science on the Gold Coast.

Gold Coast a Hub for International Stem Cell Trial

Griffith Health is continuing to draw significant international research projects, with the latest being an investigation into orofacial (mouth and face) complications from cancer therapy using stem cell transplantation.

The OrasTeM project is being conducted in Europe, North America and Australia and is led by Dr Mike Brennan from Carindale Medical Centre in Charlotte, North Carolina.

Dr Raj Nair is the principal Australian investigator for the OrasTeM project and Head of Oral Medicine, Oral Pathology and Human Diseases at Griffith’s School of Dentistry and Oral Health.

“This study is the largest of its kind in the world but there are only five doctors in the world with the expertise to undertake the research and analyse the results. Griffith on the Gold Coast is one of those places,” said Dr Nair.

Cancer patients undergoing treatment experience oral health problems because their mouth’s rapid cell renewal system and saliva production are inhibited.

“Our mouths are naturally full of germs and we produce and shed a large amount of healthy cells and other bug-killing properties in saliva to keep them at bay,” said Dr Nair.

“Traditional cancer therapies are meant to inhibit cell reproduction, good and bad and this can have dire consequences for a person’s mouth,” said Dr Nair.

“The skin of the mouth can become very thin and fragile eventually deteriorating into a condition called ‘oral mucositis’, said Dr Nair.

“This is a nightmare for any cancer doctor and cancer patient.” The OrasTeM study hopes to break this cycle through early identification of high-risk patients and, if appropriate, alleviating anticipated orofacial complications through a supportive care system.

Griffith Health’s expansion on the Gold Coast is continuing to draw significant international research projects, with the latest being an investigation into orofacial (mouth and face) complications from cancer therapy using stem cell transplantation.

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Griffith Health to publish global Pneumonia Journal

Griffith University Health Group is to publish the first academic journal devoted strictly to research on pneumonia.

Led by Griffith Health Pro Vice Chancellor Allan Crripps, the open-access peer-reviewed journal, named pneumonia, is set to publish its first edition in the second half of 2012.

Pneumonia is a common and growing bacterial infection in both the developed and undeveloped world, and the World Health Organisation attributes one in five child deaths in the developed world to pneumonia and two million deaths in children under five annually.

“In comparison to other childhood killers such as malaria and diphtheria, the situation for pneumonia is much more complicated. The diagnosis is not straightforward, the decision to treat with antibiotics is often ambiguous and preventative interventions are complicated,” said Professor Crripps.

“Currently information on pneumonia is distributed across a plethora of journals and publication avenues. Pneumonia will concentrate this information, making it easier and cheaper to access.

“I am confident that over the coming years pneumonia will become a journal of choice for those wishing to publish high-quality manuscripts in the field and establish a forum for discussion.

“Pneumonia will be published by Griffith University ePress. There are no fees for the submission of manuscripts, nor any costs associated with their publication or access online,” he said.

The need for an exclusive pneumonia journal was recently highlighted at the International Symposium on Pneumococci and Pneumococcal Diseases conference in Brazil and backed by the Global Action Plan for the Prevention and Control of Pneumonia.

A website, pneumonia.org.au, has been launched with contributions accepted.

One of the Gold Coast’s finest young minds, Griffith Health PhD student Prue Plummer, has won the 2012 Rotary Gold Coast Young Achievers in Vocational Excellence Award.

(The soon to be Dr) Plummer’s prize was presented by former Griffith Vice Chancellor Graham Jones and was awarded because of her exceptional work in the origins and development of tumours with a view to preventing their development into cancer.

“I was really surprised I got it, I didn’t expect it at all. I’m absolutely ecstatic,” said Ms Plummer.

For a cancer to grow a tumour must develop new blood vessels from the bone marrow called Endothelial Progenitor Cells (EPCs), a process called angiogenesis. However, angiogenesis is part of our immune system, helping us recover from diseases and injuries by giving life to new blood vessels to rebuild and heal.

Ms Plummer first went to Griffith University as part of a high school accelerated learning course when she was 16, did her work experience and all of her study at the Gold Coast campus.

Ms Plummer credits her four years behind the counter at Robina KFC with teaching her everything she needed to know about efficiency.

“Cardboard packaging, glass ampoules, there are a lot of materials which could be recycled but which are currently incinerated, causing pollution and unnecessary cost. The biggest challenge is in making members of the health profession aware of these issues and getting them to consider ways to reduce the carbon footprint of the health care services they deliver.”

Returning to study has been a life-changing experience for Judy in many ways, including a new career. She now holds a Senior Project Officer’s position with Medication Services Queensland, a division of Queensland Health.

Judy’s passion for sustainability has changed her research focus completely and become something she wishes to carry into her professional life.

“I have become passionate about sustainability and I have thoroughly enjoyed the research journey,” Judy said.

It is when this cell reproduction goes out of control that people develop cancer. The 25-year-old’s research has shown that EPCs have high levels of a naturally-occurring regulator called MicroRNA 10b (miR-10b) which causes them to be activated and the tumour to grow.

“However, angiogenesis is part of our immune system, helping us recover from diseases and injuries. This hopefully can lead to a new cancer therapy that is not as harsh on the body as chemotherapy.”

“Tackling the tumour before it becomes an established tumour would be a fantastic thing.”

Ms Plummer has identified reducing the carbon footprint of health care.

A long-term pharmacist studying a PhD at Griffith University is endeavours to find a way to cut back on the carbon footprint of health care.

Judy Singleton has identified reducing the length of time people spend in hospital, and in the process shorter waiting times, as a crucial elements reducing the carbon output of health care.

