

Emerging Health Policy Research Conference 2011

Abstract Submission

Presenters Details

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

Beverley Essue*, Angela Beaton, Cathie Hull, James Gillespie.

Presenter's institution/organisation, address, email, and telephone:

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Short Biography of presenter:

Beverley Essue is a PhD candidate at the George Institute for Global Health and the Sydney School of Public Health, University of Sydney. Her current research focuses on refining the methods used to measure household economic hardship associated with illness and identifying the policy supports required to live and manage well with chronic illnesses. Her main research interests include: health policy and equity, the household economic impact of illness and ; the management of chronic illness, including the support required for familycarers and at the end of life,

Beverley has a Master of Public Health from the University of Sydney, is a recipient of a Canadian Institutes of Health Research Doctoral Research Award and is a trainee on an NHMRC Capacity Building Grant designed to develop skills and experience in conducting health economics and policy research.

Presentation Details

Presentation Title:

Economic hardship at the end of life: the experiences of patients and carers receiving specialist palliative care.

Keywords:

Specialist palliative care; economic hardship; out-of-pocket spending; end of life care

Research Details (250 word limit)

Introduction/Background:

Palliative care patients and their family carers have complex needs and must access a range of support services to manage at home and maintain their quality of life.. Paying for these services can impose a financial burden on households that may have already fallen into economic hardship due to long term chronic illness, sudden loss of income or the general stresses of low fixed incomes and high living expenses. This paper describes the use of health and community services by patients enrolled in specialist palliative care at the Calvary Health Care Bethlehem service in Melbourne, Victoria. their associated out-of-pocket spending and its impact on their economic circumstances at the end of life.

Methodology:

A mixed-method prospective design. Patients enrolled in specialist palliative care (n=30) and their nominated carers (n=22) participated in semi-structured interviews regularly over a six month period. Each patient also completed a care diary recording health and community service use and out-of-pocket spending over a 2 week period.

Findings:

Sixty percent of participants reported experiencing economic hardship and this was felt most severely by those recently out of the workforce due to illness and individuals who didn't own their home. Most commonly people reported difficulty paying for medical expenses, including medical tests and medications and used their limited savings and borrowed money to maintain their living expenses. In a two-week period, patients attended on average two health care appointments and used two community services and spent a median of AUD\$88 on medical and supportive care expenses. The majority of participants felt they were struggling financially and faced difficulty accessing the social welfare supports currently in place.

Policy Implications:

This research provides a basis to explore the additional policy supports required to assist patients and their families to better cope with the economic pressures at the end of life.

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Presenter Details

Name of Author:

Ghazal Torkfar

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Ghazal graduated from the University of Western Sydney with a Master of Public Health before starting her PhD in 2011. She is now working with Dr. Clive Aspin and Professor Stephen Leeder, to investigate equity of access and patterns of service delivery among Australia's older overseas-born patients with cardiovascular disease.

Presentation title: Equity in Access to Health Care among Older Overseas-born Residents of Australia with Cardiovascular Disease

Key words: Equity, Health Service, Australia, Immigrant, Cardiovascular Disease

Introduction/Background:

Health varies across diverse ethnic groups in Australia, and this is due partly to variations in the level of health services provided to these groups. They are more likely to face increased barriers to accessing needed care than Australian-born citizens. Older immigrants, e.g., are at risk not only of developing cardiovascular disease (CVD) but of receiving inadequate treatment for such disease. This study aims to improve equity of access to healthcare services for older overseas-born residents with CVD in Australia. More precisely, the study will be guided by the following research questions:

Research Question:

How access to care, health coverage and patterns of service delivery for older immigrants with CVD vary, compared with Australian-born citizens?

What are the primary factors contributing to lower health coverage rates and greater access barriers among older overseas-born people with CVD in Australia?

Findings

This study is a work in progress and preliminary findings will be presented at the Emerging Health Policy Research Conference in August 2011.

Methodology:

The study will be conducted in two stages. The first stage includes review and synthesis of the existing literature, and the second stage consists of in-depth interviews with a number of participants including older overseas-born patients with CVD, healthcare workers and carers. This is expected to yield a theoretical sample of not more than 50 people, which is large enough to generate relevant themes and theory regarding the study.

