

Australian Primary Health Care Research Institute

Travelling Fellowship 2008

**International Rural and Remote
Primary Health Care Research Linkage and Exchange**

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Introduction

John Wakerman and John Humphreys completed an APHCRI Travelling Fellowship to Canada in January 2008 (itinerary is at Appendix 1). The visit included the University of Northern British Columbia, Prince George, British Columbia; the Centre for Rural and Northern Health Research, Laurentian University, Sudbury, Ontario; and the Canadian Health Services Research Foundation, Ottawa. A full list of people met and presentations is at Appendix 2.

Extending the linkage and exchange process to Canada was important because of the many similarities between the two countries, including:

- A highly urbanised population characterised by a high degree of metropolitan primacy, concentrated along a southern border (Canada) or a seaboard rim (Australia), with a highly dispersed population in very small rural and remote communities in the hinterland of major cities;
- A high proportion of the rural and especially remote population is Indigenous, with similar health problems and health systems issues relating to access to appropriate services;
- Gradients of worsening socio-economic status, morbidity and mortality with increasing remoteness;
- A federated political system with split responsibilities for health care policy;
- A relatively small number of experienced rural and remote health service researchers within a context lacking a dedicated funding stream or structure within mainstream national research funding bodies.

Objectives

Our Stream 4 research, a systematic review of rural and remote PHC models, and Stream 5 case studies of exemplary PHC models focused on one of the most significant challenges confronting Australia and Canada – how best to ensure the provision of appropriate and sustainable PHC services to residents of small rural and remote communities. The objectives underpinning this travelling fellowship built on the outcomes of these projects. The objectives were:

- To strengthen existing international links with Canadian rural and remote health services researchers through:
 - Presentations of Stream 4 research results to rural health researchers and others as a platform for ongoing academic and policy interchange;
 - Development of a major comparative international collaborative PHC research proposal.
- To test the international robustness of the conceptual framework for sustainable models of PHC services in small rural and remote communities developed in our Stream 4 study by presenting the findings to researchers, other academics and health services in Canada.
- To reflect on and develop the APHCRI linkage and exchange process through:
 - International dissemination of Stream 4 research results as the basis for consolidating linkage and exchange between rural health researchers and relevant policy providers;
 - Discussion with leading Canadian rural health and other researchers and policy-makers about how best to maximize effective translation and take-up of research outcomes into the policy and practice arenas, a critical imperative of the APHCRI linkage and exchange process.
- To learn more about the Canadian Health Services Research Foundation (CHSRF) linkage and exchange processes.

Background

Academic researchers and policy-makers are under increasing pressure to strengthen the link between evidence and policy development.¹ Today the challenge of knowledge transfer must be integral to the researcher's focus on generating new knowledge for the benefit of society. Knowledge transfer refers to the various activities contained in the process of generating knowledge based on user needs, disseminating it, building capacity for its up-take by decision-makers, and finally tracking its application in specific contexts.²

A key goal of our visits to Canadian institutions was to better understand the various ways in which actions to promote linkage and exchange among researchers and decision-makers can occur. Utilisation of evidence depends more on factors related to the behaviour of researchers and the receptivity of decision-makers than on the attributes of the research itself.³ Moreover, the extent of take-up of evidence in policy is conditional on the right predisposition or political and material conditions. A major aspect of uptake of evidence in policy development and practice is contextualising the evidence within the environment in which it is to be used. 'An appreciation of the importance of context often leads investigators to answer that they do not know whether the same intervention will work in a different setting or whether a modified intervention will work in any setting.'⁴ For all these reasons, first-hand meetings with Canadian academic researchers and Canadian policy decision-makers was vital in order to identify and evaluate how knowledge translation works in different contexts that may have applicability in Australia.

Our visits provided an invaluable opportunity to analyse knowledge transfer processes through examining the interrelations between rural and remote health researchers and policy decision-makers in a Canadian environment not dissimilar to that of Australia. An important aspect too was to assess the Canadian university rural health research environment, particularly organisational aspects that are considered important in facilitating knowledge transfer and linkages with health policy organisations⁵. In addition, since effective knowledge transfer is a continuous process in which knowledge accumulates and influences thinking over time rather than a 'one off' event, we were able to reinforce existing Canadian contacts with a view to assessing how effective the linkage and exchange process is becoming.