“The longer people stay in hospital the greater the chance of being exposed to serious infection, which could mean an even longer stay,” Judy said.

“This is not to say I want people to be sent home too soon, far from it,” she said.

“Under investigation is a model like the one in the UK, where patients progress to smaller care facilities, outside the hospitals, which are closer to their home and family.”

Pharmaceutical waste is another area which Judy says has enormous potential for change.

“Tackling the carbon footprint of health care services delivers.”

A study, crossing numerous international borders and involving 170 travelling participants, has found that half the people who suffer from respiratory illness after long-haul flights are likely to benefit from the use of the herbal medicine echinacea.

“The results of our clinical trial suggest that, taken before and during visits overseas, echinacea treatment may have a protective effect against the development of respiratory symptoms during that time,” said lead researcher Dr Evelin Tralingo from Griffith University’s School of Pharmacy on the Gold Coast.

The trial involved economy class passengers on commercial return flights from Australia to America, Europe and Asia who travelled between 15 and 25 hours and had less than a 12-hour stopover.

Half of the participants took alkylamide standardised echinacea tablets during their travel period, while the other half took a placebo tablet.

For the trial, treatment started 14 days before flying overseas and was completed 14 days after returning to Australia. Participants completed three surveys: 14 days before travelling, immediately after their return and four weeks after their return.

Both groups experienced respiratory illness, but only 43 per cent of those taking echinacea tablets showed symptoms of respiratory problems immediately after travel, compared with 57 per cent of those taking the placebo. Four weeks later, only 25 per cent of people taking echinacea showed symptoms worth treating, compared with 39 per cent of those on the placebo.

“Although respiratory symptoms for both groups increased significantly during travel, the increase of these symptoms among the echinacea group was significantly less than for the placebo group,” Dr Tralingo said.

Herbal medicine could be just the remedy for globetrotters susceptible to colds and bugs, researchers at the Griffith Health Institute say.

Herbal medicine could be just the remedy for globetrotters susceptible to colds and bugs, researchers at the Griffith Health Institute say.

Dr Siobhan O’Dwyer, from Griffith’s Research Centre for Clinical and Community Practice Innovation, is seeking 1500 participants for research into the physical and emotional wellbeing of family carers of people with dementia.

“We know that caring for a person with dementia is more challenging than caring for a person with a physical disability, due to the additional cognitive and behavioural problems. And many carers are putting their own physical and mental health at risk in order to support the person with dementia,” said Dr O’Dwyer.

“This research will help us to better understand the factors that contribute to poor health in carers, as well as the factors which lead to resilience and enable carers to ‘bounce back’ despite serious challenges. If we can understand what it is that separates carers who are coping well from those who are really struggling, we might be able to provide more targeted information and support services,” she said.

Anyone who is currently the main provider of care or support for a family member, friend or spouse with dementia can participate. People who previously provided care or support for a person with dementia who is now in aged care, or has recently passed away, are also invited to take part.

Carers can get involved by completing an anonymous survey about the type of care or support they provide, their health and their emotional wellbeing.

To be sent a hard copy of the survey, please contact Dr O’Dwyer on s.odwyer@griffith.edu.au or (07) 3735 6619. To complete the survey online, please go to https://prodsurvey.rcs.griffith.edu.au/dementiacaresurvey.

Research Needing Volunteers
A clinical trial is a prospective research study of human subjects that is designed to answer specific questions about health interventions. They frequently take the form of randomised controlled trials and occur in all four pillars of health research: Biomedical Research, Clinical Research, Public Health Research, and Health Services Research. Tested interventions can include new ways of delivering health care, health policies, counselling or educational interventions, exercise regimes, new medical devices as well as vaccines and drugs.

Clinical trials are used to determine whether new interventions are safe and effective. They are the safest and fastest way to find treatments that work in people. It is the goal of clinical trials to translate these findings into improved health care.

Clinical trials can also include human subject research designed to intervene and modify behaviour.

Examples of clinical trials now being undertaken at Griffith include:

- A study to examine if acupuncture is an effective treatment for allergic rhinitis (hay fever). Final stages of recruitment. Chief Investigator Professor Allan W. Cripps.
- Comparison of the replacement of intravascular administration sets (IV drip tubing) at 4-day versus weekly intervals to prevent infection. Recruiting. Chief Investigator Professor Claire Rickard.
- Effects of psycho-educational intervention on women’s birth fear in next birth after caesarean. Began April 2012. Chief Investigator Professor Jenny Fenwick.
- Trials of prolotherapy injections and an exercise program, used singly or in combination for refractory tennis elbow. Beginning 2012. Chief Investigator Associate Professor Michael Yelland.

Clinical trials can proceed through four phases:

**Phase I** Clinical trials test a new intervention in a small group of people for the first time to evaluate safety.

**Phase II** Clinical trials study the intervention in a larger group of people (several hundred) to determine efficacy and to further evaluate its safety.

**Phase III** Studies investigate the efficacy of the intervention in large groups of human subjects (from several hundred to several thousand) by comparing the intervention to other standard or experimental interventions as well as to monitor adverse effects.

**Phase IV** Studies are conducted after the intervention has been marketed. These studies are designed to monitor effectiveness and safety of the approved intervention in the general population.

**Clinical Trial Essentials**

**CLINICAL TRIAL DEFINED**

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Griffith Health will, through leadership and innovation in teaching, research and community engagement, create sustained improvement in all aspects of health and health care for local, national and international communities.

griffith.edu.au/health