Policy Implications:

The study has the potential to address the coverage and access barriers facing older overseas-born residents with CVD in Australia. This will help policy-makers reduce overall healthcare disparities between older immigrants and Australian-born citizens.

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Presenters Details

Name of Author – Dr Mary Ditton

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Short Biography of presenter:

Dr Ditton, DHSM, FCHSM.

Dr Ditton is on the NSW Board of the Australasian College of Health Services Management and teaches health management at University of New England. She has an interest in safety and quality in healthcare. Her current research deals with rural consumers' clinicians' and health service managers' experiences of health services.

Presentation Details

Presentation Title: A patient-centered approach to improving rural quality of healthcare

Keywords: Patient-centered, quality, rural, healthcare

Research Details (250 word limit)

Introduction/Background:

This project aims to address one of the gaps in the Australian Rural Health Information Framework (Bullock, 2009) by seeking the patient's opinions of their experiences of rural and urban health services. Seeking consumers' opinions is consistent with the National Health and Hospitals Network Agreement (2010) and the new patient engagement standard proposed by the Australian Commission on Safety and Quality in Healthcare (2010).

Research Question:

To Consumers in rural and urban contexts

- What are the lived experiences of consumers of health services in rural and urban areas?

To Clinicians and Health Services Managers in rural and urban contexts

- What is the to improve quality for health care for rural consumers. services in rural and urban areas?

Methodology:

Consumers who have recently been patients in the health services will be interviewed in focus groups in two rural and one urban setting. Rural and urban clinicians and health services managers will be interviewed in focus groups as well.

Findings:

Preliminary findings will be available in August 2011. They will indicate rural consumers experiences of health services together with clinicians and health service managers perspectives of those services.

Policy implications:

Contemporary health policy aims to place the patient at the centre of health care, replacing the traditional model of provider-centered care. By understanding rural consumers' experiences and clinicians' and health service managers' perspectives local stakeholder networks will be able to develop internal quality improvements to health services.

Policy Implications (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:

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Short Biography of presenter (maximum 50 words):

Tiffany won the Griffith University Medal for her honours thesis, and the 2008 Woman Educators Award. She has published in education policy, GLBTIQ youth health and education and the debate over same-sex marriage polity. She is completing her PhD on constructions of GLBTIQ students in Australian secondary schooling education policy.

Presentation Details

Presentation Title (up to 10 Words):

Australian Education Policies and GLBTIQ Students: Health Links, Usefulness, Recommendations

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

Education, Youth, GLBTIQ, Suicide, Homophobia

Research Details (250 word limit)

Introduction/Background:

Education policy is frequently an end-goal of health research into the health and wellbeing issues for gay, lesbian, bisexual, transgender, intersex and queer (GLBTIQ) young people in schools. Yet the constructions, processes and usefulness of such policies represent unknown territory.

Research Question:

Explore the usefulness of constructions of GLBTIQ students in the dominant discourses of Australian secondary schooling education policy.

Methodology:

A Critical Discourse Analysis was conducted involving analysis of key federal, state and sector education policies around GLBTIQ students; key informant interviews around policy development and implementation processes; and survey data on the secondary school experiences of over 3,000 Australian GLBTIQ students aged 14-21.

Findings:

Specific Victorian and New South Wales policies around GLBTIQ students mobilising 'Anti-discrimination' and 'Safe and Supportive Schools' Discourses are linked to positive effects regarding the school-level policies, school climates, sexuality messages, rates of homophobic abuse, suicide attempts and wellbeing for GLBTIQ students. Development of Victorian education policies was notably assisted and furthered by strategic policy and political tactics from the Health Department. Queensland policy mobilising inclusive education discourse does not specifically mention GLBTIQ issues, making less impact.

Policy Implications:

Education and health departments in all states and territories are advised to contribute towards the development of specific education policies around GLBTIQ student issues in schools so that the health benefits for this 'at risk' group seen in NSW and Victoria can be experienced more broadly. Promotion and implementation of current policies should be improved through best practice research and provision of further guidelines.

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.