Findings

1. *To strengthen existing international links with Canadian rural and remote health services researchers through*
 - *Presentations of Stream 4 research results to rural health researchers and others as a platform for ongoing academic and policy interchange.*

¹ Sheldon T. Making evidence synthesis more useful for management and policy-making. *Journal of Health Services Research and Policy* 2005; **10**: 1-5

² C Almeida & E Bascolo, 2006: Use of research results in policy decision-making, formulation, and implementation: a review of the literature, *Cadernos de Saude Publica*, Rio de Janeiro, 22 Sup.: S7-S19.

³ Canadian Health Services Research Foundation, 1999: *Issues in Linkage and Exchange between Researchers and Decision Makers*, Ottawa.

⁴ JN Lavis, FB Posada, A Haines & E Osei, 2004: Use of research to inform public policy-making, *The Lancet*, 364: 1615.

⁵ J Frenk, 1992: Balancing relevance and excellence: organisational responses to link research with decision-making, *Social Science & Medicine*, 35(11): 1397-1404.

- *Development of a major comparative international collaborative PHC research proposal;*

Our Stream 4 study has built on the excellent linkage and exchange process facilitated by APHCRI through a number of strategies. Firstly, we convened a national and international reference group comprising eleven recognised experts in aspects of rural and remote health, health economics, consumer issues, evaluation, PHC service provision and policy making at federal, state and territory levels. Included in the team were two leading health services researchers from Canada, whose institutions we visited. Secondly, we have presented the results of the study at four significant national conferences as well as to key decision-makers (see Appendix 3). Lastly, several papers for publication in peer-reviewed journals are in press, in the process of submission or development.⁶ The fellowship gave us the opportunity to internationalise and further develop these outputs, and consider possible additional strategies in research translation.

During the fellowship we made ten formal presentations of our APHCRI Stream 4 and 5 projects. These are listed in Appendix 2.

This trip also provided an opportunity for us to discuss future potential research with key collaborators in Canada. Currently we are already working on future research projects that emanate from our Stream 4 and 5 activity – including a three year evaluation of a comprehensive primary health services in a northern Victorian rural community, and the development of health service benchmarks for small rural and remote communities. The visits allowed us to discuss this work with Canadian counterparts and to identify possible synergies and prioritise these. We were also able to discuss possible funding sources. Dr MacLeod and her team are currently engaged with the regional health authority in jointly developing an evaluation framework for current PHC reform activities. Following our visit and discussions, they will undertake a review of the Canadian literature pertaining to rural and Northern PHC models. We have agreed to maintain communication during this review and examine the possibility for collaborative activity which might arise. With Professor Pong we have agreed to draft a framework for a publication related to critical comparative rural health policy issues. There is no single funding source for an international study, but there is the possibility of seeking funding from multiple sources on finalisation of a research proposal.

2. *To test the international robustness of the conceptual framework for sustainable models of PHC services in small rural and remote communities developed in our Stream 4 study by presenting the findings to researchers, other academics and health services in Canada.*

There was a strong endorsement of the conceptual framework as a useful framework for both health authority decision-makers and researchers. The elements of the framework resonated with decision-makers involved in PHC reform activities. The framework, linking these different elements, provided a vehicle for a systemic and systematic approach to resolving rural and remote health service problems. This systematic approach was strongly endorsed. The framework also highlighted the opportunities for future work such as examination of the change management process, the relationships between jurisdictions with respect to funding,

⁶ For example, Humphreys J, Wakerman J, Wells R, Kuipers P, Jones J, Entwistle P. 'Beyond workforce': a systemic solution for health service provision in small rural and remote communities. *Med J Aust* 2008 *in press*.

positioning workforce issues within a broader systemic context and evaluation of PHC reform measures.

