

Menzies Centre for  
**Health  
Policy**



THE UNIVERSITY OF  
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## Directors' Report

November 2010 - April 2011

Professor Stephen Leeder, University of Sydney  
Mr Robert Wells, Australian National University

# Table of contents

<b>What's New</b>	<b>1</b>
<b>Research</b>	<b>3</b>
Chronic Disease and Aged Care	4
Global Health	16
Health Care Financing	18
Health Reform	18
Health Surveys	18
Sensory Impairment	19
Research Students	21
Academic and Student Visitors	26
<b>Education</b>	<b>27</b>
<b>Publications and Presentations</b>	<b>28</b>
<b>Events</b>	<b>36</b>
<b>Staff List</b>	<b>38</b>

# What's New

- After a memorable six years in which there has been an astonishing array of changes for the Health and Sustainability Unit, the Menzies Centre, the University of Sydney, and the world in general, due to the financial challenges facing the Menzies Centre, the Health and Sustainability Unit will relocate to the Boden Institute for Obesity, Nutrition and Exercise in mid 2011.
- The Menzies-Nous Australian Health Survey 2010 was launched in November 2010 in Canberra, and released in a series of Survey workshops held in other Australian capital cities. The release of the Survey received good media attention. The telephone survey asked questions about: satisfaction with the health system; support for health reform; access to health care services; and confidence in services. The Minister for Health and Ageing, Nicola Roxon, issued a media release in response to the Menzies-Nous Survey. Short reports from the Survey will be released over the coming months to continue public interest.
- An NHMRC Project Grant has been awarded for the project, *The effect of a coordinated care intervention, Care Navigation, on the readmission rate of chronically ill patients at Nepean Hospital*. The 4-year grant will extend the current work on the Serious and Continuing Illness Policy and Practice Study (SCIPPS) in western Sydney.
- The Menzies Centre for Health Policy submitted a response to the Department of Health and Ageing's *Medicare Locals Discussion Paper on Governance and Functions*. Drawing on the Menzies Centre's experience researching and working with hospitals, community health and general practice in Western Sydney and the Australian Capital Territory, the response focussed on the need for coordination and integration of care for people suffering from chronic illness and on developing policy and system interventions that would improve their outcomes.
- Stephen Leeder has been appointed Chair of the Western Sydney Local Health District Governing Council. In response to the national health reform agenda, from January this year 18 NSW Local Health Districts replaced the existing eight Area Health Services. Menzies Centre Associate, Associate Professor Annette Schmiede, has also been appointed to the Northern Sydney Local Health District Governing Council.
- Associate Professor Ruth Colagiuri, in her role as Vice-President of the International Diabetes Federation, was lead author of the document, *A Call to Action on Diabetes*. The document outlines the case for investing in diabetes and is currently being widely disseminated internationally. Ruth Colagiuri is also leading the articulation of the IDF Global Diabetes Plan which is in its final stages of development.
- Dr Lesley Russell published a report last year on the commitment by all Australian governments to improve the lives of Indigenous Australians, and in particular provide a better future for Indigenous children. The report, *Indigenous health checks; a failed policy in need of scrutiny*, sparked debate and media coverage.
- Menzies Centre staff have written for and been interviewed by media extensively about the revised Council of Australian Governments reform program for Australia's publicly funded health service. The Menzies Centre website details the media coverage and has been a useful tool to promote the Menzies Centre's expertise in health reform and governance.
- The Sydney Health Policy Network (SHPN) is a new cross-disciplinary network established within the University of Sydney. The Network is chaired by Stephen Leeder and project support is provided by the Menzies Centre. A management committee has been established and a symposium will be held on 16 May to launch the Network and determine its strategic directions.

## What's New continued

- Professor Steven Lewis had a very successful visiting appointment at the Australian National University and University of Sydney in November 2010. He delivered a number of seminars and workshops and was interviewed by the media following his presentations. He mentored the Centre's early career researchers and postgraduate students and spoke to Centre staff about policy ideas and responses to the national health reform agenda.
- Professor Stig Pramming (former CEO of the Oxford Health Alliance) was the Health and Sustainability Unit (HSU) Visiting Scholar for 2010. A number of successful meetings and events for his visit were arranged including: an SPH Roundtable on "Working with Industry"; a joint HSU - NSW PHAA seminar on "Where does health fit in the Global green New Deal"; and participation as a key note speaker in the Australian Diabetes Council Policy Conference.
- Dr Oliver Herbert returned to Sydney in January 2011 to complete work commenced at the beginning of 2010. Dr Herbert is a specialist in Dermatology and Venerology with a sub specialization in Allergology. During his time at the Menzies Centre, Dr Herbert will be translating and analysing data collected from his extensive anthropological fieldwork on magic and illness in Madang Province, Papua New Guinea. His continued interest in health policy in PNG is the basis for his current research in public health, in cooperation with the Universities of Sydney and Bremen, Germany.
- Dr Jose Maria Valderas Martinez was a visitor to the Menzies Centre from February to April 2011. He is an academic at the University of Oxford and is interested in the delivery of care for people with chronic conditions. Dr Valderas Martinez is leading the development of a health services and policy research group at the University of Oxford and during his visit discussed how the Menzies Centre might collaborate with this group in the future.

# Research

*Research is a core activity of the Menzies Centre for Health Policy. Menzies Centre staff collaborate extensively with government agencies, area health services, non-government organisations, independent institutes and with industry, locally and internationally, on a wide range of research and consultancy projects. Staff at the Menzies Centre mentor and supervise research students enrolled at both The Australian National University and the University of Sydney. The Menzies Centre also hosts academic and student visitors pursuing projects that align with the research strengths and interests of Menzies Centre staff.*

Research is grouped into the following work areas. Current projects for each work area are listed below and updated in detail on the following pages. Work in areas without specific projects is captured in Publications and Events. Please see relevant sections later in this report.

- **Chronic Disease and Aged Care**
  - Serious and Continuing Illness Policy and Practice Study
  - Health and Sustainability Unit (formerly The Diabetes Unit)
  - The Childhood Asthma Prevention Study
  - Health Economics Capacity Building Grant
  - Improving Health Literacy in Seniors with Chronic Illness
  - Calvary Health Care Bethlehem Palliative Care Study
  - Preventing Poor Outcomes for People with Chronic Illness
- **Dental and Oral Health**
- **e-Health**
- **Global Health**
  - Initiative for Cardiovascular Health Research in the Developing Countries
  - Ford Foundation projects in Indonesia
  - Health policy development in the Pacific
  - Oxford Health Alliance Asia Pacific Regional Centre
  - Health Sector Aid Effectiveness in the Pacific
  - Securitisation and Multi-drug Resistant Tuberculosis: Global and Australian Perspectives
  - USA/Australian Health Issues
- **Health Care Financing**
  - Impact of the cost of medicines GP survey
- **Health Reform**
- **Health Surveys**
  - Survey on Attitudes towards the Australian health system
  - What is influential public health research?
- **Indigenous Health**
- **Mental Health**
- **Obesity and Nutrition**
- **Prevention and Primary Care**
- **Sensory Impairment**
  - Vision-Hearing Project
- **Sustainability**

## Research continued

### Chronic Disease and Aged Care

#### Serious and Continuing Illness Policy and Practice Study

##### Work in Progress

###### Evaluation of the Blue Mountains GP Network Chronic Disease Self-Management Project

SCIPPS Sydney agreed to partner with the Blue Mountains GP Network to conduct an evaluation of the Chronic Disease Self Management Project (including evaluating Moving On, a chronic disease self-management program) funded by the Australian Government Department of Health and Ageing.

A Draft Report of the evaluation was submitted to the Blue Mountains GP Network and the Department of Health and Ageing in May 2010. Subsequent to this, a six month follow-up focus group was conducted with Moving On participants, and additional material collected from local GPs on the project by the Network.

In early 2011, the Final Report was forwarded to the Blue Mountains GP Network. This report incorporated the additional GP and follow-up focus group material in an addendum. The addendum was reviewed by the Project Consumer Reference Group in March 2011 and comments incorporated into the Final Report.

The Evaluation Final Report is now in the Menzies format and available for distribution. A presentation about the Project and the evaluation was delivered at The Self-Management Conference held in Melbourne 2 - 3 May 2011.

###### Evaluation of HealthOne Mt Druitt

HealthOne Mt Druitt (HOMD) is a system of managing people with chronic illness that integrates primary and community health services.

SCIPPS Sydney has been working in close collaboration with the Mount Druitt Community Health Centre and HealthOne staff to conduct a mixed method evaluation of HOMD.

