

TITLE

Is there a place for history in public health policy analysis?

AUTHOR

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ABSTRACT

Policy analysis aims to increase the effectiveness of public health interventions. Underpinning policy analysis is the accurate appraisal of context. Context refers to the political, cultural, social and physical environment in which a public health intervention is to be implemented. Within public health literature, history is commonly used to organize these elements of context into a coherent narrative that supports quantitative observations. However, technical approaches to policy analysis, and an activist orientation in public health may also reduce complex sequences of events to exchanges between "heroes and villains". Can a greater engagement with historical methods lead to more accurate appraisals of context? Drawing on recent explanations for dramatically increased mortality in the Russian Federation during the 1990s, this paper will outline the implications of engaging with history for public health policy analysis.

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KEYWORDS

Policy analysis, history, Russia, LMIC

BIOGRAPHY

Andrey Zheluk is a PhD candidate with recent work experience in HIV and harm reduction programs in Belarus, Russia, Ukraine and Central Asia. His doctoral thesis is focused on the influence of donor program data on HIV policy in the Russian Federation.

Soft drink taxes in the Pacific: Lessons on implementation

Anne Marie Thow

Background: A tax on soft drinks is often proposed as a potential strategy for reducing their consumption and improving public health outcomes. A major challenge for the implementation of such taxes is the need to engage cross-sectorally, given that they must be implemented and administered by finance departments. However, little is known about the processes and politics of implementing such taxes.

Method: We analysed four different soft drink taxes in Pacific countries (Fiji, Samoa, Nauru and French Polynesia), and documented the policy process and lessons learned.

Results: The case studies illustrate the dynamics of intersectoral health-related policy making, revealing interaction between the Ministries of Health and Finance at almost every stage of the policy making process. In regard to agenda setting, the case studies suggested that relevance to government fiscal priorities was important in gaining support for soft drink taxes. However, the active involvement of health policy makers was also important in initiating the policies, particularly in Nauru and French Polynesia. The use of existing taxation mechanisms also appeared critical for successful implementation of the tax. While the earmarking of taxes for health has been widely recommended, the outcome of this strategy in French Polynesia suggests that the revenue may be redirected as government priorities change.

Conclusions: This information can enable public health policy makers to develop strategies to facilitate agenda setting, development and implementation of public health policies that require intersectoral action.

Keywords

Policy process

Agenda setting

Preventive health policy

Brief biography

Anne Marie is a PhD candidate with the School of Public Health at the University of Sydney. Her project is entitled: The impact of trade and fiscal policy on population nutrition in the Pacific Islands, and future policy implications. Her main interest is in the relationship and interaction between economic policy and public health nutrition.

Dual sensory impairment: a practice and policy challenge for aged care

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Key words: dual sensory impairment, aged care, vision loss, hearing loss, health policy.

Hearing and vision impairments are mostly viewed separately in research and service provision.

However, the combination of the two, termed dual sensory impairment (DSI), is now an increasingly frequent disability due to population ageing. We highlight the major impacts of DSI using data from the Blue Mountains Eye Study (BMES), a representative population-based cohort of Australians aged 50+ years. In the BMES, prevalent DSI increased sharply in adults aged 65+. Among those aged 85+, prevalence was over 36%. BMES participants with DSI had a 4-fold increased likelihood of developing cognitive impairment. Further, in the BMES after adjusting for demographic and medical confounders, a significantly lower quality-of-life trend for 36-Item Short Form Health Survey (SF-36) scores was found in participants with DSI than in those with either vision or hearing impairments separately. We identify three challenges to effective services provision in this area: current low use of rehabilitation services by clients; reduced efficiency in service provision; and poor recognition of DSI within health policy. If we are to make progress in better recognising and managing DSI, clearer and better coordinated health policies are needed, encouragement of active screening using case-finding strategies in primary health care, and facilitation of professional capacity building in this area among generic and specialist health workforces. Initiatives should also be undertaken to better integrate separate care systems for people with sensory impairments and to better promote the use of aids and devices.

Issue B; Jowsey J; Jeon Y-H; Mirzaei M; Pearce-Brown C; Aspin C; Usherwood T and the SCIPPS team.

Presenter: Beverley Essue

George Institute for International Health; Menzies Centre for Health Policy, University of Sydney

TITLE:

Informal care and the self-management partnership: implications for Australian health policy and practice

ABSTRACT:

Objective

The Serious and Continuing Illness Policy and Practice Study (SCIPPS) aims to improve the care and support for patients with chronic illness and their family carers. Here we describe the carer's contribution to the self-management partnership and discuss the policy and practice implications that are relevant to improving the support available for informal care in Australia.

Design

A secondary analysis of SCIPPS data. Fourteen carers of patients between 45 and 85 years with chronic heart failure, chronic obstructive pulmonary disease and/or diabetes were conveniently sampled from western Sydney and the Australian Capital Territory. Semi-structured interviews were conducted. Data were analysed using qualitative content analysis.

Results

Key roles that carers perform in the self-management partnership included: home helper; lifestyle coach; advocate; technical care manager and health information interpreter. Two negative consequences of juggling these roles included: self-neglect and conflict.

Conclusions

Rigid eligibility criteria limit carers' access to essential support programs which underestimates and undervalues their contributions to the self-management partnership. Support services should focus on the development of practical skills to perform the caregiving roles. In addition, health professionals require support to work more effectively with carers to minimise the conflict that can overshadow the care and self-management partnership.

KEY WORDS:

Informal care, self-management, chronic illness management, health policy and practice; family carer

NATIONAL MEN'S HEALTH POLICY: STAKEHOLDER INTERESTS AND POLICY INFLUENCES

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A range of men's health stakeholder groups hold a common and shared belief that a national men's health policy is an important need, and long overdue gap, in health policy in Australia. However, the problem in men's health is framed by the diverse interests of stakeholders through conflicting paradigms and discourse. Traditionally, men's health sits within the dominant biomedical model of health, in which health policy would be directed primarily to the treatment of disease by medical professionals. An alternative model now challenges this biomedical paradigm by focusing on the societal factors that influence men's health, such as education and employment. Consequently, if competing values are not accommodated, the potential exists for the proposed policy to reach a 'stalemate' with no agreed framework implemented.

A significant body of literature highlights the influence of individuals and networks to the policy-making process¹. Network analysis has been used extensively as a tool to better understand the system of linkages and influence that exist in the policy-making process¹. More recently, transdisciplinary research has provided insight into the types of interaction between individuals that allow effective collaborations across a range of disciplines². However, whether transdisciplinary relationships exist in policy networks and their role in the policy-making process (if any) is not known.

The aim of this study is to determine through stakeholder, documentary and network analysis of the National Men's Health Policy process whether a form of 'transdisciplinarity' exists in which individuals and organizations from different disciplines 'collaborate' (as 'policy-brokers') to formulate effective policy positions.

Word count: 250

Keywords: policy-making, men's health, networks, stakeholder interests

References:

1. Lewis, J. (2005). Health Policy and Politics: networks, ideas and power. Melbourne, Australia, IP Communications.
2. Gray, B. (2008). "Enhancing Transdisciplinary Research through Collaborative Leadership." American Journal of Preventive Medicine: S124-S132.

Research in progress – The cost and benefit of helicopter emergency medical services in
NSW

Colman B Taylor*

Key Words: Trauma, critical care, cost effectiveness, health services,

Background:

Helicopter transport of critically ill and injured patients is a concept developed in the military and adapted into the civilian environment. In modern health systems, helicopter emergency medical services (HEMS) are used for both the primary extraction of trauma patients as well as the secondary transportation of patients between facilities. Despite its expense, both the cost and benefit of HEMS to a health system remains poorly defined in the literature and controversy exists as to the appropriate role of HEMS.

Progress to date:

In a recent systematic review of the cost and benefit of HEMS, 16 articles were identified from the published literature that had evaluated the annual cost of HEMS or the cost in relation to the benefit. Among the articles, the annual cost of HEMS ranged from \$114,229 to \$5,698,557 USD in different settings and six articles provided variant cost effectiveness ratios. Overall, differences in the nature of the intervention, the context and the methodology utilized made extrapolation of findings problematic, highlighting the need for locally relevant investigations.

Future directions:

In NSW (inclusive of the ACT), six different HEMS services operate from nine geographic locations. Currently no comprehensive picture exists as to the structure (such as crew) and operations (such as proportions of different mission types undertaken) of these services. This PhD seeks in the first instance to provide a comprehensive picture of HEMS operations in NSW (inclusive of the ACT). From this foundation, an economic evaluation will be developed to assess the benefit of HEMS for both trauma and non-trauma patients, related to the cost.

Biography:

Colman is a Research Fellow and PhD Candidate at the George Institute for International Health, affiliated with the University of Sydney. He has been with the institute for three and a half years and concurrently also contributes to trauma and intensive care research projects.

