

dB SPL at low RF and from 1.4 to 8.2 dB SPL at high RF. ANOVA results showed no significant gender or ear effects or their interactions for RF and measured #8710;SPL. **Conclusion:** The normative data sets developed for RF and #8710;SPL will further the understanding of acoustic properties of middle ear function in neonates. It will also assist in classifying middle ear status as normal or abnormal.

Intergenerational Mentoring: Promoting the Psychosocial Wellbeing of Older Men and Teenage Boys through Meaningful Occupation

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Background / Aims: Many teenage boys who are at risk of social dysfunction often have few, if any, positive male role models. Their future participation in society as healthy, active and productive members of society is uncertain. Nine teenage boys, aged between 14-16 years and at risk of exclusion at school, participated in a weekly shared construction project with older male mentors aged between 60-75 years at the local men's shed over 1 school term. This research aimed to explore the older men's perception of the project. **Methods:** Data were collected from pre- and post-project individual interviews with 6 of the mentors, 1 post-project focus group with 6 mentors and the project co-ordinator. Data were analysed using the constant comparative method of grounded theory; themes were developed individually and then collectively by all authors. **Results:** The men reported that values and respect were important, but often overlooked, commodities in modern society. The process of mentorship proved one of reciprocity in sharing their life experiences. The teenage boys appeared to positively respond over the life of the project with enhanced self-esteem a notable outcome. Importantly, joint engagement in meaningful occupation served as the conduit for males to connect socially. **Conclusion:** Our analysis suggests that through participation in grassroots initiatives, such as men's sheds, that the psychosocial wellbeing of older and younger males can be enhanced. These findings have implications for national male health policy, particularly for health service delivery of males in rural and remote areas, retired males, and males who are socially isolated.

Human Papillomavirus Status of Oropharyngeal Cancer: A Predictor of Tolerance to Radiotherapy?

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Background / Aims: Human Papillomavirus (HPV) is changing the face of oropharyngeal cancer. The rise in detection rates has redefined the role of oncology allied health professionals with a shift to increased clinical workload demand. HPV P16 positive oropharyngeal cancer patients treated at the Townsville Cancer Centre within the last 18 months were noted to show greater deterioration during radiotherapy; a disparity to their favourable long term prognosis evidenced within current literature. **Methods:** A retrospective chart audit was conducted on 46 oropharyngeal cancer patients treated with radical radiotherapy. Data was collated regarding demographics, diagnosis, treatment, weight, feeding intervention, hospital admission and radiation side effects. Comparisons were made between HPV P16 positive (P16+) and HPV P16 negative (P16-) cancer groups. **Results:** P16+ cancers represented 54% of the population. Comparison of total body weight loss between P16+ (10%) and P16- (5%) cancer groups was statistically significant ($p < 0.05$). Hospitalisation occurred in 35% of all cases with P16+ cancer patients accounting for 69% of admissions. Dehydration and nutritional intervention was the most common reason for admission. **Conclusion:** These results have highlighted the necessity of customising health care for oropharyngeal cancer patients with a HPV P16 diagnosis. The significance of frequent hospital admissions within an

outpatient service indicates a need for intensifying nutritional intervention to prevent admission. Strengthening multidisciplinary care will be the way forward to improving HPV P16+ patients' tolerance to radiotherapy.

Assessment of Needs of Early Life Service Providers in the Townsville Health Service District -Do We Need to Do More?

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Background / Aims: To assess the needs of early life service providers (0 to 5 years) across the Townsville Health Service District to identify the gaps and determine how public health nutrition at Tropical Regional Services can best play a role. **Methods:** From January to July 2011, a total of 110 semi-structured and unstructured interviews, either face to face (52) or via telephone (58) were conducted across nine settings in nine locations. Some settings included: maternity, child health, early childhood, and primary health. Grounded theory methodology was used to select, collect and analyse the data. Interview notes were transcribed in shorthand, copied, cut up and coded to categories. **Results:** The four categories identified were: service delivery in practice; at risk populations; feeding the newborn; and food provision. It was found inefficient service pathways, inadequate services or cultural insensitivity may put some populations at risk. There was a lack of knowledge and access to key resources. Supportive environments, amongst others, have an influence on whether a baby is breast or formula fed. Lack of food preparation and cooking skills influence the quality of food provided by parents. **Conclusion:** This research highlighted gaps in early life services across a variety of settings in diverse locations. Nutrition is an integral piece of the jigsaw puzzle for the immediate and long term health benefits for mother, baby and young children for present and future generations.

A Sweet Bridge Between Two Countries: Call to UN's 2011 Challenge

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Background / Aims: The 2011 United Nations (UN) General Assembly High Level Meeting on prevention and control of non-communicable diseases challenged its member states to address the global crisis of diabetes by: strengthening international co-operation; forging partnerships; working collaboratively with innovative, cost-effective health literacy and health promotion strategies; as well as training health workers with a focus on prevention as the cornerstone of the global response (UN resolution 66: Agenda Item 117). This project aimed to train local health workers in India, to reduce the risk and improve the management of type 2 diabetes (T2DM), and to provide the resources to do so. **Methods:** The project was conducted in collaboration with Equal Health (EH), Australia (an Aus-Aid approved, volunteer organisation) and Society for Education Village Action (SEVAI) and Improvement, India (a voluntary service organisation), over two weeks in February 2012. EH volunteer dietitians developed, trialled, evaluated and translated into Tamil, a Diabetes Education Kit (DEK) training package for T2DM that included assessment tools, for ongoing local use. **Results:** In 2012, 100% of the 203 health workers trained at SEVAI India achieved the training competency standards of the DEK package. This innovative, cost effective and sustainable project built local capacity, by empowering health workers with knowledge and skills to reduce T2DM risk and promote the health of people by managing their own T2DM. **Conclusion:** The collaborative Indo-Australian partnership has been possible because of a strong working relationship and addresses the UNs challenge to focus on primary prevention by training and equipping health workers in developing countries. Funding for this project was received from the Direct Aid Program through a successful grant application.