The qualitative component of the evaluation commenced in 2010. Interviews with NSW Health and SWAHS policy makers, steering committee members and HOMD staff were completed by the end of the year.

Once ethics approval was gained in early 2011 for addition of a health literacy component, interviews with patients commenced. Ten interviews were completed in March/April 2011.

Interviews with these patients' GPs will be carried out in May 2011. A focus group with Mount Druitt Community Health staff will be the last qualitative data collected and will be completed when GP interviews conclude.

A survey to all service providers with HealthOne enrolled patients has gained HREC approval and will be distributed in May 2011. Quantitative data analysis of patient hospital admissions and CHIME (Community Health Information Management Enterprise) data is currently in the planning stages. A Draft Final Report will be available mid-year 2011.

## Research continued

### Care Navigation Evaluation (RCT and Process Evaluation)

The aim of the RCT is to determine if there is any difference between standard care and Care Navigation (a new model for the management for individuals with chronic illness) for individuals with chronic illness who present to Nepean Hospital emergency department.

The Care Navigation RCT commenced at Nepean Hospital in mid-May 2010. Natalie Plant has been working at Nepean Hospital since this time, and she has been heavily involved in the recruitment of patients to the study. The recruitment target of 500 participants was reached on the 25th of February 2011. Once the recruitment target was reached, Natalie spent more time on the 6-month follow-up phone calls.

Concurrent Care Navigation is provided off-study for patients who, for medical reasons (e.g. dementia), will never become eligible for the RCT. Following completion of the recruitment phase, Care Navigation also became available to all patients (excluding those randomised to 'standard care').

A process evaluation is being carried out by Justin McNab, who is interviewing a range of people regarding their experience with Care Navigation. Interviews with Care Navigation staff, management and policy makers have begun. Interviews with patients and carers and their GPs will begin mid-year. The process evaluation will also compare RCT outcomes, such as hospital re-admission rates and length of stay, to any real change in hospital and community health services provided. Planning of this analysis has begun.

### Indigenous experiences of chronic illness

In this report period, work continued on the preparation of four papers for peer reviewed publication using the data obtained from Indigenous participants in the SCIPPS project. These deal with unsolicited support; space and time in the use of health services, hidden illness, and experiences of mainstream health services.

In addition to the academic publications, findings from the first two papers have been collated into a community report that will be made available to the ACCHOs that have assisted with recruitment, as well as to policy makers and practitioners. The report, titled "People I can turn to" will be published in May.

All publications have been submitted to the relevant ACCHOs for comment and approval prior to submission for publication.

### Papers from the main qualitative study

The final planned papers based on the initial qualitative study have been completed.

A paper addressing consistency between the National Health and Hospitals Reform Commission final report and the suggestions for health system change made by participants in the SCIPPS project, both people with Chronic Illness and Carers, has been accepted for publication by the *Australian Journal of Primary Care*.

A paper on Motivation to Self manage has been re-submitted, addressing reviewer comments, to *Health Expectations*.

## Research continued

### 45 and up data-linkage study

Members of the SCIPPS team worked in conjunction with the Medical School at the ANU, the Australian Primary Health Care Research Institute and the National Centre for Epidemiology and Population Health to examine the use of GP management plans for people who reported diagnoses of diabetes, heart disease or asthma in respondents to the 45 and Up study. This study used data from the study linked to Medicare data.

Findings showed, contrary to expectation, that people who were less affluent, as well as people who had higher numbers of chronic illnesses were more likely to have a GP Management Plan. This contrasts with findings about the use of Allied Health Services (Russell) by people with chronic illness under the Extended Primary Care Packages cluster in more affluent areas. However, most respondents with one of these conditions do not have a GPMP. About 47% of those respondents with diabetes, but only 22 % of those with heart conditions, and 18% of those with asthma were found to have claimed for a GPMP or GPMP review.

On the basis of the work in this study, an NHMRC grant has been submitted to carry out a more comprehensive study of the use of the plans. As part of the grant, if successful, we hope to develop ways that this information could be used to evaluate the success of chronic illness policy in relation to specific payments.

### Impact of chronic illness on socio-economic wellbeing of senior Australians

The national survey of a sample of National Seniors Australia members was carried out in 2009, and papers were presented at a number of conferences in 2010.

The data available from the survey have allowed us to address a number of aspects of chronic illness, and we have addressed how the financial impact of chronic illness affects groups with different characteristics (under review); and the impact of chronic illness on workforce participation and on the need for personal and household assistance which showed that each chronic illness present at age 50 reduces working life by a year, (published February 2011). A further paper addresses the relationship between current health status, financial stress (via income and expenditure) and prediction about future financial circumstances.

### Survey of Time Use and Coordination

The design of the second SCIPPS Survey was completed in November 2010. The survey was tested prior to completion with groups of consumers with chronic illness, respondents to the previous survey who had expressed an interest in taking part in further research, and with a survey expert. The decision was taken to use both an online option, so that we could gauge this as a useful tool for people in the 45+ age group; and to use a computer read form for ease of data entry.

Difficulties in obtaining the final samples from the three organisations who had agreed to take part; summer holidays and then natural disasters led to a decision to delay sending the survey out until February. The cut off for responses was 30 April.

## Research continued

Preliminary analysis of results coded suggest that we will be able to report on multiple aspects of both time use and co-ordination. The novel features of this research include: a detailed analysis of time spent on health care for people with chronic illness and by people who care for other people with chronic illness; an attempt to address actual co-ordination of care and its impact, rather than perceptions of co-ordination; and the ability to provide information about people with COPD.

Two abstracts have been accepted for international conferences (UK and US), suggesting that this area of research has not been comprehensively addressed.

### Publications

#### Published Papers

1. Yen L, Gillespie J, Jeon Y-H, Kljakovic M, Brien J, Jan S, Lehnbohm E, Pearce-Brown C, Usherwood T. Health professionals, patients and chronic illness policy: a qualitative study. *Health Expect* 2011; 14(1): 10 - 20.
2. Essue B, Jowsey T, Jeon Y-H, Mirzaei M, Pearce-Brown C, Aspin C, Usherwood T. Informal care and the self-management partnership: implications for Australian health policy and practice. *Aust Health Rev* 2010; 34(4): 414-422.
3. Jowsey T, Gillespie J, Aspin C. Effective communication is crucial to self-management: the experiences of immigrants to Australia living with diabetes. *Chronic Illn* (special edition) 2011; 7:6-19.
4. Yen L, McRae I, Jeon Y-H, Essue B and Herath P The impact of chronic illness on workforce participation and the need for assistance with household tasks and personal care by older Australians. *Health and Social Care in the Community*. 9 February 2011 (Epub ahead of print).
5. Cheung KK, Mirzaei M, Leeder S. Health policy analysis: a tool to evaluate in policy documents the alignment between policy statements and intended outcomes. *Aust Health Rev* 2010; 34: 405-413.

#### Papers in press

1. Essue B, Kelly P, Roberts M, Leeder S, Jan S. We can't afford my chronic illness! The out-of-pocket burden associated with managing chronic obstructive pulmonary disease in Western Sydney, Australia. *Journal of Health Services Research and Policy*.
2. Jowsey T, Yen L, Wells R, Leeder S. National Health and Hospital Reform Commission Final Report and patient-centred suggestions for reform. *Australian Journal of Primary Health*.
3. McCrae I, Yen L, Jeon Y-H, Herath PM, Essue B. The burden of health care costs faced by older Australians with chronic conditions. *International Journal of Equity in Healthcare*.

## Research continued

### Papers in submission

1. Corcoran K, McNab J, Girgis S, Colagiuri R. A review of transport as a barrier to accessing routine health services for older people with chronic diseases. *Australian and New Zealand Journal of Public Health*.
2. Corcoran K, Jowsey T, Leeder S. One size does not fit all: the different experiences of those with chronic heart failure, type II diabetes and chronic obstructive pulmonary disease diabetes. *Chronic Illness*.
3. McRae I, Yen L, Jeon Y-H, Herath PM, Essue B. The Burden of health care costs faced by older Australians with chronic conditions.
4. Ward N, Jowsey T, Yen L, Aspin C and Haora P. With good intentions: complexity in unsolicited informal support for Aboriginal and Torres Strait Islander peoples. *International Journal for Equity in Healthcare*.
5. Yen L, Douglas K, Korda R, Glasgow N and Kljakovic M. Chronic Disease Management Plans: Patterns of Use.
6. Jowsey T, Yen L, Pearce-Brown C and Douglas K. What motivates Australian health service users with chronic illness to engage in self-management behaviour.