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To be held by: The Menzies Centre for Health Policy
Date of conference: Wednesday, 19 August 2009
Submitted by email to: mchp@med.usyd.edu.au
Submitted on: Monday, 22 June 2009 (My apologies for submitting late)

Short title: Understanding respect and dignity for people with disability in healthcare

Presenter: Mr David Heckendorf* B.A., LL.B., LL.M., (Ph.D. Candidate)

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Institution: College of Law, Australian National University, Canberra.

Keywords: Disability, human rights, law, dignity, autonomy.

Biography: Mr David Heckendorf is currently researching disability and law for his Ph.D. at law at the Australian National University. His interest in disability is more than academic as his wife, Jenni, and he live with Cerebral Palsy, and he has held policy positions with governments and non-government organisations.

Abstract: Australia on 16 August 2008 became internationally legally bound by the United Nations' *Convention on the Rights of Persons with Disability*. By ratifying this Convention, State Members formally agree to understand, observe and implement universal human rights in a way that is appropriate to people with disabilities. This Convention enumerates twenty-five human rights, including the rights to: equality and non-discrimination (Art.5), right to life (Art.10), freedom of torture or cruel, inhuman or degrading treatment or punishment (Art.15), protecting the integrity of the person, (Art.17), living independently and being included in the community (Art.19), person mobility (Art.20), respect for privacy (Art.22), education (Art.24), health (Art.25), and habilitation and rehabilitation (Art.26).

A general principle of the Convention is 'respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons'. There is little by the way of explicit easily accessible guidance, beyond mental health and guardianship legislation, on substitute decision-making and ensuring that there is respect for people's inherent dignity. Or is there?

Should there be a shared understanding of what is meant by 'dignity'?

This paper will suggest a theoretical framework that may aid our understanding of dignity.

Paper submitted for Emerging Health Policy Research Conference August 2009

Title

Still behaviourist after all these years – health promotion words and deeds

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Keywords

Health promotion, behaviourist approaches, social determinants of health.

Biography

Denise Fry has a BA (Hons) degree in Government (University of Sydney). She has worked on health promotion, primary health care and public policy issues at national and state levels. Since 2004 she has worked for Sydney South West Area Health Service's Health Promotion Service on active travel projects.

Abstract

There is copious international and Australian evidence that collective actions which address the social and environmental determinants of health are more effective than exhortations to individuals to change their behaviour. This evidence is not new, and includes George Rosen's work in the 1950's and 60's, the 1986 WHO Ottawa Charter for Health Promotion and the 2008 WHO Commission on Social Determinants of Health.

In Australia however, health promotion policies and programs remain generally behaviourist in orientation. Several current reviews initiated by the Rudd government, including those on health system reform, primary health care and preventative health (sic) as yet show little evidence of addressing the social determinants of health.

This paper will consider why individualist and behaviourist approaches to health promotion and public health persist. The concept of keywords (from Raymond Williams) will be used to analyse certain recurring terms in health promotion discourse. These keywords are usually 'taken for granted', and hence their underlying concepts, values and implications remain unexamined. The influence on health promotion practice of the keywords 'behaviour', 'target' and 'message' (derived from psychology, military strategy and marketing respectively) will be considered in more detail.

It is argued that the widespread use of these keywords in health promotion limits the way health issues are analysed, and directs strategies to individualist and behaviourist approaches rather than more collective and organisational actions. An alternate vocabulary is suggested, to enable the social determinants of health and comprehensive health promotion strategies to be more explicitly articulated.

Progress with reducing salt in the Australian food supply

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Background - Australians are currently consuming around 9g of salt each day which is well above the recommended 6g maximum. More than 75% of dietary salt comes from processed foods. The Australian Division of World Action on Salt and Health (AWASH) leads a national initiative to improve the health of Australians by reducing population salt intakes and averting salt-related health problems.

Methods - In March 2009, AWASH requested information from 20 major Australian food companies about their previous salt reduction efforts and any planned future actions for salt reduction. A standardised format for response was provided and the support of the Australian Food and Grocery Council was utilised to maximise cooperation.

Results - Six companies responded with action plans highlighting their ongoing commitment to salt reduction and another six provided information about prior salt reduction activities. Actions such as gradually reducing salt in ingredients and individual products, training of staff and incorporating salt reduction into wider company nutrition strategies were proposed. A number of companies also provided sodium data of their current product range. Three companies indicated that they were planning on looking at salt reduction in the near future, with the remaining five companies not providing a response.

Discussion - These data clearly demonstrate that action to reduce salt can be taken by industry but also serve to highlight the incomplete nature of the current response in Australia. The United Kingdom is a world leader in salt reduction and central to their success has been an industry-wide response to the issue. This in turn has been driven by the leadership of the UK government and Australian government buy-in is now urgently required to enhance salt reduction efforts in Australia.

Key words: nutrition policy, dietary sodium, food industry

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Presenter biography

Elizabeth is the Research Assistant for the Australian Division of World Action on Salt and Health (AWASH) within The George Institute for International Health. She has an undergraduate degree in Human Nutrition, a Masters degree in Public Health, and is currently enrolled a PhD in Public Health. She has over three years experience in nutrition research, including regular work with the food industry and government organisations.

What about health? What income measures of poverty do not reveal

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Key words: Health inequality, poverty, socio-economic disadvantage

The understanding of poverty has changed over time. Poverty is no longer conceptualised as only a state of low income as it once was. It is now understood as a complex, multidimensional phenomenon that has social as well as economic aspects. Human capital, including health status, is closely linked to this current understanding of poverty and this is the subject of numerous policy statements, such as the Council of Australian Governments' National Reform Agenda. However, most measures of poverty within Australia, and internationally, utilise income alone to classify the poor (income measures include the Henderson Poverty line, and the 60% of the median income poverty line). These income measures of poverty have numerous weaknesses. Other authors have documented their inadequacy as measures of economic disadvantage. However, these measures also ignore other dimensions of disadvantage, such as health status. This presentation proposes that there are other forms of disadvantage and inequality within Australian society, such as ill health and disability, which income measures cannot identify. It will apply a measure of income poverty to the *Survey of Disability Ageing and Carers*, and look at the difference in health and disability status between those who are classified as poor. It will show that within groups that are labelled as 'the poor' by income measures there are further layers of disadvantage (such as ill health and disability) that are not recognised. It will argue that a new measure of poverty is required which more accurately reflects the true extent and dimensions of socio-economic disadvantage experienced within Australian society.

Presenting Author's Biography

Emily currently works at the University of Sydney's Northern Rivers University Department of Rural Health as a research officer on a health economics project, and has recently

commenced her PhD which is focused upon health and poverty. She has previously worked as an ecological economics research officer at Griffith University.

The Baby Bonus- unintended health consequences of policy

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Keywords

Baby Bonus, Social determinants of health, qualitative research, women, policy.

Aim

This work in progress aims to understand how one policy (the baby bonus) plays out in the lives of women. It aims to critically analyse the relationship between the policy and power differentials in our communities and the influence this may have on health.

Method

This qualitative study used a combination of purposive and snowball sampling to interview women from different socio-economic circumstances in Dubbo New South Wales who had a baby under the age of one and had received the Australian Government's payment known as the baby bonus. Data was collected from semi-structured interviews and thematic analysis was applied to identify core concepts.

Findings

This paper reports on findings to date and describes the decision-making surrounding the disbursement of the baby bonus. While the receipt of this payment was welcome and timely to assist with the expenses of a baby, the way the allowance was spent depended upon participants' socio-economic position. The baby bonus became a symbolic indicator of the 'good' mother for women in the judiciousness of their spending decisions.

Implications

Early analysis shows spending of the baby bonus emphasised the socio-economic differences for participants, potentially reproducing power differentials in ordinary practices of allocating expenditure surrounding a baby's perceived needs. In this way, it appears the baby bonus became a vehicle for entrenching class and is an example of an unintended consequence of social policy potentially undermining our efforts to improve the social determinants of health.

Biography

Emma Webster has worked in the public health and research fields in rural New South Wales. Her past research interests have included physical activity and the streetscape. She currently coordinates a research capacity building program for rural health workers. Emma will complete her DrPH with Flinders University in 2010.

NSW Youth Health Policy: a remix by young people

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The NSW Centre for the Advancement of Adolescent Health is currently developing a new youth health policy for young people aged 12-24. 'A remix by young people' is one young person's suggestion about what the policy should be named. And indeed a remix it is: young people are being directly involved in shaping the overall direction and specific strategies, while direct quotes will bring young people's voices directly into the policy. Some of the strategies include an online discussion, sharing sparkling ideas at a face-to-face forum alongside health professionals, and in the steering of the overall project via participation in the youth health policy reference group. An appreciative enquiry approach that is future focussed, fun and meaningful, has helped engage the participants. The result is a refreshing and revitalised policy – a remix that takes what is currently working well, and mixing it with a vision for a positive future for NSW young people. Young people have said they have enjoyed participating: "Feeling I'm making a difference and helping to shape something which is very important for young people." One young person involved in the online consultation said: "It was also great that I had the experience to do this, even though I am from the country. We don't often have a say on things like this." This paper will describe the process and the outcomes, with lots of pictures and quotes from young people.