3. *To reflect on and develop the APHCRI linkage and exchange process through*
 - a. International dissemination of Stream 4 research results as the basis for consolidating linkage and exchange between rural health researchers and relevant policy providers;
 - b. Discussion with leading Canadian rural health and other researchers and policy-makers about how best to maximize effective translation and take-up of research outcomes into the policy and practice arenas, a critical imperative of the APHCRI linkage and exchange process.
4. *To learn more about the Canadian Health Services Research Foundation (CHSRF) linkage and exchange processes.*

The two week linkage and exchange program was intensive. Distances travelled were large, climatic conditions and travelling across different time zones complicated the intensive schedule. Nevertheless, the fellowship underscored the critical role of face-to-face meetings in linkage and exchange. This was not only because of the need to develop links and relationships directly, but also critical in understanding the local context and how this influences PHC service and research activity. In Canada, whilst there are many similar issues, there are important differences discernible during the visit and our discussions. These are useful comparisons for progressing the PHC and research agenda in Australia and include:

- Federal/provincial relationships and responsibilities for health are different to Australia.
- Visiting in winter gave us a better understanding of the real and dramatic difficulties in transportation and access to services in a northern climate.
- There is an active, national PHC reform program centred on Family Health Teams – a model of practice that moves away from a GP, fee for service model to a multidisciplinary, blended payment model.

In relation to the linkage and exchange process, we met with a range of senior university academic staff, key regional health authority staff and many of the staff at CHSRF. We also participated in a PhD student seminar in Sudbury. Researcher-decision maker links in all three sites were strong and influential.

CHSRF is an impressive and arguably unique organisation. The culture is one of self-reflexivity, evaluation, creativity and re-invention. Staff have a clear and common sense of purpose with respect to facilitating the process of research translation, linkage and exchange. The organisation has an impressive range of linkage and exchange activities. These include:

- EXTRA (Executive Training for Research Application): is a competitive program for health service executives that offers training in how to better utilise evidence in policy and organisational management.
- CADRE (Capacity for Applied and Developmental Research and Evaluation in Health Services and Nursing): is a partnership between the Foundation and the Canadian Institutes of Health Research to develop increased capacity in applied health services and policy research. It is composed of four initiatives designed to address these short- and long-term capacity needs on a regional basis: CHSRF/CIHR Chair Awards,

CHSRF/CIHR Regional Training Centres, Career Reorientation Awards and CHSRF/CIHR Postdoctoral Awards

- *Mythbusters*: a two page summary of evidence relating to specific popular misconceptions; for example, that direct-to-consumer advertising is educational for patients.
- *Evidence boost*: a quarterly series of 2 page research summaries that looks at healthcare issues where research indicates a preferred course of action in health services management and policy. 'Listening for Direction': a structured national consultative process for determining CHSRF priority areas.
- *Researcher on call*: open access teleconference which features a researcher and decision-maker in dialogue, with opportunities for questions from participants.
- *Promising practices*: these web publications offer case studies of organisations that have invested in improving their ability to use research.

Because, as we have noted above, effective knowledge transfer is a continuous process, this process is dynamic. Staff are encouraged to take risks and look for new strategies to progress the purpose of the organisation with a view to maximising the take-up of research evidence into policy and practice.

Lessons learned

A summary of our learnings in relation to facilitators of, and barriers to, linkage and exchange is outlined in Table 1. In summary, major lessons that may be useful to progressing the linkage and exchange process in Australia are:

1. CHSRF has played a critical leadership role in driving the diffusion of linkage and exchange strategies in Canada. The organisation has pursued this goal using and developing multifaceted strategies. In the absence of a similar agency in Australia,⁷ the linkage and exchange agenda prosecuted by APHCRI is all the more important. Current APHCRI strategies such as 1,3,25 reporting format and the travelling fellowships themselves have been important. APHCRI could further progress this agenda through a number of strategies which include:
 - a. Maintaining existing strong links with CHSRF and supporting their staff to run workshops in Australia.
 - b. Including travelling fellowships in linkage & exchange activities for subsequent streams of research.
 - c. Involving other research spokes in dissemination of lessons learned from Stream 7.
2. The importance of researcher-decision-maker relationships was highlighted in each site. These were built on common purpose and shared values. Trust and respect had been engendered over time, and with high quality commissioned research. In Australia, we need to utilise multiple strategies that target both researchers and decision-makers to engage in this process, recognising that a key ingredient in developing these relationships is ongoing interaction over time. A program such as EXTRA is worthy of consideration.