## Health and Sustainability Unit (formerly The Diabetes Unit)

*The Health and Sustainability Unit is dedicated to policy development and implementation; strategic planning for population health; health services research and development; chronic disease prevention and sustainability and health – particularly the influence of the way we live and manage our societies now on climate change and the unprecedented growth in obesity and chronic diseases.*

*The Health and Sustainability Unit sees its role as a conduit between theory and practice, and works as a bridge between academia, the broader chronic disease community and the general population. It employs a pragmatic approach and is mindful of the diverse needs, perspectives and prevailing forces that affect health across all levels of society.*

### **What's New**

After a memorable six years in which there has been an astonishing array of changes for the HSU, the Menzies Centre, the University of Sydney, and the world in general, due to the financial challenges facing the Menzies Centre, the Health and Sustainability Unit will relocate to the Boden Institute for Obesity, Nutrition and Exercise in mid 2011.

### **Grant Applications - Success**

- AusAID Australian Leadership Awards to train Pacific Island Government personnel on chronic disease prevention and climate change.
- IPDF / Worldwide University Network Global Health Justice Initiative on chronic disease prevention and climate change.

## Research continued

- Graham Woods Foundation / Beyond Zero Emissions – Review of the evidence about the health harms of mining with reference to the Hunter Valley.
- Australian Diabetes Council – Pilot study of diabetes and cycling.

### **Grant Applications - Submitted**

An ARC Linkage proposal on the health and environmental outcomes associate with increased cycling infrastructure is in preparation.

### **Teaching**

HSU is co-ordinating the Health and Population Unit of Study of the USyd Master of Sustainability.

### **Projects**

HSU continues to work in collaboration with internal and external organisations on key policies and programs such as:

#### Integrating Prevention of Chronic Diseases & Aspects of Climate Change - ALA Fellowships round 8

An intensive 10 day training program funded through a grant under the AusAID Australian Leadership Awards Fellowship (ALAF) programme was held March 21st – April 2nd 2011 with the key objective of exploring the relationship between drivers of chronic diseases and climate change within Pacific Island Countries and Territories (PICTs) and examining the co-benefits of addressing both areas simultaneously.

Five ALA Fellows from the Solomon Islands, Tuvalu, Tonga and Nauru attended this comprehensive program which covered issues such as sustainable food and nutrition systems, transport, physical activity, energy use, trade and health, policy options and communication. Each course participant developed an action plan on an area of particular concern in their country and one Fellow has already made a funding submission to the Secretariat of the Pacific Community for her project. An additional benefit has been the extensive links established between the participants with staff in the University.

Currently we are exploring possibilities for the course to be repeated as a short course for health and other professionals in Australia and a proposal will be submitted to the AusAID ALAF Programme to repeat the course in 2012.

#### World Diabetes Foundation – ‘Dealing with Diabetes: Building Capacity in the Solomon Islands to Improve Diabetes Outcomes and Strengthen Prevention Efforts

This project is well underway. Three project visits – two by USyd staff to the Solomon’s and one by the Solomon’s Director of Public Health to USyd have occurred. A series of baseline assessments have been undertaken including diabetes related hospital admissions and amputations, and a cost of illness survey. Preliminary complications and health status data has been collected on 210 people with diabetes.

## Research continued

A comprehensive work plan is being developed for the upcoming year which includes planning for a forthcoming Stakeholder Forum which will bring together representatives of key stakeholders. The first project and financial report has been submitted to the World Diabetes Foundation.

### The Medical Foundation Program for Health and Sustainability in Pacific Island Countries (PICTs)

The Medical Foundation Program for health and sustainability in Pacific Island Countries is progressing, with Jeanie McKenzie currently exploring additional funding opportunities and research ideas and looking for potential future collaborations for this work.

A visit to AusAID was undertaken in February 2011 and a presentation on Non Communicable Diseases in the Pacific region was given at a Forum on 'Addressing the global burden of non-communicable diseases' which was held in Parliament House, Canberra in February 2011. The Forum was attended by the Hon. Nicola Roxon, and Opposition and Greens health spokespersons, a number of MPs, representatives from DOHA, AusAID and representatives from leading non government agencies, including Diabetes, Heart and Cancer.

### **New projects**

Two new projects are currently in the start up phase. They are:

- A review of the health harms of mining with particular reference to the Hunter Valley.
- A pilot study of the effect/s of cycling on the health outcomes of people with diabetes.

### **Events**

#### Past

#### *Thinker in Residence*

In November/December, the Health and Sustainability Unit (HSU) hosted Professor Stig Pramming, former CEO of the Oxford Health Alliance, for a 2 week visit as its 2010 thinker-in-residence. During the visit Professor Pramming:

- attended and spoke at the Australian Diabetes Council Policy Forum.
- gave a public seminar on "Where Does Health Fit in the Global Green New Deal" which was jointly hosted by HSU and the NSW Public Health Association.
- facilitated a School of Public Health Roundtable on "When is it OK for Public Health to Work with the Food Industry".
- provided advice on the development of the Centre for Obesity, Diabetes and Cardiovascular Diseases on the basis of insights and lessons learned from the establishment of the Oxford Centre for Diabetes and Metabolism - a private public partnership which Prof Pramming co-lead.
- attended and spoke at a number of smaller meetings with USyd groups eg Business School's economists.
- worked with Ruth Colagiuri to scope a publication plan on health and sustainability issues for 2011.

## Research continued

### Future

#### *Combining Climate Change and NCD Prevention*

A Working Meeting of the WUN Global Health Justice Network 5-7 May 2011. This workshop arises from, and takes forward, the existing Worldwide Universities Network (WUN) Global Health Justice Network, whose inaugural event at the University of Bristol in February 2010 centred on climate change and global health. This workshop represents the next step in developing an ongoing research program targeting the interface between climate change and NCDs and, thus, spans two WUN Global Challenges: Adapting to Climate Change and Global Public Health.

#### *Centre for Obesity, Diabetes and Cardiovascular Disease Research Priorities Workshop*

This workshop is designed to spearhead a process to identify and scope the 'big' research questions for obesity, diabetes and cardiovascular disease across the spectrum of research methods and across health and other disciplines, and to identify on which of these big questions it is most attractive for the University to focus.

#### *Public Forum on Environmental Implications of Coal Seam Gas and Coal Mining in NSW*

The Health and Sustainability Unit is co-hosting and participating in an Australian Conservation Foundation public seminar on coal seam gas (CSG) and coal mining. CSG is hailed as the energy source with a smaller carbon footprint than coal. However CSG mining proposed for the Liverpool Plains, Hunter Valley, St Peters, Warragamba Dam catchment could cause considerable environmental damage and loss of prime agricultural lands.

### **Publications**

#### Peer-Reviewed Papers

##### *Published Papers*

- Colagiuri R, Hill DJ, Johnson GJ, Lalor E, Moodie R, Olver IN, Roberts LM, Robinson HM, Wilson AC, Greenland RJ. Time for global action on chronic disease. *Medical Journal of Australia*. 2011 Feb 21, 194(4): 158-159.
- Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P. et al for the Lancet Action Group and the NCD Alliance. Priority actions for the NCD crisis. *The Lancet*. Published online 2011 April 6, DOI:10.1016/S0140 - 6736(11)60393-0.

##### *Papers in press*

- Eigenmann C, Skinner T, Colagiuri R. Development and Validation of a Diabetes Knowledge Questionnaire. *Practical Diabetes International*. In press April 2011.

## Research continued

### *Papers in submission*

- Corcoran K, McNab J, Girgis S, Colagiuri R. A Review of Transport as a Barrier to Accessing Routine Health Services for Older People with Chronic Diseases. *Australian and New Zealand Journal of Public Health*. Submitted April 2011.
- Colagiuri R, Keeling A. UN High Level Summit on Non-Communicable Diseases: Sustainable Change or Pie in the Sky? *Diabetes Research and Clinical Practice*. Submitted April, 2011.

### Books

#### *(Chapter)*

- Greenberg H, Raymond S, Beaton A, Colagiuri R, Leeder S. in *Routledge Handbook in Global Health*, Eds. Chronic Diseases: The Urgent Need for Action. R Parker and M Sommer. *Routledge*, London. 2011, p365-372.

#### *(Handbook)*

- Colagiuri R. A Guide to National Diabetes Programmes – International Diabetes Federation, Brussels. 2010.

### Policy Documents/Reports

- November 2010, A Call to Action on Diabetes, International Diabetes Federation.
- February 2011, Internal NHMRC Report, A 'state of the knowledge' assessment of comprehensive interventions that address the drivers of obesity.