Keywords: youth health; participation; policy formulation; innovative methods; online consultation.

Fiona Robards has four Masters degrees: in Psychology, Art Therapy, Health Administration and Public Health. She is currently the Coordinator of the NSW Centre for the Advancement of Adolescent Health and has previously managed two Youth Health Services. She is passionate about strength-based and creative approaches.

Samir Kinger (15 years) is a member of the NSW Youth Advisory Council. He is the young person's representative for the Youth Health Policy Reference Group and also attended the youth health policy consultation forum. Samir attends Sydney Boys High School and lives in Liverpool.

Translating research into policy - considerations for designing effective interventions

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Background and aims: The translation of research into policy is the cornerstone of evidence based healthcare, though in practice it is not often achieved. Conceptual frameworks¹ stress the complexity of the environment in which policy and research are produced. There is little empirical evidence about the most effective ways to transfer evidence into policy. This PhD will focus on testing interventions along one pathway within this wider context that aim to increase: a) the production of policy relevant research; b) policy makers' awareness of this research and c) use of this research in policy.

The planned research will prospectively test these interventions using an NHMRC funded health services research capacity grant, The Outcomes, Services and Policy for the Reproductive and Early Years (OSPREY) as a 'test site'.

The context: The OSPREY research program will produce a series of studies using linked health service data for research to inform improvements in: (i) hospital care for mothers, babies and children; (ii) reproductive and women's health services; and (iii) quality of care for Aboriginal children. OSPREY provides a unique environment in which to embed knowledge translation strategies into policy areas with different policy imperatives and operational contexts.

The interventions: This presentation will describe the evidence base for the proposed interventions along the pathway that may include: analysis of research need, policy-research partnerships, knowledge brokering, and exchange and advocacy. I would like to seek feedback on: (i) the design of the knowledge translation interventions; and (ii) measuring the impact of the research on policy.

¹ Redman S, Jorm L, Haines, M. Increasing the use of research in health policy: the Sax Institute model *Australasian Epidemiologist* 2008 Vol. 15.3, 15 – 18

The social determinants of health and welfare-state restructuring: a broader understanding of the politics of health

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Population health research over the last two to three decades has been characterised by a growing appreciation of the social determinants of health. In particular, there is now a substantial evidence base that links social and political participation and social cohesion to health. Despite this, emerging research argues that too often the politics of health are taken only to mean the politics of healthcare. Raphael (2008) urges us to ask '*what are the political and economic determinants of the social determinants of health?*'

The social determinants of health lie across diverse policy areas, such as employment, social security, education and housing. In their entirety, these areas encompass a government's commitment to the welfare-state. To date, research into health inequalities and the welfare-state have provided examination of how the welfare-state has been rolled back under neoliberal states, and the implications of this for the social determinants of health. In doing so, this research has demonstrated that welfare-state regime – the politics, power and ideology that underpins the welfare-state – has profound consequences for inequalities in health both across and between populations. With welfare-state regime proving to be so critical to health, we need to engage in debates about welfare-state restructuring.

This paper will discuss these issues in the context of the government's new social policy agenda, the Social Inclusion Agenda. In doing so, it will question how current trends in welfare-state restructuring might affect the social determinants of health.

Bio

Gemma is a Research Fellow in Social Participation and Health with the University of Melbourne and VicHealth. She is also a PhD candidate with the Centre for Health & Society at the University of Melbourne and a Sidney Myer and NHMRC scholar.

Looking at Acupuncture in Vietnam: The Blind in Medical Education

*Ethnographic research from Saigon, Vietnam focused on aspects of learning and practise of acupuncture for a group of 13 practioners in the city. 1.5 years was spent interviewing, observing practice, participating in elementary and advanced classes with private teachers and following practioners engaged in medical advocacy activities. Three of this group were blind. Usually the blind are gathered into institutions which provide education in literacy, numeracy and professions befitting the blind like singing and massage. Blind who went onto obtain a licence in Vietnam showed enormous commitment to their profession in light of ignorance, fear and barriers to learning. Working with blind acupuncturists in Vietnam raised a number of policy implications for medical education. First teaching materials, flat text books and 2d images of the body become defunct and more tactile set of materials are required. Curricula which emphasise a form of acupuncture or a therapeutic in which eyes are the primary diagnostic agent must be augmented by other forms of acupuncture where tactile forms are legitimate. Countries like UK, and Australia (outside Victoria) which have yet to set up regulatory regimes to create a form of acupuncture legally offered, need to take care now, before such regimes are implemented, to /not/ participate in exclusion of disabled from entering prestigious professions. Japan, with over 30% of licensed acupuncturists in active practice, stands as exemplar.

Key words: Acupuncture, Blind, Medical Education, Curricula

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Gillian Dalgetty was educated at Durham University and SOAS, London before commencing her PhD at ANU in 2006. Her anthropological thesis focuses on heterogeneity in acupuncture practice in Vietnam. She has carried forward ideas formed during previous work in European rural policy, UK, into her current research.

best wishes
Gillian

Health system professionals' perspectives on breast cancer prevention and management in Pakistan

Hasan Bin Hamza*, Dr. Mohammad Afzal Mahmood and Professor Janet E. Hiller

Introduction: Breast cancer is a significant public health problem in Pakistan (annual age standardized incidence and mortality of 69.1/100000 (98-02) and 22/100000 (95-97) respectively) and presents challenges in terms of public health interventions and health services reorientation needed to tackle the problem. As part of a larger study to identify strategies that can enhance the performance of the health system in Pakistan, this research focuses on interviewing health system professionals and policy makers to explore their perspectives about current and possible approaches to address this public health issue.

Methods: Interviewees, with a background of experience in and association with breast cancer management, health systems management and policy development with regard to chronic disease, were identified through a snowballing sampling methodology. The interviews were semi-structured and recorded. Transcription of the interviews was followed by thematic analysis.

Results: 10 key informants were interviewed. The participants were practicing breast surgeon, oncologists and policy development experts in the government and private sectors. The key informants highlighted issues with regard to community characteristics relevant to early detection and management, screening challenges in the context of Pakistani health system, the policy program translation gap and the potential role of media in increasing awareness.

Conclusions: Breast cancer is recognized as a public health problem in Pakistan at the policy level; however there is an absence of a national policy on the issue. Besides resource constraints lack of demand has also contributed to non-implementation of policy decisions.

Keywords: Health Policy, Breast cancer, Early detection, Pakistan

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Short biography

- Dr. Hamza is a PhD candidate in Public Health at the University of Adelaide. He has a background in medicine and epidemiology. Previously he has worked on the association of hepatitis B and C with hepatocellular carcinoma in Karachi, Pakistan. His current research focuses on public health issues related to breast cancer in Pakistan.

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Validation of risk assessment in intellectually disabled offenders: Closing the gap between client needs and service provision in NSW

Authors: Hielkje Verbrugge*, Jane Goodman-Delahunty, Douglas P. Boer, Matthew Frize

The 2001 Framework 5 report (Intellectual Disability Rights Service) on the availability of services for intellectually disabled offenders concluded that the lack of communication and understanding between justice, health and disability departments in NSW, results in a poor match between client needs and service provision. Intervention and management plans for intellectually disabled offenders should come within the scope of NSW health and disability services (e.g., Drug and Alcohol; Community Mental Health; Department of Ageing Disability and Homecare; DADHC). Past studies demonstrate that structured professional assessment tools, such as the Historical, Clinical, Risk Management-20 (HCR-20) and the Level of Service Inventory-Revised (LSI-R), can provide critical estimates of reoffending that are informative in identifying treatment needs and in risk management. Although these tools are routinely applied in the justice system, little is known about their validity and reliability for intellectually disabled offenders. Erroneous assumptions and applications can result in unjustified detainment, increased intervention failure and increased reoffending, all with negative and costly ramifications. This retrospective, quasi-experimental study investigated the validity of four risk assessment tools, including the HCR-20 and LSI-R, in a NSW intellectually disabled sample (N=62; clients of DADHC's Community Justice Program). In this paper, results relevant to justice and health department staff seeking to reduce offending and increase rehabilitation success in this population are reviewed, and implications for policy recommendations and procedures to improve forensic assessment of intellectually disabled offenders are discussed. In addition, areas are identified in which increased collaboration between justice and health departments can enhance community safety, decrease the number of intellectual disabled offenders in custodial settings, and decrease public health costs.

Key words: Service delivery; intellectual disabled offenders; departmental cooperation

About the presenting author:

Hielkje Verbrugge is a student of the UNSW Master of Forensic Psychology. Having a particular interest in special forensic populations, such as people with intellectual disabilities or juveniles, her master thesis focuses on appropriate service development and delivery for intellectually disabled offenders in the criminal justice system.

The National Men's Health Ambassador Speaker Program (NMHASP) 2009 - 2010

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National Continence Help Line 1800 33 00 66

Key Words: Men's Health, Awareness, Health Promotion, Prevention

The National Men's Health Ambassador Speaker Program (NMHASP) is funded by the Australian Government Department of Health and Ageing under the National Continence Management Strategy – National Men's Continence Awareness Project.