⁷ The National Institute for Clinical Studies (NICS), the Sax Institute, APHCRI and the CRC program all have significant linkage & exchange roles and functions. However, none of these organisations has the breadth of linkage & exchange activity and development across both clinical and population health fields.

3. Multiple modes of disseminating evidence were used by organisations to facilitate the effective take-up of research findings and evidence. For example, CRaNHR produces a 4-page *Focus* series, summarizing its research; *Mythbusters* uses a 2 page format, is available on the web and reproduced in the *Journal of Health Services Research and Policy*; and the Canadian Institute of Health Research had a very effective series of posters that briefly summarised research findings, their impact and a brief biography and photo of the researcher.
4. Employment of a dedicated ‘knowledge broker’ to facilitate the research translation process should be considered by research agencies. This could involve managing and producing appropriate written and electronic outputs, including website. At the same time, the expertise of such a person could become an integral component of the academic research formulation and development process, thereby maximising from the outset the value of research undertaken for policy makers and health service organisations.
5. Grey literature pertaining to rural and remote health is prevalent in Canada as it is in Australia. CRaNHR is exploring the possibility of establishing a clearing house of relevant reports. It would be useful to have a similar clearing house of non-peer reviewed reports and evaluations in Australia, many of which are not drawn upon because their existence is not widely known. A national organisation such as the National Rural Health Alliance may constitute an appropriate auspicing body to undertake such a role. Existence of a comprehensive repository of ‘grey’ literature would have significant benefits in ensuring that key reports are drawn upon and incorporated into policy development and also ensure that research is not duplicated unnecessarily.

Conclusion

The APHCRI Stream 7 Travelling Fellowship provided us with a valuable opportunity to learn and share first-hand about the extent and effectiveness of disseminating and translating rural and remote health knowledge into the policy and practice environment in Canada, a nation that would make an excellent comparator and collaborator for future research in this field. APHCRI’s vision and support for such fellowships is to be commended, and we would like to express our gratitude for the opportunity provided to us to further advance rural and remote health research for academic researchers, government policy makers, and decision-makers in a variety of health service organisations. We intend to disseminate our learnings from this Fellowship broadly within the Australian research community.

Table 1: Linkage & exchange – lessons learned

Linkage & Exchange component	PRINCE GEORGE, BC		SUDBURY, ONTARIO			CHSRF, OTTAWA, QUEBEC	
	Research environment	Decision Making/Funding Organisations	Research Environment	Decision Making/Funding Organisations		Research environment	Funder
	UNBC	Northern Health	Laurentian University	Sudbury & District Public Health Unit	Ontario Ministry of Health	CHSRF	CHSRF
1 Research activity							
Philosophy Focus Staff composition Approach Relationships	Built around comparative research advantage: • Indigenous • Rural • Environmental	<ul style="list-style-type: none"> • Research a key focus • Well-resourced • Multi-disciplinary teams • Monitoring & evaluation a key issue • Good understanding of PHC • Commitment to PHC reform 	<ul style="list-style-type: none"> • NOMS a key impetus • CRaNHR is a dedicated rural health research centre BUT exists on soft money • Key foci – indigenous, multi-disciplinary, Northern health • PhD program started • Inter-disciplinary & bioprospecting 	<ul style="list-style-type: none"> • R&D division within org'n • Key foci – health promotion, indigenous, environmental • PHRED program – capacity building • Researchers from practice background • Good strategic approach and understanding of PHC 	<ul style="list-style-type: none"> • Underserved area program since 1969 • Committed to systemic PHC reform – LIHNs, FHTs, multi-disciplinary retention grants • Internal R&D capacity • Strong relationship with CRaNHR • Understand & fund change management process • Aware of IMG issues • Regional autonomy 	<ul style="list-style-type: none"> • Impressive, strong on evaluation • Creative • Innovative culture • Responsive to external needs • Understands needs of policymakers • Strong external relationships 	<ul style="list-style-type: none"> • Effective national consultation on priorities - 'listening for direction' • Focused, priority driven commissioning • Involvement of decision-makers in merit review & as co-researchers • Devolving grant process to CIHR