### Invited Presentations

Associate Professor Ruth Colagiuri presented at the following meetings:

- 18-19 November 2010 "Environments, The Global Context", Diabetes Association National Policy Forum, Canberra.
- 1-3 December 2010 "From Global to National NCD Policy in a Rapidly Changing Environment". Australian Diabetes Council Diabetes Policy Conference, Sydney.
- 1 May 2011 "Chronic Diseases & Sustainability: Common Causes, Consequences & Solutions". iDEA 2011, Doctors for the Environment Australia, Sydney.

## The Childhood Asthma Prevention Study

The Childhood Asthma Prevention Study (CAPS) is the first and only Australian randomised controlled trial of the effectiveness of both house dust mite avoidance and modification of dietary intake of fatty acids, both implemented from birth, for the prevention of asthma and other allergic disease during childhood. The study started in 1997 and recruitment of 616 subjects was completed in January, 2000.

## Research continued

### Progress

During 2010 significant progress has been made collecting data from Childhood Asthma Prevention Study (CAPS) participants.

The Project Coordinator completed almost all visits to participant families on or near their child's 11th birthday. We now have spirometers installed in the homes of 365 children. Participant children and parents have continued to come in for clinical assessment at 11.5 years of age at Westmead Hospital and Liverpool Hospital. Assessments are undertaken during the school holiday period in January, April, July and October. To date we have been able to test 61.8% of participant children who have turned 11.5 years of age, we have another 7.0% with whom we remain in contact and who may attend and another 10% who won't participate at 11.5 years but who are willing to be contacted at 14 years. From among the children who attend for testing we are able to collect questionnaire from 100% of children, skin prick test and exhaled nitric oxide from more than 90% of children and methacholine challenge and blood test from more than 80% of children.

### Health Economics Capacity Building Grant

Stephen Leeder is a Chief Investigator on a 5 year NHMRC Capacity Building grant that will provide training and development for a team of health economists to research chronic diseases. The program, Health Economics Research, Modelling, Evaluation and Strategy (HERMES) 'Using health economics to strengthen ties between evidence, policy and practice in chronic disease', is a collaboration between the George Institute, School of Public Health and the Menzies Centre for Health Policy. It will address issues such as: What is the value for money from investment in different treatments? How do such diseases affect the economic circumstances of families? How do we ensure that strategies to address illness work in practice and can be sustained? How do these issues get put on the policy agenda?

Beverly Essue and Joel Negin are Team Investigators on the grant and it is progressing well. The following achievements and outputs are noted for this reporting period:

### **Publications**

#### Peer-Reviewed Papers

##### *Published Papers*

- Yen L, McRae I, Jeon Y-H, Essue B, Herath M. (2010) The impact of chronic illness on workforce participation and the need for assistance with household tasks and personal care by older Australians. *Health and Social Care in the Community* Online publication ahead of press. doi: 10.1111/j.1365-2524.2011.00994.x
- Negin J, Cumming R, de Ramirez SS, Abimbola S, Sachs SE. Risk factors for non-communicable diseases among older adults in rural Africa. *Trop Med Int Health*. 2011;16(5):640-646.
- Snowdon W, Negin J, Moodie M. Building an economic case for food interventions in the Pacific. *Pacific Health Dialogue* 2011;16(2):24-29.

## Research continued

- Essue BM, Jan S, Hackett ML, Bleasel AF, Ireland CA, Berkovic SF, Anderson CA. Action to improve awareness, participation, care and support for people with epilepsy. *Medical Journal of Australia* 2011;194(1):7-9.
- Negin J, Cumming R. Quantifying HIV prevalence in older adults in sub-Saharan Africa: extrapolating from existing data. *Bulletin of the World Health Organization* 2010;88:847-853.
- Essue B, Jowsey T, Jeon Y-H, Mirzaei M, Pearce-Brown C, Aspin C, Usherwood T. Informal care and the self-management partnership: Implications for Australian health policy and practice. *Australian Health Review* 2010;34(4):414-422.

### *In Press*

- Essue B, Kelly P, Roberts M, Leeder S, Jan S. 'We can't afford my chronic illness!' The out-of-pocket burden associated with managing chronic obstructive pulmonary disease in Western Sydney, Australia. *Journal of Health Services Research and Policy*. Accepted: 30 March 2011.

### *Submitted*

- Martiniuk ALC, Adunuri N, Negin J, Tracey P, Fontecha C, Caldwell P. Primary care provision by volunteer medical brigades in Honduras: a health record review of over 2,500 patients over 3 years. *International Journal of Health Services*. Forthcoming.
- Martiniuk A, Negin J, Hersch F, Dalipanda T, Jagilli R, Houasia P, Gorringer L, Christie A. Telemedicine in the Solomon Islands: 2006 to 2010. *Journal of Telemedicine and Telecare*. Forthcoming.

### Book chapters

- Tozan Y, Negin J, Wariero J. The Millennium Villages Project: improving health and eliminating extreme poverty in rural African communities. In Blas E, Sommerfeld J, Sivasankara Kurup A. eds. Social determinants approaches to public health: from concept to practice. Geneva: *World Health Organization*. 2011.
- Ford J, Negin J. Principled Engagement and Public Health: Donors and HIV/AIDS in Zimbabwe. In Pederson M, Kinley D. *Principled Engagement*. Forthcoming.
- Fanzo J, Remans R, Pronyk PM, Negin J, Wariero J, Mutuo P, et al. A 3 year cohort study to assess the impact of an integrated food- and livelihood-based model on undernutrition in rural western Kenya. In Thompson B, Amoroso L. *Combating Micronutrient Deficiency: Food-based approaches*. Food and Agriculture Organization and CAB International. 2011.

## Research continued

### Improving Health Literacy in Seniors with Chronic Illness

Jim Gillespie, Clive Aspin and Steve Leeder received a grant from National Seniors Australia. The study aims to gain an understanding of how seniors living with chronic illness navigate the health system and gain access to information about available care and management options to assist them in managing their conditions. The study will approach the issue of patient care and quality of life from the patient's perspective, giving a voice to individuals who often are disenfranchised in the development of care plans. The SCIPPS data has been reanalysed to identify strategies to improve health literacy. The results will be discussed with patients, carers and health professionals enrolled in HealthOne Mt Drutt. This project is due to report in September, 2011.

### Calvary Health Care Bethlehem Palliative Care Study

Jim Gillespie, Angela Beaton, Cathie Hull and Beverley Essue have been commissioned to provide Calvary Health Care Bethlehem (CHCB) with a descriptive analysis of their specialist model of palliative care. The project will track the patient journey through the CHCB community-based and hospital-based palliative care service, and provide a descriptive analysis of some of the factors that shape the patients' experiences, including the economic impact on patients of receiving palliative care for a life-limiting illness. This project aims to make important contributions to national policy in this area. Data collection is now complete and the project is in the analysis and report writing stage.

### Preventing Poor Outcomes for People with Chronic Illness

This project is being funded by a two-year grant from the Ian Potter Foundation. A one-year project will be delivered by the ANU team and the USyd team will commence a one-year project in mid-2011.

Work on the Canberra project has commenced. Bob Wells, Ian McRae, Jim Gillespie and Laurann Yen are working with two part-time research fellows, Michelle Banfield and Karen Gardner on the project.

Two publications have been completed which address the recent chronology of policy on coordination in Australia in two areas, mental health and diabetes.

- The first, titled "From Coordinated Care Trials to Medicare Locals: what difference does changing the ideological driver from efficiency to quality make for coordinating care?", examines the way that policy promoting coordination of care has shifted focus, and what elements are necessary for coordination under both models; and what Medicare Locals will need to incorporate into their planning for local populations.
- The second, titled "Coordination of care in Australian mental health policy", addresses the definitional and measurement challenges in a field in which there has been a succession of National Mental Health Strategies and Evaluations. In light of the multiplicity of definitions used for coordination, the paper uses three examples of policy examine how mental health policy has fostered continuity of care for people with mental health problems and what lessons these attempts provide for a more effective policy approach within the environment of local planning for service delivery.

## Research continued

The main element of the research undertaken for the project has shifted, while remaining within the realm of co-ordination which remains a strong focus for health service reform. Following discussion with national and international researchers in health services and policy, we will focus the research on a particular aspect of coordination- the continuity of information in health services delivery. The study will work with four organizations who are delivering primary care services to examine how information is used between services and health professionals; how this is supported / managed at the regional level, and what is required for successful delivery at that level; and finally what meta level structures and activities exist or are needed to create the environment for effective policy implementation.