The aims of the NHMASP are to:

- Raise the awareness in men as to the causes of poor bladder and bowel health;
- Deliver timely and up-to-date information to aid them in avoiding incontinence as well as seeking early treatment for the condition; and
- Improve the capacity of the community sector to provide effective messages about men's health.
- Create community awareness of continence health and prostate health, and other major men's health conditions
- Identify risks for prostate health and incontinence
- Support a health promotion approach for the prevention of incontinence
- Communicate the importance of early detection of prostate cancer and incontinence
- Encourage Australian men to talk about prostate health, continence health and other medical conditions

The NMHASP has developed a national network of Men's Health Ambassador Speakers to provide a standard presentation on prostate health and bladder and bowel health to audiences across Australia in metropolitan and rural and remote areas.

Key Evaluation Areas

1. Contribution of the project to continence management policy
Key evaluation question: Has the NMHASP contributed to the realisation of the Government's overall objectives specified for NCMS?
2. Project governance and implementation arrangements
Key evaluation question: Have the program management arrangements contributed to effective implementation and operation of the NMHASP?
3. Project design and infrastructure
Key evaluation question: Is there scope for improvement in the design and implementation of the NMHASP?
4. Impact on target population and health outcomes
Key evaluation question: Has the program raised awareness and knowledge in the target audiences? Has this resulted in a change in behaviour of the target population?

Words 243

Brief Biography

Mrs. Jo Fairbairn has a Science Degree and Arts Degree, worked in England and Germany as a scientist and presented on HIV/AIDS in Vietnam and China. Jo attended the National Men's

Health Policy Consultation Forums 2009, authored a Senate Select Committee on Men's Health submission and attended the Public Hearing process 2009. The National Men's Health Ambassador Speaker Program was an invited paper at the Second Preventative Health Summit on Monday 22 June 2009 in Sydney.

ABSTRACT:

TITLE: Bringing Chiropractic to Durri

AUTHORS: Dein Vindigni PhD, Barbara Polus Ph D, Gay Edgecombe PhD, Joan Van Rotterdam Master Epi*.

PRESENTING AUTHOR: Joan Van Rotterdam* Master Epidemiology, School of Medicine and Public Health, The University of Newcastle
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KEY WORDS: Chiropractic, musculoskeletal, Aboriginal Medical Services

BIOGRAPHY: Joan Van Rotterdam is a chiropractor. She is currently a PhD candidate with The School of Public Health and Medicine at The University of Newcastle, Australia. She has an interest in promoting sustainable community-based programs in the management of musculoskeletal conditions and other chronic health conditions.

INTRODUCTION:

This study describes the introduction of a chiropractic program in an Aboriginal Medical Service serving a rural, Indigenous community and the collaborative steps involved in its development, implementation and evaluation phases through participatory action research

Methods:

A descriptive study which narrates the process of community consultation that informs the development of a sustainable treatment program to address the burden of musculoskeletal illness experienced in the community. The program will also document whole person benefits to this intervention. Participatory action research is used to ensure that the recommendations emerging from the community consultation reflect the hopes and aspirations of key community stakeholders, and health outcomes are achieved.

Results:

A previous cross-sectional musculoskeletal prevalence study revealed that the majority of community members endured chronic, painful and disabling musculoskeletal conditions and associated risk factors amenable to change. A key recommendation of the study highlighted the urgent need for a culturally sensitive, accessible and affordable approach to managing these conditions including the immediate provision of chiropractic delivered on-site at the AMS and Aged-care centre. This is currently in its formative stages.

Discussion:

The musculoskeletal health status of Indigenous Australians is a serious public health concern that impacts significantly on the quality-of-life experienced by Indigenous Australians living in rural communities. The involvement of community members during every phase of a public health program to promote the musculoskeletal health of Indigenous communities is critical to its success. Participatory action research ensures that this program is responsive to the public health needs of the community.

Abstract: It's just good manners Author and Presenter: Juanita Sherwood*

This paper reports on a chapter from my thesis that explores why Aboriginal health and well-being have not improved as a result of a century and half of medical research by examining the nature of Aboriginal health research in Australia from an Aboriginal perspective. This has required a postcolonial critique of the agenda of past research and its role in colonisation focused upon Aboriginal people. It is titled: It's just good manners, a findings chapter exploring the nature of ethics as it relates to research in Aboriginal health. The aim of doing no harm is a core consideration of an ethical research approach. However health research has historically, epistemologically, and politically constructed Aboriginal Australians as problematic and dysfunctional. These constructions have permeated current health research agendas, informing policy and praxis injuring Aboriginal peoples. It is this harm that Indigenous people connect with the term and praxis of research.

Indigenous researchers have attempted to shift this approach to research, developing Indigenous research methodologies that are focused upon respectful and safe praxis with ethics at its core. Good ethics in research requires the recognition of the divide that exists between two divergent worldviews Indigenous and non-Indigenous. This chapter reflects upon informant's perspectives, case studies and literature on what constitutes good manners, in undertaking research with Aboriginal communities.

Institution: University of New South Wales, PhD candidate at Faculty of Arts and Social Science

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Key Words: Aboriginal health, research, ethics, praxis, Indigenous researchers

Biography: Juanita Sherwood is of the Wiradjuri Nation, NSW and is currently working at Nura Gili Indigenous Programs as the academic coordinator/ senior lecturer. She is a registered nurse, teacher, lecturer, researcher and manager with a depth of working experiences of some twenty six years in Aboriginal and Torres Strait Islander health and education. My work over the years has enabled me to work with Aboriginal communities in urban, rural and remote communities in every state and territory of Australia. Through these experiences I have developed a commitment to ensuring Aboriginal and Torres Strait Islander voices are listened to, respected and heard.

The cost of major trauma in NSW

Clin. A/Prof Kate Curtis*, A/Prof Deborah Black, Dr Mary Lam, Dr Parisa Glass, Mr Colman Taylor, Prof John Myburgh, A/Prof Stephen Jan.

Key words: Trauma, Injury, Cost, acute care, cost evaluation

Synopsis

Trauma or injury is a complex disease requiring a systematic approach to treatment. In NSW, trauma is managed at one of eleven major trauma centres and importantly the economic burden of a high trauma casemix to the hospital is unknown. This project represents the first phase of a program of research around the economic cost of trauma to society.

Aim

The aim is to explore the true cost of the acute treatment of trauma (to trauma centres in NSW) and secondly to investigate demographic factors and mechanisms of injury associated with higher treatment costs.

Feasibility Study

To determine the feasibility of capturing trauma and costing data, two hundred and six trauma patient admissions (over 3 months) to one Sydney Trauma Centre were analysed following data extraction from trauma data registry and hospital casemix data bases.

Results

Based on the 3 month pilot study, the total cost for trauma admissions was \$3,020,741. The mechanism of injury with the highest median cost per patient was assault, followed by pedal cyclists, pedestrians then motor vehicle collisions.

Initial investigations into the DRG cost weight allocated to the trauma patient compared to the actual costs incurred by the hospital by the trauma patient suggests that the DRG system inadequately describes the trauma patient episode.

Conclusion

Road trauma represented the largest overall acute care cost, the assault victim had the highest per patient cost. The pilot identified that both trauma and financial data is accessible within the trauma centre, however the linkage and analysis needs to occur.

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Biography

Kate is an emergency and trauma clinician and the Trauma Clinical Nurse Consultant at St George Hospital. Kate received her PhD from UNSW and recently joined the Faculty of Nursing and Midwifery at the University of Sydney where she has a co funded post doctoral fellowship in trauma care.

Title:

A test case of theories of the policy process: what role does evidence play?

Contact details:

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Keywords:

Health policy, policy process, evidence, theory, bowel cancer screening.

Biography:

Kathy Flitcroft, BBSc *La Trobe*, MA (Govt), Grad Cert Health Pol *Syd*

Kathy is currently employed as a Research Fellow (Health Policy) with the Screening and Test Evaluation Program and was awarded a NHMRC scholarship to undertake a PhD on policy decisions concerning bowel cancer screening programs in Australia, New Zealand and the UK.

Abstract:

Debate around how policy decisions are made and implemented continues, with various theories proposed to explain the relative importance of evidence, policy actors and institutional factors in the policy process. This presentation uses bowel cancer screening in Australia as a test case, comparing theoretical models of the policy process with an example of real world policy decisions.

Following publication of randomised controlled trial evidence that bowel cancer screening using faecal occult blood tests (FOBTs) reduced bowel cancer mortality, and a recommendation by the Australian Health Technology Advisory Committee, the Australian government funded a pilot bowel cancer screening program. The final evaluation report of that pilot program concluded that bowel cancer screening in Australia was acceptable, feasible and cost-effective, and proposed an initial framework for a biennial bowel cancer screening program for all people aged between 55 and 74 years. While the pilot program proposal was firmly based on research evidence, the government opted to gradually phase in bowel cancer screening, with considerations other than evidence affecting implementation decisions.