2 Facilitators of Linkage & Exchange							
	<ul style="list-style-type: none"> • Developing research strategy in consultation with Health Authority • Strong relationships between staff of both organisations • Research infrastructure – networks, funding • Shared agenda: improving access for rural & Northern communities 	<ul style="list-style-type: none"> • Strong leadership • Infrastructure to facilitate research • Funding for evaluation • Shared philosophy & values with researchers • Single agenda: improving access for rural & Northern communities 	<ul style="list-style-type: none"> • Well developed relationships with key bodies • Communication & dissemination of research outcomes • PhDs from a practical background • Strong leadership to encourage intra-university linkages 	<ul style="list-style-type: none"> • Strong internal relationships • Strong leadership • Strong infrastructure (RRED Divisions) to facilitate research • Shared philosophy & values with researchers 	<ul style="list-style-type: none"> • Established relationship with CRaNHR including commissioned research • Strong leadership • Shared philosophy & values with researchers 	<ul style="list-style-type: none"> • Dedicated mandate & endowment to facilitate L&E • Profile & reputation • Extending L&E eg 'researcher on call' • Culture that mandates engagement with researchers & decision-makers • Excellent L&E research with repository of L&E tools 	
3 Difficulties & Barriers and practical steps to overcome them							
	<ul style="list-style-type: none"> • Intra-university linkages need to be better developed • Lack of senior research staff and retention 	<ul style="list-style-type: none"> • Evaluation of outcomes needed quickly, but prepared to resource academics 	<ul style="list-style-type: none"> • Funding sustainability • Organisational change associated with new initiatives 	<ul style="list-style-type: none"> • Prepared to commission local academic research 		<ul style="list-style-type: none"> • Challenge of measuring 'when the job is done' in relation to L & E diffusion • Staff turnover • Evaluation of research impact 	<ul style="list-style-type: none"> • Small amount of funding – highly focused priorities • Devolved much of process to CIHR

Appendix 1: ITINERARY FOR APHCRI TRAVELLING FELLOWSHIP

PROF JOHN HUMPHREYS **School of Rural Health, Monash University**
PROF JOHN WAKERMAN **Centre for Remote Health, a Joint Centre of
Flinders University & Charles Darwin University**

Friday, 4 Jan 2008	Depart Melbourne 0855 Arrive Vancouver 1225
Monday, 7 Jan 2008	Travel Vancouver to Prince George
Tuesday, 8 January 2008 & Wednesday, 9 Jan 2008	University of Northern British Columbia
Thursday, 10 Jan 2008	Travel Prince George to Sudbury
Friday, 11 January 2008 to Monday, 14 January 2008	Centre for Rural and Northern Health Research & Northern Ontario School of Medicine
Tuesday, 15 January 2008	Travel Sudbury to Ottawa
Wednesday, 16 January 2008 & Thursday, 17 January 2008	Canadian Health Services Research Foundation
Friday, 18 January 2008	Travel Ottawa – Vancouver
Monday, 21 January 2008	Depart Vancouver 1425

Appendix 2: MEETINGS AND PRESENTATIONS

DATE & TIME	EVENT	PRESENTATION	ATTENDEES
UNBC –	Prince George		
7 January 12:00 – 1:30 pm	Lunch meeting: Northern Medical Program/Physicians	<i>Sustainable Rural & Remote PHC models in Australia</i>	Dr Dan Horvat Dr Malcolm Ogborn Dr Galt Wilson
3:30 pm	Meeting with Rachael Clasby – BC Rural & Remote Research Network		
4:00 pm	Meeting with Dr Dave Snadden – Associate VP Medicine UNBC, Associate Dean Northern Medical Program UBC		
8 January 8:00 - 10:00 am	Breakfast meeting with Care North Steering Committee	<i>Sustainable rural and remote primary health care models in Australia</i>	Judy Huska, Dr Dan Horvat, Tanis Hampe, Suzanne Johnston, Dr David Butcher, Davina Banner
10:30 am – 2:00 pm	Care North Resource Team	<i>Two case studies of sustainable PHC models in rural & remote Australia</i>	Suzanne Johnston, Judy Huska, Dr. Dan Horvat, Victoria Stewart, Alice Domes, Marvin Barg, Paula Young, Nicole Bingham, Sarah Hanson, Rod Schellenberg, Fiona Ramsay, Lori Wolfe, Tanis Hampe, Jeanette Forman, James Chan, Martha MacLeod, Josée Lavoie, Davina Banner
2:00 – 3:00 pm	Northern health staff presentation	<i>The context of rural and remote Australia – implications for service delivery.</i>	Local audience & remote sites via WebEx
3:30 – 5:00 pm	Aboriginal Health collaborative teleconference		Jeannette Forman (Smithers), Victoria Stewart (Prince Rupert), Michel Boyer (Montreal) with Prince George UNBC & Care North staff.