Contact with the potential research sites has been made independently and through the NEHTA. Documentation for ethics approval prepared and to be submitted. We expect to be carrying out site research over part of May and June, with analysis and reporting and consultation with key stakeholders by August; publications are planned for submission in September/October.

## Global Health

### Initiative for Cardiovascular Health Research in the Developing Countries

A study conducted in China, India, Argentina and Zambia, estimating the costs to families of heart disease and stroke suffered by one member, is in the final write-up stage. This study has been coordinated from Delhi and Stephen Leeder has chaired the overseeing committee. It complements his work in 2003-4 examining the macroeconomic effects of CVD. A major publication on the study has been accepted for publication by PLoS. Dr Harikrishnan continues to work with Stephen Leeder and NY colleagues on a revision of the monograph **A Race Against Time**, first published in 2004.

### Ford Foundation projects in Indonesia

Professor Peter Heywood received funding in 2008 from the Ford Foundation to conduct a number of studies. All projects have concluded with the exception of a pilot project to reduce maternal and neonatal mortality through demand side interventions in West Java Province, Indonesia. This project is in final wrap up stage.

## Publications

### *Peer-Reviewed Papers*

- Heywood P, Harahap NP, Ratminah M, Elmiati. Current situation of midwives in Indonesia. *BMC Research Notes* 2010, 3:287.
- Heywood P, Harahap NP, Aryani S. Recent trends in human resources for health at the district level in Indonesia: evidence from 3 districts in Java. *Human Resources for Health* 2011, 9:5.

## Research continued

### Health Sector Aid Effectiveness in the Pacific

Joel Negin is conducting research funded by the Knowledge Hub on Health Policy & Finance at the Nossal Institute for Global Health on health sector aid effectiveness in the Pacific.

The 2009 projects focused on sector wide approaches in Samoa and the Solomon Islands and tracking of funding flows for non-communicable disease and HIV/AIDS. The work was extended in 2010 to investigate regional health sector governance mechanisms. The research is being done in collaboration with the World Bank and Secretariat of the Pacific Community partners. 2011 projects include finalising the regional health governance project and continued work on health financing in Solomon Islands as donors attempt to adhere to the Paris Declaration on Aid Effectiveness.

#### Publications

##### Peer-Reviewed Paper

- Negin J, Roberts G, Lingam D. The Evolution of Primary Health Care in Fiji: Past, Present and Future. *Pacific Health Dialogue* 2011;16(2)13-23.

##### Working Paper

- Negin J. Health Governance in the Pacific. Working Paper submitted to Secretariat of the Pacific Community.

### Securitisation and Multi-drug Resistant Tuberculosis: Global and Australian Perspectives

Jim Gillespie and Joel Negin are looking at new issues around an old disease that has re-emerged in a new and less treatable form. Multi-drug resistant Tuberculosis (MDR TB) – a more virulent variant with higher mortality rates – has emerged recently as a result of inadequately administered treatment programs for TB. It is closely linked to the prevalence of HIV and AIDS and 'low quality treatment programs'. The project is looking at the policy context of WHO's TB DOTS policy and the emergence of MDR TB as a policy problem on Australia's borders to identify productive responses. Several publications are being prepared on the development of the DOTS program, border protection and MDR TB in the Torres Strait and the 'securitization' of illness. This project will report in September 2011.

### Process Evaluation of Cardiovascular Disease Interventions in Anhui Province China

The Menzies Centre for Health Policy has been awarded \$16,000 under the University of Sydney IPDF program to undertake a process evaluation and policy study of a community based cardiovascular (CVD) reduction program in rural China. The project will be conducted in collaboration with Lanzhou University, Gansu Province, China. CVD is a serious health, economic and social issue in rural China and an area of increasing need and research investment. The Menzies Centre has expertise in process evaluation and a knowledge exchange in this area will be of tremendous benefit to both Lanzhou and Sydney Universities.

This collaboration will provide excellent opportunities for staff and student exchange between the Menzies Centre for Health Policy and Lanzhou University. This one-year project is expected to commence in May 2011 and preparations for the project are underway.

## Research continued

### USA/Australian Health Issues

Dr Lesley Russell, Honorary Associate, Sydney Medical School, University of Sydney and former Menzies Foundation Fellow, has spent the past 18 months in Washington DC where she has combined her Australian work (teaching, research into the impact of out-of-pocket costs on patients' health, policy analyses and commentary) with work on US health care reform and other health issues, primarily obesity and the public health effects of the Gulf oil spill.

See the Publications section later in this report for a list of Dr Russell's writings.

### Health Care Financing

#### Impact of the cost of medicines GP survey

Lesley Russell, Angela Beaton and Tim Usherwood completed a research project investigating how general practitioners help their patients in severe financial stress manage treatment costs. GPs in the Blue Mountains Division of General Practice and WentWest were surveyed between January and March 2010. Later that year, aspects of this work were presented at the Emerging Health Policy Conference (Beaton) and the Sydney School of Public Health Research Conference (Beaton). In March 2011, the major findings of this research were published in an article for *Australian Policy Online*, and discussed on *The National Interest* with Peter Mares, ABC Radio.

### Health Reform

#### NSW Health advisory role

The Menzies Centre was engaged by NSW Health in 2010 to provide independent policy advice on key significant areas of work required during the roll out of the COAG National Health and Hospitals Network Agreement in NSW. A workshop to address these issues with senior NSW Health staff was held in early November. Negotiations are currently underway to vary the deliverables outlined in the agreement. Over the next 12 months, the Menzies Centre will evaluate the chronic illness 'module' of a second HealthOne NSW service in the Western Sydney Local Health District. A secondary component of the project will be to develop an evaluation 'toolkit' that can be used as a readily accessible resource in the evaluation of HealthOne NSW services elsewhere.

### Health Surveys

#### Survey on Attitudes towards the Australian health system

The second Menzies-Nous Survey on Attitudes to the Health Care System went to the field in July 2010. It focused on the experience of primary and aged care, and will provide an early view of attitudes to proposed national health care reforms. Analysis of the results has been completed, and the two reports – on general attitudes and on aged care – were launched in November 2010. The Survey Report was published on the Centre's website and has received extensive media attention. Planning is currently underway to complete a third survey.

## Research continued

### What is influential public health research?

James Gillespie and Stephen Leeder are Chief Investigators on an NHMRC Project grant that is looking at how population health research workers and policy makers communicate. The study addresses the question as to what the characteristics are of public health research that leads to policy change. The project commenced in early 2009. Interviews with researchers and most of the policy makers have been completed and the project has a substantial number of publications accepted and under review.

### Sensory Impairment

#### Vision-Hearing Project

The Vision-Hearing project is a NHMRC Partnership grant that pilots a screening model for the detection of dual sensory impairment among clients presenting to low vision services. The project, led by Stephen Leeder (CIA) and managed by Julie Schneider (Menzies Centre), received \$318,000 in NHMRC funds in addition to financial and in-kind support from partner organisations, Vision Australia and the Audiological Society of Australia.

To date 205 participants have been recruited to the study (recruitment rate ~50%). All clients have undergone hearing screening assessments and completed detailed questionnaires on their age, sex and socioeconomic status, hearing health, general health, cognition, and quality of life.

Participants hearing levels are assessed by air conduction only, across a range of frequencies representing the frequency range of speech (500Hz; 1000Hz; 2000Hz; 4000Hz and 8000Hz). If hearing is found to be outside of normal range (>20dB) at any frequency 0.5-4kHz, dual sensory impairment is discussed with the client. If the participant had not previously sought help for their hearing loss information is provided about hearing services eligibility and clients are encouraged to go on and attend a full assessment.

Based on data trends from the first 125 participants, the majority of participants screened have been 75 years or older (90%), with more women (55%) than men (45%). The most common visual condition has been age related macular degeneration. The majority of participants (86%) have been pensioners (veteran pension 45%; age pension 33%; blind pension 8%), making them eligible for government funded Office of Hearing Services.

Using visual acuity in the better eye, 47% of participants have moderate/severe vision loss (<6/24) with 27% being legally blind (<6/60). Looking at levels of hearing using the better ear and using the measure of four frequency average (4FA - 500, 1000, 2000, 4000Hz), 83% of participants have mild or greater measured hearing loss. This includes: 40 % of participants with mild loss (25-40 dB HL and 43.2% with moderate loss (>40dB HL) n = 54.