My PhD project involves interviewing key informants involved in making decisions about bowel cancer screening, analysing their responses to semi-structured interview questions, and reviewing relevant documents reporting on policy decision outcomes. This presentation of research in progress provides preliminary analysis of the relative roles of research evidence and other factors in the decision-making and implementation processes. It then reviews theories about the policy process to see if any of the existing theories fit this particular real world case.

Equity for the Elderly: China's New Rural Cooperative Medical Scheme

Lin Yuan*, Toni Schofield, Russell Shuttleworth, Rosemary Cant

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KEYWORDS: HEALTH POLICY; HEALTH EQUITY; HEALTH CARE; RURAL HEALTH; OLDER CHINESE

BIOGRAPHY OF LIN YUAN: PhD student in ageing and human development research group, Faculty of Health Sciences, the University of Sydney. Current research programme is "Participation by Older Miao People in the New Rural Cooperative Medical Scheme". Research interests include health policy, rural health, and health care of ethnic older people.

Abstract: In order to narrow the gap in medical costs between urban and rural people and reduce the burden on poor rural people while they are ill, the new Rural Cooperative Medical Schemes (RCMS) has come into use in rural China since 2002. This paper reviews the literature on how well the new RCMS ensures that *all* rural older people have access to proper health care. The discussion includes rural older people's inequitable experiences in funding collection, using healthcare services, obtaining reimbursement. It also identifies inequity in the distribution of medical resources, government attitudes toward the public and private hospitals, and quality and price of drugs. Finally, it presents the equity implications of the new RCMS.

Emerging Health Policy Research Conference Abstract submission

Health services for adults with Intellectual Disability - a system dynamics approach

Lee,L.* , Naganathan,V., Short, S.

Although the numbers of people with Intellectual Disability in the population are low, their life expectancy is rising. Planning to address the health service and general support needs of people with Intellectual Disability as they age is a complex task. Available data is incomplete and sometimes confusing. There are biological, lifestyle and funding dimensions to be considered and it is sometimes difficult to understand the dynamic interactions amongst these issues. What if the number of people accepted for CSTDA services changed? What if the policy for admission to disability accommodation or nursing home care changed?

We have used desktop software which incorporates System Dynamics tools to 'build' a computer simulation of the life course of people with Intellectual Disability - age-specific prevalence, incidence and mortality - and have stratified by level of cognitive impairment, level of accommodation support need and level of health status, with estimates of rates of flow among services based on existing surveys and service data collections. We have begun a systematic profiling of adults with Intellectual Disability who are resident in the LGAs of Ashfield, Burwood, Canada Bay and Strathfield (a population of ~175,000 people), to calibrate validate the parameters in the computer model.

This paper will present work in progress. We will describe the model and the current planes of analysis and demonstrate its value in predicting outcomes of 'what-if' policy scenarios with respect to service provision for people with disabilities.

Presenter

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Biography of presenter

Dr Lynette Lee is a Rehabilitation Physician with experience working as Health Policy Adviser in the NSW Department of Ageing, Disability and Home Care. The work she is presenting today is the basis of her PhD candidature, under the supervision of A/Prof Vasi Naganathan and Prof Stephanie Short, on the Health Policy implications of longevity of people with Intellectual Disabilities.

Key words: system dynamics modelling, ageing, disability, policy at interfaces

Title: A method of retrospective assessment of the organisational structures and activities of clinical networks

Authors: Maggie Haertsch*, Mary Haines, Peter Castaldi, Elizabeth Elliott, Sandy Middleton, Sally Redman.

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Keywords: Methods of assessment of healthcare organisations, document review, clinical networks

Abstract:

Background: Clinical networks are receiving international attention as structures for engaging clinicians in both the development and dissemination of new models of care, clinical guidelines and improvements in service planning and workforce development. In NSW, the Greater Metropolitan Clinical Taskforce (GMCT) has established non-mandatory clinical networks and engaged over 5000 clinicians across its 19 networks to promote evidenced based care and improve service delivery. This study is the first in a broader program of research designed to evaluate the effectiveness of the GMCT clinical networks. Before exploring effectiveness **it** is essential to describe what the networks do and who is involved in network activities.

Aim: To describe a method to assess the organisational features and outputs of clinical networks for a three-year period (2006-2008) namely: a) network activities; b) membership participation; and c) associated direct costs

Method: The GMCT records were reviewed using a method based on clinical audit and content analysis methodologies. The records were coded according to a pre-determined set of categories allowing for new categories to be developed and grouped during the review. Quality control procedures included: confirmation with key-informants, physical sighting of secondary documents as corroborating evidence, and 10% of the primary documents randomly selected and reviewed for completeness and accuracy of classification.

Conclusion: This is a method of document review that reliably examines the activities and membership of GMCT clinical networks. This method will have wider implications for the assessment of other healthcare organisations.

Emerging Health Policy Research Conference 2009 Abstract

Title: Developing social policy and practice responses to chronic pain

Authors: Mandy Nielsen*¹
Dr Michele Foster²
Dr Paul Henman²
Professor Jenny Strong³

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Abstract:

Chronic pain has been identified as a major and underestimated health care problem, with extensive individual, social and economic ramifications. Recognition of pain as a multidimensional experience has contributed to the biopsychosocial model of health gaining substantial recognition in the pain management domain.

There is evidence, however, that the 'promise' of the multidimensional treatment of chronic pain has not been realised in the daily lives of people with chronic pain. Review of the literature indicates a tendency for research and practice to focus on the biological and psychological aspects of chronic pain, while minimising social environmental factors, such as the health care system and cultural models of pain, which may also be significant.

Drawing on a narrative study with twenty people with chronic pain, this paper will outline policy and practice responses which could reduce the identified social suffering experienced by people with chronic pain. These responses include: a multi-focus educational strategy; a consumer-based support and advocacy programme; and assessment of unmet need with regard to pain management services.

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Keywords:

chronic pain, biopsychosocial, social suffering

Presenter biography:

Mandy Nielsen is a doctoral research student in the School of Social Work and Human Sciences, The University of Queensland. She will be submitting her thesis in July 2009. Mandy is a social worker, holds a Graduate Diploma in Rehabilitation Counselling, and has had chronic pain for 14 years.

Bodies in focus – the implications for policy in aged care

Maree Bernoth - Lecturer Charles Sturt University, Wagga Wagga.

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Key words: aged care, safety, accreditation, discourses of the body, neoliberalism.

The inquiry, which was the basis of my PhD research, was focused on the impact of discourses of embodiment in keeping aged care workers safe in manual handling situations. The thinking underpinning the research is that if the aged care workers are disembodied beings, as previous research has demonstrated, bringing the body into focus through language may enable aged care workers to work safely.

However, this new discourses of the body shattered the dominant discourses in aged care revealing paradoxes, ironies and subversion. As the language evolved, the aged care workers began speaking the conditions of aged care work. Aged care is about caring for bodies but the dominant discourses potentiate the phenomena of the absent body. Bodies brought into focus are not safe. They are exposed to other dangers. Language is the means of revealing the dangers and subversions and reveals the distorted image presented to statutory authorities charged with monitoring standards and auditing claims for funds. The subversion reveals a negative of the Panopticon, a mirror image where the observed are aware of the observation so can distort what is being seen so they can present the image expected by the authorities. It is a distorted image, a mirror image.

This paper will articulate the impact of aged care policies and demonstrate how neoliberalism breaks down the self as embodied, potentiating the unsafe nature of aged care work and the danger of living in an aged care facility.

The significance of the paper relates to the Aged Care Act and the Occupational Health and Safety Act.

Biography:

Maree Bernoth has been involved in aged care as a nurse, a manager, an educator and researcher for 24 years. This research is a culmination of a series of three research projects

beginning in 1996 the aim of which was to keep aged care workers safe in manual handling tasks.

Rewarding nursing-care quality through funding incentives

Marlene Eggert*

Empirical evidence shows that good nursing-care contributes to hospitals' generation of value. On the other hand, value is lost if poor nursing-care results in adverse events. Much of the cost of poor nursing-care remains hidden from managements and funders and some is borne by patients. Thus it is an issue of shifted and hidden costs. This prevents nursing-care quality from being viewed as an economic issue which can be addressed through economic strategies.

Funding policy can reward nursing-care quality through funding formula based incentives, but this requires the solving of some questions. These are the validity of underpinning assumptions, technical difficulties with quality measurement and the drawbacks of unintended consequences and non-responding hospitals. Are measurable nursing inputs determinants of care quality? Does the quality of measured components spill over to unmeasured and intangible components? Are process and outcome indicators valid, reliable and sensitive? How can a fixing of activity onto reporting points be counterbalanced? Lastly, who should be rewarded and how?

Empirical work on Nurse Sensitive Indicators has increased the understanding of many of these issues. My work suggests financial and non-financial rewards for high performing managements and ward nursing teams. Managements, for example, receive budget increases as financial rewards. High performing clinical nursing teams are rewarded through educational and care grants. Public reporting of good outcomes rewards the professional motivations of managements and nursing teams. The problem of non-responding hospitals requires a management approach.

