

Emerging Health Policy Research Conference 2011

Abstract Submission

Presenters Details

Name of Author(s):

Paul Mathews
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Short Biography of presenter (maximum 50 words):

Laurann Yen is a Research Fellow with APHCRI and associate director at the Menzies Centre for Health Policy. Since 2006 she has worked as a member of the Serious and Continuing Illness Policy and Practice Study.

Presentation Details

Presentation Title (up to 10 Words):

Time to look after yourself: how do we measure the time costs of chronic illness?

Keywords: (up to 5 to assist organisers in streaming papers):

Time, Chronic illness, Health System, Patient Centred Care,

Research Details (250 word limit)

Introduction/Background:

Research conducted as part of the SCIPPS study showed that people with chronic illness found the time demands of managing their health one of the problems in balancing their health and other life demands.

They felt that health services and providers did not recognise or take account of the time required for health related activity.

Research Question:

What are the activities carried out by people with chronic illness? What is the time demand of these activities?

Methodology:

Narrative review of the English language literature between 1990 and 2010, using three online data bases and hand searching.

Findings:

The literature has rarely addressed the specific range of activities undertaken by people in looking after their health, or the time taken in doing so.

Information is generally limited to single conditions and limited aspects of health related activity, such as attending medical consultations, screening, and exercise.

More information is available about people with diabetes than with other conditions.

Diabetes 'work' measured includes medication management, shopping and cooking special foods and exercise, and patients report spending an additional 90 minutes a day above what they would usually spend.

Policy Implications:

A patient centred system must, in addition to planning the need for type and distribution of services, also be mindful of the costs, in time and lost opportunity, for health care users and carers.

These findings are of value to the emerging health planning bodies of Medicare Locals and Local Hospital Networks in developing new models of care.

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Abstract Submission

Presenters Details

Philip Vita*, University of Sydney

Stephen Colagiuri, University of Sydney

Amy Timoshanko, Diabetes Australia - Victoria

Jane Bacot-Kilpatrick: Australian General Practice Network

Adrian Bauman, University of Sydney

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Short Biography of presenter (maximum 50 words):

Philip Vita is currently the Director, Sydney Diabetes Prevention Program and has postgraduate qualifications in psychology and public health with both policy and practical expertise in behaviour change interventions for diabetes prevention, obesity prevention, physical activity and nutrition.

Presentation Details

The short history of diabetes prevention programs in Australia: A comparison of a national, state and local programs.

Keywords: (up to 5 to assist organisers in streaming papers):

- Type 2 diabetes prevention
- Lifestyle modification program
- General Practice
- Screening and recruitment issues
- Community-based programs

Research Details (250 word limit)

Introduction/Background:

Type 2 diabetes is a major public health problem. Prevalence of diabetes has increased in parallel with rising obesity rates. There are costly complications and substantial morbidity attributable to diabetes, therefore, secondary prevention may be the most effective way to

reduce the burden. There is strong and consistent evidence from randomised controlled trials that type 2 diabetes can be prevented or delayed through lifestyle modification interventions that improve diet, increase physical activity and achieve weight loss in people at high risk of developing the disease. The challenge is how to translate this evidence into routine community based programs that reach those most likely to benefit.

Research Question:

What can we learn from the Commonwealth Lifestyle Modification Program to prevent type 2 diabetes (*New lease of life* - 40-49 year olds), the Victorian program (*Life! Taking Action on Diabetes* – 50+ years) and the Sydney Diabetes Prevention Program ((SDDP) - *Prevent Diabetes Live Life well* - 50-65 year olds)?

Methodology:

Comparisons of screening and recruitment methods were made. The Commonwealth Program and SDPP recruited in the general practice setting. *Life!* trialled additional strategies including social marketing, workplace screening and facilitator led recruitment.

Findings:

All programs found it challenging to screen and recruit participants. Those participants that completed programs managed modest weight reductions and improved their nutrition profile. Physical activity remained resistant to change.

Policy Implications:

Evidence-based diabetes prevention programs which target high-risk participants can reduce the risk markers for diabetes. The health system is not well positioned to take advantage of this opportunity.

Presenter Details

Name of Authors: Farhat Yusuf*, Stephen Leeder* & Sushmita Hunter#

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Abstract

Title:

Prevalence of Mental Disorders in Australia: Some Recent Estimates

Keywords:

Mental disorders; diabetes, stress, co-morbidities

Introduction:

Mental disorders are among the major causes of morbidity in Australia and thus contribute significantly to the burden of disease in Australia.

Research Questions:

What is the prevalence of mental illness in Australia?

How do the socio-demographic characteristics of those with mental disorders differ from similar characteristics of the general community?

How different is the prevalence of diabetes among people suffering from mental illnesses *vis-a-vis* the general population?

Methodology:

The National Health Survey (NHS) was conducted by the Australian Bureau of Statistics in a probability sample of 15,792 households where 20,788 individuals were interviewed between August 2007 and June 2008. The authors have used a confidentialised unit records file of the

NHS for this analysis. Characteristic specific odds-ratios were calculated to compare the relative differences in the occurrence of mental illness.