Three quarters of participants report to have previously sought help for their hearing loss and approximately half already own hearing aids. Of those who own hearing aids, 35% reported not to wear them and a further 8% only wear them an average of 1 hr/week. The most common reasons given for non/low use include: being unable to put them on; finding them too uncomfortable; or feeling they make things too loud.

## Research continued

In the period from November 2010, our major achievements include the development of the project database; acceptance of conference papers for international audiences; media exposure, and a peer reviewed publication accepted by the *Journal of Aging and Health*.

### Conferences

#### *Presentations completed*

- Ellis J et al. (2011, Feb). The Vision-Hearing Project: Exploring dual sensory impairment among older Australians. International Low Vision Conference, Kuala Lumpur.
- Schneider J et al. (2011, March). The Vision-Hearing Project: Exploring dual sensory impairment among older Australians. Asia Pacific Academy of Ophthalmology Congress (APAO), Sydney, Australia.

#### *Accepted / pending*

- Deafblind International conference, Brazil – Jane Ellis / Vision Australia to present on behalf of the project Sept 2011.

### Media items

- Sensory finding - *Sun Herald*, 20 March 2011, 122 words, (English). Dr Julie Schneider is interviewed.
- Double trouble with vision and hearing loss - Asia Pacific Academy of Ophthalmology Congress, Congress News, 22 March 2011, 135 words (English). Dr Julie Schneider is quoted.
- Eyes, ears check at single stop - Science alert Australia & New Zealand, 23 March 2011, 446 words (English). Dr Julie Schneider is quoted.

### Publications

#### *In press*

- Schneider J, Gopinath B, McMahon C, Leeder, SR, Mitchell P, Wang JJ. Dual sensory impairment in older age. *Journal of Aging and Health*. Accepted 22 March 2011.
- Gopinath B, Schneider J, Hartley D, Teber E, McMahon C, Leeder SR, Mitchell P. Incidence and Predictors of Hearing Aid Use and Ownership among Older Adults with Hearing Loss, *Annals of Epidemiology*, accepted 1 March 2011.

#### Other related publications (from the Blue Mountains Eye Study)

- Mitchell P, Gopinath B, Wang JJ, McMahon C, Schneider J, Rochtchina E, Leeder SR. Five-year incidence and progression of hearing impairment in an older population. *Ear and Hearing* 2011, 32(2), 251-257.
- Schneider, J., Gopinath, B., Karpa, M., McMahon, C., Rochtchina, E., Leeder, S., Mitchell, P. Hearing loss impacts on the use of community and informal supports. *Age and ageing*. 2010; 39:458-64.
- Schneider, J., Gopinath, B., McMahon, C., Britt, H., Harrison, C., Usherwood, T., Leeder, S., Mitchell, P. Role of general practitioners in managing age-related hearing loss. *The Medical Journal of Australia*. 2010; 192:20-23.

## Research continued

### Research Students

#### **Anne Marie Thow (supervisor Stephen Leeder)**

*Using trade and tax policy to improve population nutrition: global agendas, politics and policy making*

Anne Marie submitted her PhD thesis for review in August and examiners reports have now been received. A nutritionist with a masters in public policy, she investigated the implications of global macro-economic policy for diets, and the potential to use trade and tax policy to improve population nutrition in the Pacific. Prior to beginning her PhD, Anne Marie worked at the Australian Institute of Health and Welfare, and at the Fiji National Food and Nutrition Centre. She has also completed internships at the World Health Organization and International Food Policy Research Institute. Anne Marie now works as an Associate Lecturer for the Graduate Program in Health Policy at the University of Sydney.

#### **Jennifer Hunter (supervisor Stephen Leeder)**

*Developing a minimum dataset for use in an Australian integrative medicine clinic*

A case study of the first four years of a primary care integrative medicine (IM) clinic in Sydney was undertaken to describe the clinic and its IM team; and identify its successes and challenges. A lack of data measuring patient outcomes prompted the need to develop a minimum data set.

Jennifer has undertaken a systematic literature review of patient questionnaires for use in primary care integrative medicine clinics. From over 2000 questionnaires, 412 potential questionnaires were identified and a final shortlist 42 robust tools are recommended.

In-depth interviews with patients and practitioners at the clinic was undertaken to explore their views about the use of questionnaires to measure holistic health. Based on these findings a minimum dataset will be proposed that aims to measure a broad spectrum of domains including health care use, physical health outcomes, disease prevention, quality of life and positive definitions of health and wellbeing.

From this project, the long-term aim is to develop a standardised online database that is able to monitor health service use and patient outcomes. The database will provide a practical tool to support urgently needed evaluations of multidisciplinary primary care and integrative medicine clinics in Australia. Jennifer's project is supported by a National Institute of Complementary Medicine seed funding grant.

#### **Ashley McAllister (supervisor Stephen Leeder)**

*This wall is too tall: why welfare-to-work policies do not work for those with chronic illness*

Ashley is investigating why welfare-to-work policies have been unsuccessful among those with mental illness. She is interested in identifying possible policy responses to increase the social and economic participation of those with mental illness. She is focusing on welfare reforms in both Canada and Australia.

Ashley presented her paper "Is universal health care enough to keep Australians and Canadians healthy?" at the Sydney School of Public Health Research Day in November 2010. This comparative research looks at how universal health care systems have evolved in both countries to a system where it is no longer all-encompassing as it was once envisioned.

## Research continued

### Surianti Sukeri (supervisor Stephen Leeder)

#### *The Economic and Human Impact of Ischemic Heart Disease among Households in Malaysia*

Malaysia is a middle income country with a tax-based health financing system. Health care is relatively affordable and safety nets are provided for the needy. With such an ideal system, do patients and carers in Malaysia suffer financially and emotionally from their illness?

This cross-sectional study was conducted with two objectives: 1) to determine the economic impact of Ischemic Heart Disease (IHD) and 2) to explore the experience of living with IHD among patients and their carers in Malaysia.

Household microeconomic assessments and semi-structured interviews were conducted during June-October 2008 among IHD patients and their carers at the National Heart Institute, Kuala Lumpur, Malaysia. Selection criteria for the questionnaire were patients/carers to patients aged 25-90, who were hospitalized due to IHD during the previous year prior to the data collection.

The study showed that the mean out-of-pocket (OOP) cost for IHD was USD 944.43. OOP costs on average consisted of 16.1% of the household non-food consumption and catastrophic spending (OOP costs  $\geq$ 40% of non-food consumption) was reported in 16% of households. However 98.2% of patients reported no financial distress and only 18.1% reported decreased income due to illness.

Seven themes emerged from the interviews; 1) faith, beliefs and hope, 2) emotional distress, 3) responsibilities, 4) lifestyle changes and adaptations, 5) relationship and communication, 6) support and assistance, 7) challenges. Overall the economic and human impact of IHD among households in Malaysia was considerable. However financial challenge remained a major problem for many and the need for respite care was evident. Findings from this study may be used to help improve supportive care services for patients and families confronted by the disease.

### **Publication**

#### *Submitted*

- Sukeri S, Mirzaei M, Leeder S. Death; not a second before, not a second after. Life after Myocardial Infarction from the perspective of Muslim Patients and Carers in Malaysia. Submitted to the *Journal of Advanced Nursing*.

### **Presentations**

- Sukeri S, Jan S, Leeder S. Does universal health system protect from financial catastrophe? Findings of a microeconomic impact study of Ischemic Heart Disease in Malaysia. Poster Presentation. First Global Symposium on Health Systems Research, World Health Organization. 16-19 November 2010, Montreux, Switzerland.

## Research continued

### **Shauna Downs (supervisor Stephen Leeder)**

*Food policies to improve diets and reduce chronic disease in India*

Shauna Downs is examining trans fatty acids (TFA) in the Indian food supply. Her project will use food supply chain analysis in both national and regional case studies in India to: 1) determine the sources of TFAs in the food supply, 2) identify key points for policy interventions to reduce their consumption; and 3) to determine the feasibility of these policies. The project will examine the processes and actors that take food from farm-to-fork, while identifying potential pressure points in the food supply for policy interventions. A feasibility assessment of the proposed policy interventions will be conducted with key stakeholders (including government ministries, public organizations and relevant leaders from the private sector) in India. This project has the potential to improve diets and help reduce chronic disease in India by identifying feasible multi-sectoral policy options. The novel use of food supply chain analysis will provide scope for applying this methodology to other key aspects of the food supply. Shauna has begun preliminary data collection in India and plans to conduct a follow-up visit in the coming months.