Marlene Eggert, PhD Student, Medical School, Australian National University,
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Key words:

Funding policy

Care quality

Incentives

Marlene Eggert is a nurse clinician and researcher. Her clinical expertise is the care of people with chronic disease. Her research interest is the effect of institutional structures and processes on nurses' work.

Abstract for Emerging Health Policy Research Conference

Using complexity theory to develop health policy: a proposed method

Mat Walton*, Dr Louise Signal, Dr George Thomson
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Keywords: health policy, complexity theory, child nutrition, methods

Issues such as improving children's nutrition present many problems for health policymakers. They have multiple causes; vary between gender, ethnic, socioeconomic and geographical context; and require multiple solutions across policy settings. Complexity theory provides a set of tools for understanding how issues such as children's nutrition emerge from the interaction of many factors within complex social systems. To date, however, the application of complexity theory to policy solutions has been limited. By borrowing methods from complimentary systems and participatory policy theories, a complexity theory approach to identifying policy solutions has been developed. This includes combining local actor experiences with policymaker perspectives, within a case-comparison framework. Application of this approach has identified a 'portfolio' of mutually supporting interventions to promote child nutrition through primary schools in New Zealand. This presentation will outline the developed complex policy method, provide a worked example, and consider areas for further development and application.

Bio:

Mat Walton is currently completing his PhD into policy options to promote healthy child nutrition in New Zealand. Mat comes from a policy background at local and central government level and is interested in development of national policies that can adapt to local conditions.

Title: Understanding the policy implications of using information communication technology to improve youth mental health

Presenter: Michelle Blanchard

PhD Candidate, Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne

Research Project Manager, Inspire Foundation

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Information communication technologies (ICT) have been increasingly woven into the fabric of young people's lives and there is growing evidence for their use in promoting positive mental health and wellbeing amongst this population. Little is known about the experience of professionals who work with young people in utilising ICT for early intervention, promotion and prevention. Exploratory research found while most youth service providers felt confident completing basic ICT tasks, many reported not understanding the websites that young people engaged with and had a poor understanding of the role technology plays in young people's lives. This PhD study utilises a sequential mixed method study design (questionnaire and organisational audit, incorporating document analysis and indepth interviews) to understand the use of ICT by professionals who work with young people to improve mental health and wellbeing.

Preliminary analysis of the questionnaire and audit data suggests that while there is a growing enthusiasm for using information communication technology when working to improve young people's mental health, the lack of appropriate infrastructure in mental health services and the absence of a supportive policy framework within health services makes it difficult for many clinicians to adopt practices that integrate the use of information communication technology. An investment in appropriate infrastructure and the development of a supportive policy framework is needed to ensure that professionals working with young people can capitalise on the opportunities that web-based support services afford as an adjunct to other clinical interventions.

Keywords: Technology, mental health, e-Health, youth, health service infrastructure

Biography: Michelle Blanchard is a PhD Candidate at the Centre for Youth Mental Health at the University of Melbourne and works as a Research Project Manager at the Inspire Foundation. Michelle holds a Bachelor of Arts (Honours) degree and a Graduate Diploma in Adolescent Health and Welfare.

An Analysis of the Maternity Services Review

***Monica Campo*, Dr Kereen Reiger**

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Key Words: maternity services, childbirth, obstetricians, midwives, discourse analysis

In 2008, Health Minister Nicola Roxon announced a review of Maternity Services in Australia. The Maternity Services Review (MSR) was a response to several pressures for reform of the maternity system, including from midwives and childbirth advocacy groups such as The Maternity Coalition. Expressed concerns included escalating intervention rates and continued obstetric dominance of maternity services, declining access to care in rural areas and lack of adequate access to continuity of midwifery care for many women. As well as several consultation sessions and media reporting, the Review generated over 900 submissions which provide ripe ground for analysing the relations of power in the context of managing contemporary childbirth. Whilst professional midwifery groups and birthing women themselves pointed to a 'broken' system that was not working and was indeed harmful to mothers and babies, medical organisations stressed the risk of undermining Australia's good track record of relative safety in childbirth. This paper will use feminist Critical Discourse Analysis as a framework with which to critically examine the MSR process, the responses and the ensuing media debates.

Bio for Monica Campo

Monica Campo is currently completing her doctorate in the Sociology and the Gender, Sexuality and Diversity Studies programs at La Trobe University, Bundoora. Her thesis examines the social construction of knowledge around childbirth in contemporary contexts including by professional medical groups, media and among birthing women themselves.

Emerging Health Policy Research Conference
Wednesday 19 August 2009, University of Sydney
Abstract for submission.

Title: Development of a randomised, controlled trial for a non-treatment intervention – the Care Navigation Trial

N Plant, C Aspin, S Jan, J Gillespie, K Gradidge, K Hedge, S Leeder and the SCIPPS team.

Body of Abstract:

Background: Randomised, controlled trials (RCT) have been described as the ‘gold standard’ in clinical research design, providing the highest level of evidence from a single study when comparing the efficacy and safety of two or more interventions such as drugs, surgical methods or medical devices. This project looks at the use of this method of evaluation in a more complex health services environment.

The Serious and Continuing Illness Policy and Practice Study (SCIPPS) group has been asked to evaluate the efficacy of Care Navigation in SWAHS, a non-treatment intervention which aims to improve the management of health care in patients with chronic illness who regularly attend the hospital.

We describe the challenges of using an RCT to evaluate a non-treatment research intervention.

Methods: We intend to randomly allocate 500 ‘frequent flyers’ to two different methods of managing the timing and extent of patient care plans. The new method, Care Navigation, will be compared to that which is currently being used. We are in the process of addressing the logistical aspects of an RCT that will be used to compare these patient management strategies.

Progress:

A protocol has been written and submitted for ethical review, with the main challenge being the lack of ownership of the project by an individual investigator. As a more definitive description of Care Navigation evolves, a quality assurance process is being developed which measures the level of compliance in intervention delivery by hospital staff, as well as the level of adherence of patients to their new care plans.

It has become apparent that most staff strongly support Care Navigation, and question the ethical implications of administering ‘current standard care’ to patients once a perceived ‘better method’ becomes available.

Implications for Practice and/or Policy: Appropriate compliance of hospital staff to the protocol will be crucial to maintaining data validity and therefore ethical implementation of the study. Ensuring strong methods for the accurate recording and reporting of compliance to protocol will be critical to the validity of the results of the study. Also,

gaining assurance from hospital staff that they will uphold this compliance is crucial before, ethically, the trial can begin.

Presenter

Natalie Plant

Serious and Continuing Illness Policy and Practice Study

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Biography of presenter

Natalie Plant, BSc. Biological Sciences (Hons I), University of Western Sydney/University of Newcastle, MHSc (Clinical Data Management), University of Sydney.

Natalie has coordinated randomised, controlled trials since 2004, and in laboratory-based medical research for 5 years prior to this. Natalie currently works full-time on the Serious and Continuing Illness Policy and Practice Study in Sydney, where she is developing and implementing the Care Navigation RCT.

Keywords

Chronic illness, RCT, coordinated care, patient flow, community care

TITLE:

Trial Registration and Bias in the RCT Literature: Discouraging Evidence from Trials of new Oncology Drugs

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KEYWORDS:

Clinical trials; Bias; Pharmaceutical industry; Oncology drugs

PRESENTER BIOGRAPHY:

Nicolas Rasmussen is a historian of medicine and life science who studies the pharmaceutical industry. Interested in current health policy, he took an MPH part time at Sydney University, and upon completion in 2007 took a sabbatical at UCSF with Lisa Bero. This presentation reports outcomes of that sabbatical project.

Association of Trial Registration with the Results and Conclusions of Published Trials of New Oncology Drugs

ABSTRACT

(Word Count below this point: 250)

Objective To determine whether advance registration reduces bias against statistically insignificant results in the randomised controlled trial literature.

Design This is a cross-sectional study of published reports of clinical trials evaluating the efficacy of drugs FDA-approved for new indications in oncology from 2000 through 2005. Relevant trial reports were identified using PubMed and the Cochrane Library. Evidence of trial registration prior to publication was obtained by a search of public trial databases and corporate registries. Data on blinding, results for primary outcomes, and conclusions were extracted independently by two coders. Univariate and multivariate logistic regression identified associations between independent variables and favourable results and conclusions.

Results: In univariate analyses, reports of trials unambiguously registered prior to publication (54/137) were more likely to describe statistically significant efficacy results and reach conclusions favouring the test drug (for results, OR= 1.77; 95% CI= 0.87-3.61). Reports of trials sponsored by the test drug maker and with larger patient numbers were significantly more likely to favour the test drug. In multivariate analysis, reports of prior registered trials were again more likely to favor the test drug (OR= 1.50; 95% CI= 0.61-3.68); larger sample sizes and surrogate outcome measures

were statistically significant predictors of favorable results, while nonstringent blinding approached significance. Preplanned subset analyses yielded similar results for 109 commercially-sponsored studies only, and for the 115 underlying trials.