DATE & TIME	EVENT	PRESENTATION	ATTENDEES
6:00 pm	Dinner meeting with senior Northern Health staff & board member		Cathy Ulrich, Charles Jago, Alice Downing, Suzanne Johnston, David Butcher, Dave Snadden, Martha MacLeod, Vincent Salyers and Malcolm Ogborn.
9 January 8:00 am	Meeting re postgraduate nurse practitioner education – possible links with Flinders program		Vincent Salyers, Chair of Nursing Program, Eileen Owen-Williams, Co-ordinator of Family Nurse Practitioner Program & Martha MacLeod
10:00 – 11:00am	Public Presentation	<i>Researching primary healthcare in rural and remote Australia</i>	UNBC academic staff and students. Teleconference/webex to other UNBC campuses & individuals.
12:00 – 5:00 pm	Meeting with researchers & decision-makers: linkage and exchange & potential collaborative activity		Martha MacLeod, Tanis Hampe, Davina Banner, Josée Lavoie, Dan Horvat, Malcolm Ogborn, Judy Huska.
6:00 pm	Working dinner: future directions		Martha MacLeod, Suzanne Johnston, Cathy Ulrich, Dan Horvat, David Butcher, Malcolm Ogborn, Josée Lavoie, Dave Snadden and Judy Huska.

DATE & TIME	EVENT	PRESENTATION	ATTENDEES
CRaNHR	Sudbury		
11 January 9 - 11am	Meeting with Sudbury and District Health Unit	<i>Primary health care services research in rural and remote Australia</i>	Drs Isabelle Michel, Claire Warren, Sandra Leclé, Susan Snelling, Professor Ray Pong
12- 1:30 pm	NOSM research meeting		Dr Greg Ross, Associate Dean of Research
2:30 - 4:00 pm	Rural & Northern PhD student seminar & discussion	<i>Rural and remote health issues & challenges in Australia and Canada</i>	Professor Nancy Young, Professor Nancy Lightfoot, Liz Wanghoffer, Steve Kousan, Denise Newton, Alain Gautier, Christie Coty and others
6:15 pm	Dinner meeting		Ray Pong, Dr Nancy Lightfoot, Head of the School of Rural & Northern Health
Saturday 12 January 12 – 1 pm	Lunch meeting with Dean of the Faculty of Professional Schools		Ray Pong, Dr. Ann-Marie Mawhiney,
Sunday 13 January 12 – 1 pm	Lunch meeting with Dean Northern Ontario Medical School		Ray Pong, Dr Roger Strasser
14 January 10 – 11:45 am	Ontario Ministry of Health and Long-Term Care officials – PHC reform, linkage & exchange		Ray Hunt, Ignatius Ntaganda, Sue Mills, Mike Walker
12 -1 pm	CRaNHR Health Care Research Seminar	<i>Sustainable rural and remote primary health care models in Australia</i>	Laurentian staff & students, health service staff (25)
1 – 1:30 pm	Informal lunch		CRaNHR staff, CRaNHR Faculty Investigators and other guests
1:45 – 3:30 pm	Dr. Kristen Jacklin, NOSM & tour of teaching facilities		Dr. Kristen Jacklin, NOSM medical anthropologist