### **Soraya Siabani (supervisor Stephen Leeder)**

*Impact of educational intervention about home based cardiac rehabilitation on knowledge, attitude and practice and also outcome of patients with coronary artery bypass graft*

To investigate the impact of a distance educational program on the levels of knowledge, attitude, quality of life, cardiac risk factors, depression, anxiety and outcome of patients undergoing coronary artery bypass graft surgery in order to encourage enrollment of cardiac patients in home based cardiac rehabilitation programs.

Objectives:

1. To explore the perceptions of Coronary Artery Bypass Graft (CABG) patients about barriers and facilitators of participation in hospital-based cardiac rehabilitation (CR) ( a qualitative approach).
2. To assess barriers and facilitators of participation in hospital-based CR according to socio-demographic characteristics of hospital-based CR participants vs. non- participants.
3. To measure the effect of a home-based CR on knowledge and attitude of patients with CABG.
4. To measure the effect of a home-based CR on modifiable risk factors of cardiovascular disease (CVD) in patients who have CABG operations.
5. To compare the effect of a home-based CR and hospital-based-CR on modifiable risk factors of cardiovascular diseases.
6. To compare the effect of home-based and hospital-based CR on late-outcomes (mortality and rehospitalisation) after index admission with diagnosis of coronary artery diseases.
7. To determine the adherence of patients to home-based CR.
8. To assess cost and potentially cost effectiveness of hospital-based CR and home-based CR.

## Research continued

### **Adam Capon (supervisor James Gillespie)**

*The development of an environmental health policy for nanotechnology in Australia*

Adam is being sponsored by NSW Health to complete the first major Australian study of the policy implications of the development of nanotechnologies. He has undertaken the first comprehensive review of the current regulatory and policy structures around public health chemicals policy in Australia and has planned quantitative and qualitative research around public health implications of nanotechnology. Adam will consult closely with the different Australian jurisdictions to develop workable policies.

### **Angela Littleford (supervisor James Gillespie)**

*NSW models of care that reflect innovation in ageing and chronic disease management and their links to policy*

Angela has interviewed 30 health leaders from NSW and Australia to gain their views on the changes needed to the health care system in order to meet the needs of an ageing population with increasing rates of chronic disease; including models of care that are delivering innovation in the areas of chronic disease management for older people.

Data collection is complete and analysis of the data is underway using grounded theory methodology. NVivo 9 has been purchased and is being used to analyse the data.

Angela recently presented the findings from one of the research questions at the Global Health and Innovation Conference at Yale University, USA. Angela commenced her study in Semester 2, 2008 and has been enrolled on a part time basis.

### **John Hall (supervisor James Gillespie)**

*The global politics of Tuberculosis control: an analysis and critique of the international Tuberculosis Directly Observed Short Course (TB DOTS) policy, its development, and transfer to low income countries*

John Hall is a public health physician with long experience of working in the Pacific Islands and other low resource settings. He is examining the reasons for widespread failures in health surveillance and implementation of externally funded programs. His main interest is the troubled relationships between global policies devised with little regard for local realities and the difficulty of implementing these interventions in setting with poor resources, inadequate trained workers and fragile governance structures.

### **Deborah Schaler (supervisor James Gillespie)**

*Patient complaint policy: improving the safety of health systems?*

Deborah is undertaking a comparative study of patient complaint policy that seeks evidence that policy implementation leads to measureable improvement in the safety of the health system. Currently at the qualitative research design stage, Deborah aims to compare the relative efficiency and effectiveness of complaint policy to other methods of utilising patient feedback, including patient satisfaction surveys and patient journeys. The aim is to better understand the limitations of current complaint policy and to identify areas where the policy and its place in a clinical governance framework can be strengthened to improve patient safety.

## Research continued

The study will develop, trial and evaluate a new policy and model of complaint management in a pilot site in ACT Health (Canberra). Based on initial findings, Deborah proposes that the complaint management policy should include: a process for integrated analysis of complaint and incident data; classify and risk rate complaints; and be embedded in an appropriate clinical governance framework.

### **Andrey Zheluk (supervisor James Gillespie)**

#### *Contemporary HIV & drug policy advocacy in the Russian Federation*

The HIV epidemic in the Russian Federation has been driven by injecting drug use since the late 1990s. During the 2000s, the Russian government maintained a strong drug prohibitionist and anti harm reduction stance.

Despite international funding for HIV harm reduction programs over the course of the decade, there was almost no change in the central government commitment of resources required to scale up HIV prevention and treatment programs for injecting drug users.

Whereas each successive donor program sought to engage federal, provincial and local tiers of government to support of harm reduction, policy changes have thus far been insufficient to influence the course of the injecting drug use driven epidemic across Russia.

Andrey is investigating the role of project performance data collected during the implementation of a five-year Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) project to influence HIV and drug policy locally and nationally in Russia.

He has finished his field research with senior NGO project staff in Russia. He is currently analysing data and preparing publications.

Initial themes that have emerged from the research include:

1. The disconnection between drug policies and HIV policies in Russia.
2. The limited influence of scientific evidence and program data on policy formulation in Russia.
3. The role of mass media in shaping public opinion.
4. The role of court cases and health complaints in shaping local health HIV and drug policies.
5. Ideas of Russian exceptionalism among Russians as a barrier to HIV and drug policy change.

## Research continued

### Academic and Student Visitors

#### **Xiaohui Wang - SCIPPS Visiting Fellow**

Wang Xiaohui, a Visiting Fellow from China, worked on a variety of projects at the Menzies Centre (Sydney) throughout 2010. At the same time she has attended a number of workshops on health policy held by the School of Public Health at Sydney University. In August, Wang and Steve Leeder submitted an International Program Development Fund (IPDF) grant application on the evaluation of a health promotion project in Hefei in the province of Anhui in Eastern China inland from Shanghai. This application was successful and they were awarded \$16,000. Wang returned to China in January 2011 and will conduct the IPDF from Lanzhou University.

#### **Oliver Herbert, MCHP Research Affiliate**

Dr Oliver Herbert returned to Sydney in January 2011 to complete work commenced at the beginning of 2010. Dr Herbert is a specialist in Dermatology and Venerology with a sub specialization in Allergology. During his time at the Menzies Centre, Dr Herbert will be translating and analysing data collected from his extensive anthropological fieldwork on magic and illness in Madang Province, Papua New Guinea. His continued interest in health policy in PNG is the basis for his current research in public health, in cooperation with the Universities of Sydney and Bremen, Germany.

#### **Jose Maria Valderas**

Jose Maria Valderas joined the Menzies Centre as Visiting Scholar for 6 weeks in 2011.

Chema is a Senior Clinical Research Fellow and Head of the newly created Health Services and Policy Research Group at the Department of Primary Health Care, University of Oxford. He is also a part time General Practitioner.

Chema has a background in Medicine (LSM), Primary Health Care (GP), Public Health (MPH) and Health Services Research (PhD). Chema's research has covered different aspects of research on structure, processes and outcome of health services, and currently his research focuses on three main inter-related topics: the use of patient reported outcomes in primary care, the delivery of high quality health care for people with multi-morbidity, and the implementation of patient safety in primary care.

The objectives of his stay, which was funded by the Brisbane Initiative, was to work on a review of models of care for people with multiple conditions (and to gather information on any related initiative in Australia or New Zealand or indeed any other country), and to explore possible collaboration for future work on these and possibly other topics of mutual interest.

# Education

*One of the principal objectives of the Centre includes training researchers to such a level that they will have the capacity to participate meaningfully in national and international research programs on health policy and to undertake research training activities and programs that are consistent with these objectives. The Menzies Centre has provided a focus for expanding postgraduate programs in health policy at the University of Sydney and a new Master of Public Health program at the Australian National University.*

## **The University of Sydney**

- Anne Marie Thow has continued as Associate Lecturer, assisting with the delivery of the Health Policy Masters – her third year with the program. We were sorry to lose the Bev Essue, who has decided to concentrate on completing her postgraduate research studies. Minerva Rivas Velarde was appointed in March as part-time Associate Lecturer, assisting with the large health policy core unit in the MPH program.
- The 2011 Baxter Scholarship for Excellence in Health Policy was awarded to Ms Crystal Whitmore.
- New enrolments in 2011 increased to 17, with 38 students now enrolled in the health policy program.