Conclusions Prior registration of trials alone did not increase the likelihood that statistically non-significant results were published. Additional mechanisms to ensure full reporting of trial results are necessary.

The Impact of Legislation on Health Services in Australia

N.Monaghan*, I.Cameron

Rehabilitation Studies Unit, Faculty of Medicine, The University of Sydney

Australian legislation can impact on health services in a variety of ways and at a many levels. Some of these effects can be deleterious to older people and other vulnerable groups. Effects include barriers to access due to legislative complexity or ambiguities. It is probable that not all of the effects of legislation were anticipated when the statutes were enacted. This study focuses on anti discrimination legislation predominantly in the Commonwealth jurisdiction and the health care complaints legislation within the New South Wales jurisdiction.

The legislation will be scrutinised and comparative analyses conducted to determine whether remedies are available that could be effective and feasible. The factors which could contribute to the feasibility of potential remedies will also be investigated. These include the current legislative climate. For example a strong indicator of willingness to change the existing to amend the existing NSW legislation is the current Parliamentary Inquiry into the Operation of the Health Care Complaints Act which commenced operation in October 2008 and will take further submissions later this year. The first of the Inquiry's particular terms of reference is the identification and removal of any unnecessary complexity from the legislation.

This analysis will be conducted in the contexts of the United Nation's Universal Declaration of Human Rights and subsequent WHO initiatives

Keywords: Legislative Complexity, Health Services, Older People, Health Care Complaints

Biography: Noeline manages a NHMRC funded program of research on Transition Care and lectures at Sydney University. She was admitted as a solicitor (Supreme Court NSW). Her qualifications include BScAgr (Genetics) and MScAgr (Research).

TITLE: Research utilisation in novice driver policy

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ABSTRACT:

Objective: To examine the role of research within the novice driver policymaking process in order to identify potential facilitators of research utilisation.

Design: Comparative stakeholder analysis involving one-hour semi-structured interviews with novice driver policy stakeholders.

Setting: Between August 2007 and December 2009, forty-eight interviews were conducted in New South Wales, Victoria, Western Australia and Queensland in Australia, and Pennsylvania and Washington DC in the United States.

Results: Novice driver stakeholders believe policy decisions are generally evidence-informed. Research was suggested to be primarily used instrumentally to determine the young driver problem, its causes and the effectiveness and feasibility of potential solutions. Interviewees also argued that due to the significant community interest in young drivers and the predominantly political rationale of legislators, research may be used tactically to justify non-evidence-based, politically-determined policy positions. While existing policy structures and networks were proposed to facilitate research-use, ineffective research dissemination techniques were identified as the major barrier.

Conclusions: Despite the existence of an evidence-based policymaking culture, stakeholders perceive research-use as being limited by the inability of researchers to render their outputs meaningful to policymakers and the general community. Incorporating other types of 'policy-relevant' and 'ideologically-concerned' information within their political lobbying and media advocacy engagements may allow researchers to more effectively advocate evidence-based policies and encourage increased research utilisation in policy.

KEY WORDS: Research utilisation, knowledge transfer, novice drivers, policy

BIOGRAPHY:

Reece Hinchcliff is a final year PhD student at the School of Public Health, University of Sydney, and is based at The George Institute for International Health. Since obtaining Honours (1st class) in Social Anthropology in 2005, he has worked as a research assistant and tutor. Reece aims to continue examining research utilisation issues after completing his PhD later this year.

Advancing Health Literacy through Evidence-based Primary Health Care Policy

Remo Ostini*, Robert Bush; Fran Boyle; Madeleine Brabant; Ieva Ozolins; Eliana Jimenez Soto; Lars Eriksson

Keywords: Health literacy; health policy; systematic review

Australia does not have a health literacy policy at present, yet there is evidence up to 60% of the adult population have health literacy skills below optimal level for health maintenance.

Health literacy is the set of cognitive and social skills that empowers people to exercise control over their health through their ability to seek out and use health information and to take responsibility for their health. Low literacy is associated with poorer knowledge about health and health care, greater hospitalization, worse global measures of health, and greater likelihood of adverse health outcomes. This work in progress is gathering policy relevant data from published academic and grey literature for a systematic review that will guide policy making.

The evidence to this point clearly indicates that health literacy policy must be cross-sectoral involving, at a minimum, the health and education sectors, but also drawing on social policy more broadly to address population level health literacy associated with the social determinants of health. This would include such additional policy sectors as housing, employment, and welfare. Although evidence is still being collated, one possibility for a policy approach is to adopt a National Health Literacy Strategy. The two key arms of such a strategy would entail i) asset building in the population, and ii) deficit management in vulnerable groups, particularly in primary care settings. Implementing such a strategy will require cross government support at Commonwealth and State levels.

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Biography

Remo Ostini is a researcher at the Healthy Communities Research Centre at the University of Queensland. Coming from a background in behavioural science he recently completed a project looking at interventions to improve prescribing practice. His current work in community health ranges from research partnerships with local government to commonwealth government funded research with health policy applications.

Menzies Centre for Health Policy
Emerging Health Policy Research Conference
- Abstract Submission -

A policy needle in the chronic disease haystack: Pacific Islands

R Slade

Keywords: Pacific Islands, diabetes, capacity building, community engagement, health policy

Three out of four deaths in most Pacific Islands are related to chronic non-communicable diseases. While public health and health care service limitations are acknowledged, the health system has little control over broader policy decisions and environmental factors that detract from health; and even beyond the control of government with the example of international trade. A major policy dilemma for Pacific Island countries is where to start.

A capacity building project undertaken in Vanuatu and Nauru (2006-2009) aimed to reduce the burden of diabetes complications by improving the quality, accessibility and effectiveness of diabetes care. Following a comprehensive situation analysis to 'measure the problem', each country embarked on the development of a locally relevant and sustainable model of diabetes care through full community engagement. Strategies to strengthen health policy were identified, prioritised and implemented; and excellent progress has been made in updating existing and introducing new policies covering workforce, health care delivery and service utilisation.

Achievements in the clinical setting have provided momentum and valour to further engage community and government in confronting broader health determinants including systemic policy failings and environmental factors outside of the health sector.

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Short biography

Renee works across two key areas: international health and the emerging topic of sustainability and health. Prior to the University, Renee's experience was in the non-government sector with the National Heart Foundation, Diabetes Australia and International Diabetes Institute. In 2008, Renee completed her Masters of Public Health.

Emerging Health Policy Research Conference Abstract

Author: Ruth Townsend

Title: 'Moral imperative or economic necessity – politics, philosophy and public health law.'

Keywords: public health, law, economics, history, philosophy

Abstract: The cycle of individual versus collective interests in health and health care delivery continues today with governmental shifts in political ideology often dictating the approach. The first public health laws were developed in England in 1848. These same laws were then applied in their entirety to the Australian colonies. Yet despite the advancement in the education of health professionals, medical technology and pharmacology, our public health laws have changed little. Questions as to why the legislation was adopted initially, that go beyond the actual need to develop sanitation systems and maintain clean water sources, that examines the values that drove the application of the legislation, have not been asked in the Australian context. Was the first legislation the product of contemporary (19th century) political philosophy? If so, what was that philosophy and do we as a society hold those same values now? Why are we maintaining the status quo? What is the one thing that hasn't changed and why is this significant? A retrospective textual analysis of parliamentary debates surrounding the introduction of the legislation along with an insight into the social conditions of the time provided via newspapers and other historical documents, helps answer these questions.

Biography: I have worked as a registered nurse, paramedic and solicitor before becoming a lecturer, teaching nurses and paramedics about law and ethics. I am currently enrolled as a PhD candidate at the School of Law at Flinders University pursuing my interest in public health policy.

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GP education materials and their impact on chlamydia testing

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The National Sexually Transmissible Infections (STI) Strategy 2005-2008 identifies chlamydia control and prevention as a priority area for the Australian government. The National STI Prevention Program: Sexual Health Campaign is a multifaceted health promotion campaign that was launched in May 2009. Chlamydia control and prevention form a significant part of this campaign.

To support GPs during campaign activity education materials and online resources were developed. One of the aims of these resources was to equip GPs to better deliver chlamydia screening and the management of infected patients.

A two phase study was developed to assess the impact of the education materials on chlamydia testing.

Phase 1 consists of a survey of general practitioners to determine their knowledge about chlamydia, their awareness and use of the education materials, and their attitudes towards the resources. The survey utilises two modes of recruitment and survey delivery. Phase 1a is a postal questionnaire sent to 500 GPs. Phase 1b is an online survey with email recruitment targeting all registered GPs (~20,000). The two modes of recruitment will be compared.

Phase 2 will compare both the change in the number of chlamydia tests and the number of notified cases of chlamydia in the 3 months following the first wave of campaign activity to the same period in the preceding year.

The results of this study will be used to develop the education materials for future waves of campaign activity. The outcomes will also inform the design and delivery of health professional education materials for other health promotion campaigns.