Findings:

A total of 1.32 million people reported having been diagnosed with mental disorders, giving a prevalence rate of 64 per 1000 population. Women were substantially more prone to mental illness compared to men, and the Australian-born people had a much higher prevalence compared to migrants in general and the non-English speaking migrants in particular. Unemployed persons and those receiving government pensions or other social security benefits exhibited somewhat higher rates of mental disease. Prevalence of diabetes was significantly (more than 70%) higher among those with mental disorders compared to the general population.

Policy Implications:

Policies for the care of people with mental illness and in particular those with diabetes as well should take account of the possibility of both conditions arising more frequently than by chance in the same individuals. Both conditions are common and deserve careful management. Policies should encourage research into the co-morbidity relationship between these two important diseases.

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Abstract Submission

Presenters Details

Karen Gardner*, Laurann Yen, Michelle Banfield, Ian McRae, Jim Gillespie, Robert Wells

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Karen Gardner is a Research Fellow at the Australian Primary Health Care Research Institute. She is currently working on research projects investigating the use of information in different primary health care models, and in quality improvement and workforce in Aboriginal health. She is completing her PhD on the sustainability of quality improvement in Aboriginal primary health care services.

Presentation Details

Presentation Title (up to 10 Words):

Improving coordination through information continuity: a typology for research.

Keywords: (up to 5 to assist organisers in streaming papers):

Coordinated care, information continuity

Research Details (250 word limit)

Introduction/Background:

Information continuity is one important aspect of coordinated care. While there is good evidence that coordination can have beneficial impacts on client care and outcomes, systematic reviews also reveal that the term is poorly and inconsistently defined and that the mechanisms by which coordination is to be achieved are poorly understood and rarely identified in relevant policies. In this paper, we report on the development of a typology for researching the use of information in different primary health care models supporting coordination.

Research Question:

How does information continuity operate in coordinated care?

Methodology:

The study drew on a structured review of systematic reviews of coordination and a review of continuity.

Findings:

We propose that information continuity operates in two dimensions to achieve coordination: horizontally between events/initiatives at the clinical level and vertically between mechanisms designed to stimulate coordination such as between financial incentives, quality improvement and clinical care. There is a need for multilevel case studies that examine how service providers use information to support coordination and how information continuity might best operate to support coordination.

Policy Implications:

Australian policy continues to include coordination of care as a desirable characteristic in chronic disease management and mental health care but little is known about how it is best achieved and what is needed to support and sustain it. This project provides an evidence based approach to understand what needs to be in place at different levels of organisation to support the use of information in coordination.

N.B. All presenters will be asked to include a final slide in their presentations that summarises the policy recommendations and/or implications that can be drawn from the research presented.

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Abstract Submission

Presenters Details

Name of Author(s) – asterisk the presenting author:

*Sundresan Naicker, Bettina Meiser, Judy Kirk, Kristine Barlow-Stewart , Annabel Goodwin, Jon Emery, Marie Pirotta, Timothy Dobbins, Angela O'Brien, Lyndal Trevena

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Short Biography of presenter (maximum 50 words): Mr Sundresan Naicker is currently pursuing his PhD in Public Health, under the supervision of A/Prof Lyndal Trevena. He shares with A/Prof Lyndal Trevena, an interest in consumer driven initiatives in improving health outcomes for chronic diseases, with specific regard to implementing evidence based policy in preventing and screening cancers.

Presentation Details

Presentation Title (up to 10 Words): What test is best for you? – A RCT of a consumer-led familial cancer risk tool for bowel cancer.

Keywords: (up to 5 to assist organisers in streaming papers):

Primary Healthcare, Prevention/Screening; Colorectal cancer; Public Health

Research Details (250 word limit)

Introduction/Background: Current bowel cancer screening data shows that individuals are being inappropriately screened based on limited information about their family history of the condition during GP triage.

Research Question: It is expected that this novel, patient-driven approach in gathering familial bowel cancer information, would significantly assist GP triage in making risk- appropriate referrals for screening and will reduce the number of unwarranted colonoscopies for individuals at average risk, while assisting those at highest risk in developing an appropriate screening regimen.

Methodology: A 'Family History Website' has been developed by formulating a risk algorithm for developing bowel cancer, derived from the NHMRC guidelines. This feasibility and useability of the website will be piloted (n=50) in phase one of the study. Phase two of the study will commence in September 2011 and will be a large random clustered trial (n=6300), with participants from general practices divided into the intervention (family history website plus 12 month follow-up) and control group (12 month follow-up only). During follow-up, participants will be required to self report their five year screening behaviour; while their GP's will complete a file audit

Findings:

The study is currently being piloted before going live in September 2011. Participants will be asked to review the draft website and risk assessment tool, submit a quantitative online survey with feedback questions regarding the site, and a follow up telephone interview will gain further feedback. Preliminary data from this pilot will be available in July 2011

Policy Implications: This study will present a rigorous evaluation of a consumer driven model to implement screening strategies in a more evidenced based fashion, substantially lowering the economic and social costs associated with ineffective chronic disease screening.