# Publications and Presentations

## Peer Reviewed

- Gopinath B, Baur LA, Wang JJ, Hardy LL, Teber E, Kifley A, Wong TY, Mitchell P. Influence of physical activity and screen time on the retinal microvasculature in young children. *Arterioscler Thromb Vasc Biol.* 2011 May;31(5):1233-9.
- Berendes S, Heywood P, Oliver S, Garner P, 2011. Quality of Private and Public Ambulatory Health Care in Low and Middle Income Countries: Systematic Review of Comparative Studies, *PLoS Med* 8(4): e1000433. doi:10.1371/journal.pmed.1000433.
- Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P. et al for the Lancet Action Group and the NCD Alliance. Priority actions for the NCD crisis. *The Lancet.* Published online 2011 April 6, DOI:10.1016/S0140 - 6736(11)60393-0.
- Negin J, Roberts G, Lingam D. The Evolution of Primary Health Care in Fiji: Past, Present and Future. *Pacific Health Dialogue* 2011;16(2)13-23.
- Snowdon W, Negin J, Moodie M. Building an economic case for food interventions in the Pacific. *Pacific Health Dialogue* 2011;16(2):24-29.
- Yen L, McRae I, Jeon Y-H, Essue B, Herath P. The impact of Chronic Illness on workforce participation and the need for assistance with household tasks and personal care by older Australians, *Health Soc Care Community.* 2011 Apr 1. doi: 10.1111/j.1365-2524.2011.00994.x. [Epub ahead of print].
- Jowsey T, Gillespie J, Aspin C. Effective communication is crucial to self-management: the experiences of immigrants to Australia living with diabetes, *Chronic Illness* March 2011 vol. 7 no. 1 6-19 originally published online 15 November 2010.
- Yen L, Gillespie J, Rn YH, Kljakovic M, Anne Brien J, Jan S, Lehnbohm E, Pearce-Brown C, Usherwood T. Health professionals, patients and chronic illness policy: a qualitative study, *Health Expect.* 2011 Mar;14(1):10-20. doi: 10.1111/j.1369-7625.2010.00604.x.
- Lancaster PA. Causes of birth defects: lessons from history, *Congenit Anom (Kyoto).* 2011 Mar;51(1):2-5. doi: 10.1111/j.1741-4520.2010.00311.x.
- Thow AM, Quested C, Juventin L, Kun R, Khan AN, Swinburn B. Taxing soft drinks in the Pacific: implementation lessons for improving health, *Health Promotion International,* (2011) Vol. 26 No. 1.
- Colagiuri R, Hill DJ, Johnson GJ, Lalor E, Moodie R, Olver IN, Roberts LM, Robinson HM, Wilson AC, Greenland RJ. Time for global action on chronic disease, *MJA* 2011; 194 (4): 158-159.
- Negin J, Cumming R, de Ramirez SS, Abimbola S, Sachs SE. Risk factors for non-communicable diseases among older adults in rural Africa. *Trop Med Int Health.* 2011;16(5):640-646.

## Publications and Presentations continued

- Heywood P, Harahap NP, Aryani S. Recent changes in human resources for health and health facilities at the district level in Indonesia: evidence from 3 districts in Java, *Human Resources for Health* 2011, 9:5.
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# Events

*The Menzies Centre for Health Policy delivers regular seminars that address contemporary health policy issues. The Menzies Oration and Emerging Health Policy Researchers Conference are regular features of the events program and attract widespread interest. The 2nd S T Lee Lecture was also held in Sydney.*

## Past Events

### **Visit by Conrad Keating, Writer-In-Residence, The Wellcome Unit for the History of Medicine, Oxford, UK**

#### **24 March 2011, University of Sydney**

The Menzies Foundation supported an Australian visit in March by Conrad Keating, Richard Doll's biographer. Conrad presented to a variety of audiences charting Richard Doll's career from being a communist, ostracised by the medical hierarchy, to being described in the BMJ at the end of his life as, 'Britain's most distinguished physician.'

The Menzies Centre hosted an informal presentation on Thursday 24 March.

### **The Great Election Debate: Public Health in NSW**

#### **24th February 2011, University of Sydney**

The NSW Branch of the Public Health Association of Australia, in partnership with the Menzies Centre for Health Policy, and the NSW Branch of the Australian Health Promotion Association, hosted The Great Election Debate: Public Health in NSW. T

he Debate was designed to enable one candidate from each of the major parties to answer key questions and provide information on party policies on public health ahead of the NSW election on Saturday, 26 March 2011.

#### Guest Speakers

- The Hon. Carmel Tebbutt, BEc MP, Deputy Premier, and Minister for Health, NSW
- Jillian Skinner MP, Deputy Leader of the NSW Opposition, Shadow Minister for Health
- Mr David Shoebridge MLC, Lead Greens Candidate for the State Election

Discussion Moderator: Mr Michael Moore, CEO, Public Health Association of Australia

### **International Developments in Health Systems: Addressing real issues or responding to fads and special interests**

#### **2 December 2010, Australian National University**

#### Panel:

- Professor Theodore Marmor, Emeritus Professor, Yale University
- Dr Kieke Okma, International health policy analyst
- Mr Robert Wells, Director, Menzies Centre for Health Policy (Australian National University)

## Events continued

### **Menzies Centre Oration: Value for Money in Health Care: Why It's Hard to Achieve and What We Might Do About It**

#### **10 November 2010, Australian National University**

Guest Speaker: Steven Lewis, President, Access Consulting Ltd., Saskatoon, Canada; & Adjunct Professor of Health Policy University of Calgary & Simon Fraser University

### **The Case Against Health Insurance**

#### **9 November 2010, Australian National University**

Guest Speaker: Steven Lewis, President, Access Consulting Ltd., Saskatoon, Canada; & Adjunct Professor of Health Policy University of Calgary & Simon Fraser University

### **Large System Transformation: What is it and can it be done?**

#### **2 November 2010, University of Sydney**

Guest Speaker: Adjunct Professor Steven Lewis

Panel:

- Dr Paul Gross, Health Group Strategies Pty Ltd, Australia and Greater China
- Dr Richard Matthews AM, Deputy Director-General, Strategic Development, NSW Health
- Professor Cliff Hughes AO, Chief Executive Officer, Clinical Excellence Commission
- Adjunct Professor Steven Lewis

Discussion Moderator: Professor Stephen Leeder, Director, Menzies Centre for Health Policy.

# Staff List

## Directors

- Professor Stephen Leeder, The University of Sydney
- Mr Robert Wells, The Australian National University

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## University of Sydney

- Deputy Director: Dr James Gillespie
- Manager: Amanda Dominello
- Administrative and Research Officer: Yvonne Inall
- Events and Communication Officer: Diana Freeman
- Research Fellow and Ian Potter Fellow: Dr Angela Beaton
- Research Fellow: Joel Negin
- Associate Lecturer: Beverley Essue
- Associate Lecturer: Anne Marie Thow

### Research Students:

- PhD Student: Anne Marie Thow
- PhD Student: Surianti Sukeri
- PhD Student: Jennifer Hunter
- PhD Student: Adam Capon
- PhD Student: Angela Littleford
- PhD Student: John Hall
- PhD Student: Andrey Zheluk
- PhD Student: Ashley McAllister
- PhD Student: Shauna Downs
- PhD Student: Deborah Schaler

### Visitor:

- SCIPPS Visiting Fellow: Xiaohui Wang

### Health and Sustainability Unit:

- Director: Associate Professor Ruth Colagiuri
- Acting Executive Assistant and Program Manager: Kerry Jenson

- Senior Research Fellow: Jeanie McKenzie

### Serious and Continuing Illness Policy and Practice Study:

- Research Fellow, SCIPPS: Justin McNab
- Research Officer, SCIPPS: Natalie Plant
- Program Support Officer, SCIPPS: Kate Corcoran

### Hearing-Vision Project:

- Postdoctoral Researcher: Julie Schneider

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## Australian National University

- Associate Director: Ms Laurann Yen
- Business Manager: Ms Marion Eluga
- Ian Potter Fellow: Michelle Banfield
- Ian Potter Fellow: Karen Gardner

### Serious and Continuing Illness Policy and Practice Study

- Senior Research Officer: Ms Tanisha Jowsey

Menzies Centre for  
**Health  
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THE UNIVERSITY OF  
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# Directors' Report

The Menzies Centre for Health Policy is a collaborative Centre between The Australian National University and the University of Sydney. It aims to provide the Australian people with a better understanding of their health system and what it provides for them. The Centre encourages informed debate about how Australians can influence health policy to ensure that it is consistent with their values and priorities and is able to deliver safe, high quality health care that is sustainable in the long term.

The Menzies Centre:

- produces and publishes high-quality analyses of current health policy issues;
- delivers public seminars and education programs on a wide variety of health policy topics;
- undertakes comprehensive research projects on health policy issues.

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