CHSRF	Ottawa		
January 16 9:00 – 10:00 am	Canadian Medical Association		Dr Sam Shortt, Director, Research Transfer, Owen Adams, Assistant Secretary General Research, Policy & Planning, Canadian Medical Association, Susan Law, CHSRF.
12:00 – 1:30 pm	Lunch		George Tilley, Interim CEO, Susan Law Vice-President, Research and Evaluation, CHSRF
1:30 – 3:00 pm	Discussion about CHSRF Research & Evaluation activity		Susan Law, Steeve Vigneault, Senior Advisor, Strategic Commissioning
3:00 – 4:00 pm	Health Services Research in Canada		Dr Grant Russel, Associate Professor Civic Family Medicine Centre
January 17 9:00 – 10:00 am	Health Canada – policy & research process		Martin Ducharme, Policy Analysts, Chronic and Continuing Care Division, Health Canada
11:00 – 12:00 am	CHSRF’s continuing education program	<i>Sustainable rural and remote primary health care models in Australia</i>	CHSRF staff
1:30 – 3:00 pm	CIHR Institute of Aboriginal Peoples’ Health (IAPH)	<i>Rural and Remote Models of Health Service Delivery</i>	Jacques Dalton, Cynthia Stirbys CIHR; Jennifer Blenquist, Assembly of First Nations (AFN); Catherine Dallas & Tracy Brown, Inuit Tapiriit Kanatami (ITK); Canada’s National Inuit Organization; Catherine Carrier, National Aboriginal Health Organization (NAHO)
3:30 – 5:00 pm	CHSRF linkage and exchange activities		Dave Clements, Vice-President, Knowledge Exchange Mylène Dault, Director, Organizational Learning, Jennifer Thornhill, Senior Advisor, Knowledge Summaries

Appendix 3: APHCRI Linkage & Exchange: Streams 1 & 4 Presentations in Australia

- Health Services and Policy Research Conference, 2-5 December 2007, Auckland - *"Policies to sustain primary health care in rural and remote Australia"* (**Wells, R. et al.**)
- The Mt Isa Remote Health Conference, 23-25 August, 2007, Mt Isa - *"A systematic synthesis to identify principles of sustainable primary health care systems in rural and remote communities"* (**Kuipers P et al.**).
- Department of Health & Ageing/ Australian Rural Health Education Network Seminar, June 19, 2007, Canberra - *"Do we need more 'innovation', or do we know enough? - A systematic review of innovative models of rural and remote primary health care in Australia 1993 - 2006"* (**Wakerman J et al.**).
- General Practice and Primary Health Care Research Conference, 23-25 May, 2007, Sydney - *"Designing sustainable primary health care systems to deal with the chronic disease epidemic"* (**Wakerman J et al.**).
- Rural Health Research Colloquium, 15-17 May, 2007, Tamworth - *"Innovative primary care models for small rural and remote communities"* (**Humphreys JS et al.**).
- National Rural Health Conference, 9 March 2007, Albury - *"A systematic review of innovative models of rural and remote primary health care in Australia 1993-2006"*, (**Wakerman J et al.**).
- The Australian General Practice Network Forum, 27 November, 2006, Surfers Paradise - *"Innovative service delivery in remote settings"* (**Wakerman J et al.**).
- Australian College of Rural and Remote Medicine 4th Scientific Forum, 17 November, 2006, Adelaide - *"Policy and paradigms, not pilots! The way forward for sustainable models of primary health care in Australia's rural and remote communities"*, (**Humphreys JS et al.**).
- 'Key issues in rural and remote health' Public Seminar, 20th October, 2006, National Rural Health Alliance, Canberra - *"A systematic analysis of service models for rural and remote health"*, (**Humphreys JS et al.**).
- Northern Territory Royal Australasian College of Physicians Annual Scientific Meeting & Central Australian Rural Practitioners Association Conference October 13-15, 2006, Alice Springs - *"A systematic review of Primary Health Care delivery models in rural and remote Australia 1993-2006"* (**Wakerman J et al.**).
- Australian Disease Management Association Annual National Disease Management Conference September 7-8 2006, Melbourne - *"Sustaining chronic disease management in remote Aboriginal communities"* (**Wakerman J et al.**).