KEYWORDS:

Chlamydia; health promotion; general practitioners; education

Presenter contact details and biography

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Dr Simon Crouch has a BA and MA in medical sciences from Corpus Christi College, Cambridge and an MBBS from Guy's, Kings and St Thomas' Medical School. He is in the final year of a Masters of Public Health at La Trobe University. He is a trainee of the Faculty of Public Health Medicine and a medical advisor at the Australian Government Department of Health and Ageing.

The Devil and the DMHP: A critical analysis of the District Mental Health Project in Wayanad, southern India.

Sumant Badami

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Abstract

In light of recent work which examines the cultural relevance of Community Psychiatry in rural North India (Jain and Jadhav, 2009, Jain and Jadhav, 2008), this paper engages critical analysis of the National Mental Health Project with an ethnography of mental health service provision in the south Indian state of Kerala. By providing an assessment of the way in which national policy frames local mental health practice, and by locating discrepancies between the two, flaws in current policy are addressed. Of particular importance is the way in which the highly politicised nature of mental health in Kerala affects professional and public perception of the cause of suicide in the region. Current mental health policy downplays the changes in economic policy and actively promotes a specifically psychiatric analysis of suicide. As such, the burden of responsibility is then diverted away from the socio-economic causes of distress and placed squarely on the shoulders of the individual and his or her mental health. The result is to render invisible the struggles of certain groups; specifically the Paniya, an indigenous community who face continued social, economic and political marginalisation. In addition, 'culturally sensitive' approaches that attempt to address the gap between local perspectives and public health professionals draw on massive generalisations about health, spirituality, identity and culture of indigenous groups leaving many Paniyas unable to access appropriate care. In the end, community psychiatry becomes a conduit through which institutionally sanctioned concepts of community and mind are transmitted and through which the experience of distress becomes a tool for legitimising interventions of the state.

Keywords

Mental health, Indigenous, Marginality, Cultural sensitivity, Bio-political subjects

Biography

Sumant Badami: I am currently doing a PhD in Anthropology at Macquarie University. Having conducted over sixteen months of fieldwork amongst the Paniya, an ex-slave tribal community in Wayanad in Southern India, I have presented my findings at a number of national and international conferences and currently have two articles in review for publication.

Title

Incident reporting: a journey from principles to policy and practice.

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Abstract

In recent decades, patient safety has become a health policy priority around the world, with current safety perspectives on error shifting from a focus on individual fault towards an emphasis on systems-based causes and solutions. Incident reporting systems have been promoted as a way of limiting error, via processes that help identify systemic ‘root causes’ and enable systemic approaches to accountability and learning from safety incidents. Such systems have been trialed and rolled out in the UK, Canada, parts of the US and Australia, and much patient safety literature supports their implementation. However, multiple studies have also identified the under-use of these systems, pointing to local ‘barriers’ to be overcome. This paper addresses the disparity in a new way by critically analysing the multiple expectations underlying the support for incident reporting systems, and exploring how these expectations then emerge in policy and practice. We looked at incident reporting as part of a larger 3-year ethnographic study exploring the broad question of how clinicians enact patient safety and quality care. A multidisciplinary group of 69 clinicians in a NSW metropolitan hospital were observed in the course of their daily work, and data was collected through observations, field interviews, documentary evidence and feedback sessions conducted with participants.

Our findings and analyses offer a new perspective on incident reporting that not only adds to our understanding of how policy goals are integrated and adapted in practice, but may also help us better understand the workplace contexts that we seek to improve.

Keywords: *patient safety, incident reporting, accountability, learning, ethnography*

Biography

Su-yin Hor is a PhD candidate at the Centre for Health Communication, University of Technology, Sydney. Her thesis explores the issue of patient safety in health care, focusing in particular on accountability and how it manifests formally as well as informally within the everyday practices of clinicians.

Emerging Health Policy Research Conference
Wednesday 19 August 2009, University of Sydney
Abstract for submission.

Title: Health system management of chronic disease – making sense of suggestions for improvement

T Jowsey*, L Yen, C Aspin, R Wells and the SCIPPS team.

Body of Abstract:

Background: The burden of chronic illness in the Australian health care system is increasing. Three of the most common chronic illnesses include diabetes, chronic obstructive pulmonary disease (COPD) and chronic heart failure (CHF). The Serious and Continuing Illness Policy and Practice Study (SCIPPS) seeks to develop health systems and policy that will lead to improved health outcomes for people with chronic illness. This presentation will discuss the challenges of transforming qualitative data into practical suggestions for policy and practice.

Methods: As part of SCIPPS, qualitative research was conducted involving semi-structured interviews with patients and carers (n=66), and eight focus groups with health professionals (n=63) from the ACT and NSW. Participants were asked to provide suggestions for improving the health system.

Findings: Participant suggestions reflect both the complexity of patient and carer needs and of the Australian health system. The diverse sample of participants is reflected in the range of suggestions – from improving patient comfort to reshaping the health system towards coordinated care. Suggestions covered health literacy, patient/carer support, improving access and standards of care, fragmentation and resources.

Implications for Practice and/or Policy: The diversity and complexity of these suggestions create challenges in analysis of how the data can inform policy and practice. This paper serves to raise awareness in two areas: the key barriers people face in the management of chronic disease and their suggestions for improvements to the system; and the challenges of making complex and diverse qualitative data translate into constructive feedback to policy-makers.

Presenter

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Biography of presenter

Tanisha Jowsey, BA(hons), MA (University of Canterbury, New Zealand).
Tanisha, a medical anthropologist, has worked in chronic illness research at ANU since 2005. Tanisha currently works full-time on the Serious and Continuing Illness Policy and

Practice Study in Canberra, where she specializes in qualitative data analysis, co-morbid and multi-morbid illness, self-management and learning, and patient experience of chronic illness.

Keywords

Chronic illness, health professional, patient, carer, qualitative

Evidence-based practice in hospitals in Australia and South East Asia

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Across the clinical spectrum and across the world, there is a systemic, widespread failure to implement healthcare interventions that we know work. As a result there are substantial gaps between the health care people should receive and the care they do receive; leading to avoidable deaths, illness and waste of resources. This gap between what we know from research and what we do in practice is called the 'know-do gap'. Bridging the 'know-do gap' is one of the most important challenges facing the health system.

In acknowledgement of the 'know-do gap', there has been increasing pressure for decision-makers at all levels of the health system, from international policy-makers to individual clinicians, consumers and carers, to make greater use of evidence from scientific research. As part of this shift, in Australia there is now an accreditation requirement that healthcare services ensure evidence is considered when determining what clinical practices will be used, and that where possible evidence-based clinical practice guidelines be used.

While increasing the use of evidence to support decision-making in healthcare services such as hospitals is an important goal, our research in 11 hospitals in Australia and South East Asia has shown that there are many barriers to use of evidence-based practice guidelines in these settings.

This presentation will provide an overview of the results of this research and discuss the ramifications for strategies to increase the use of research evidence in practice in hospitals and bridge the 'know-do gap'.

Keywords

Evidence-based practice, knowledge translation, guidelines, hospitals

Biography

Tari Turner is a Senior Consultant in the Centre for Clinical Effectiveness at Southern Health in Victoria. She is undertaking a PhD at Monash University investigating how best to support the use of research evidence in practice in hospitals and resource-poor settings.

Title: Actuarial risk assessment for recidivism in intra-familial sex offenders: predictive validity of the Static-99 and SONAR

Keywords: Intrafamilial child sexual abuse, actuarial tools, risk assessment, Static-99, SONAR

Authors: Thea Gumbert (UNSW)* and Dr Jane Goodman-Delahunty (UNSW)

Abstract:

Previous research indicates that significant difference may exist between intra- and extra-familial sex offenders (Herman, 2000; Johnson, 2007). These differences may compromise the usefulness of existing actuarial recidivism risk assessment instruments for intra-familial offenders. This study examined the predictive validity of the Static-99 (Hanson & Thornton, 1999) and the SONAR (Hanson & Harris, 2001) for all, sexual, violent, and non-sexual non-violent recidivism in a sample of 213 male offenders convicted of intra-familial sexual offences. Total scores of the Static-99 did not significantly predict any type of recidivism, whilst SONAR total scores were modestly predictive of all and non-sexual non-violent recidivism but not sexual or violent recidivism. Individual risk factors which significantly predicted sexual recidivism were prior non-contact sexual offences, and targeting of unrelated victims. Individual risk factors which significantly predicted violent recidivism were prior sentencing dates, negative social balance, whilst increased victim access was a protective factor. Individual risk factors which significantly predicted non-sexual non-violent recidivism were those related to prior offending and sexual and general self-regulation problems. These results indicate that neither the Static-99 nor the SONAR is suitable in its current form for risk assessment of intra-familial sex offenders. Implications of actuarial risk assessment of intra-familial sex offenders are discussed and recommendations made for a new risk assessment instrument developed specifically for these populations.

Biography: Thea Gumbert completed her Bachelor of Psychology with Honours at UNSW in 2007, under the supervision of Jane Goodman-Delahunty. Thea is currently undertaking Masters in Forensic Psychology.

Please contact me if you have any queries,

Thankyou very much

Thea Gumbert