

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

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

Kathy Flitcroft\*, Glenn Salkeld, Jim Gillespie, Lyndal Trevena, Stacy Carter

##### **Presenter(s) institution/organisation, address, email, and telephone:**

Screening and Test Evaluation Program  
Sydney School of Public Health  
University of Sydney

##### **Short Biography of presenter(s) (maximum 50 words):**

Kathy is in her final year of a PhD examining bowel cancer screening policy in Australia, New Zealand and the UK, with particular reference to the use of evidence in government decision-making.

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

The role of deliberative strategies in getting evidence into policy.

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

Knowledge utilisation, government decision-making, deliberative models, screening, bowel cancer.

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

Traditional knowledge utilisation models rely on voluntarist strategies such as facilitating communication between researchers and policy-makers. Such strategies do not address the importance of context and the primacy of politics in government decision-making and are unlikely to succeed in overcoming institutional and political barriers to the use of evidence.

##### **Research Question:**

Are deliberative models of knowledge utilisation more likely to overcome institutional barriers to the use of evidence in government policy-making?

##### **Methodology:**

Case studies of bowel cancer screening policy in Australia, New Zealand and the United Kingdom, using document analysis and key informant interviews.

##### **Findings:**

Institutional and political factors filter the impact of evidence on decisions made by government policy-makers. The use of deliberative strategies to overcome these barriers looks promising, but more examples of their success in different contexts are needed.

**Policy Implications:**

If governments are serious about “getting evidence into policy” they need to acknowledge the institutional and political barriers that exist, and be prepared to make changes to the processes through which evidence is reviewed. This may be achieved by embedding public review of the evidence as the first stage of government decision-making, via the implementation of one or more of three deliberative models.

Menzies Centre for Health Policy Research  
Emerging Health Policy Research Conference 2010

Abstract Submission

**Author:**

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**Title:**

Citizen engagement: A socially situated critique of epistemic practices.

**Biography:**

Catherine's earlier background includes: nursing, midwifery and naturopathy. Catherine has a Masters in Community and Health Development and has established her own consultancy. Some other recent experiences include working as a research assistant and tutor in sociology. Catherine enrolled at ANU to work on her PhD in December 2009.

**Keywords:**

Citizen engagement; deliberative processes; health policy development; ethics; epistemic practices

**Abstract:**

Background

This PhD research is part of an Australian Research Council Linkage Project<sup>1</sup> which will apply and evaluate deliberative processes for their effectiveness as a tool in health policy development and as a means for collecting information on citizens' views on health policy issues. Deliberative methods of engagement are characterised by a process of reasoning, whereby participants are given an opportunity to reflect, discuss, question, and think critically.

Research question

My primary research will be conducted in the ACT, where I will work with ACT Health in applying a deliberative process to address a current and relevant health policy concern. My PhD research will question matters of value and knowledge, within the epistemic practices that arise

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<sup>1</sup> This ARC Linkage Project No: 0989429 titled: *Citizen Engagement: Listening to citizen's views about Australia's health system and prevention* is part of a multi-university/ state and territory health department collaborative project, developed by the Australian Institute of Health Policy Studies (AIHPS).

when citizens are engaged in these deliberative processes. Essentially, the notion of epistemic practice relates to the complex interpersonal interactions that can influence who is valued for their capacity to give and receive knowledge.

#### Methodology

My methodology will incorporate metaphor analysis within individual interviews and focus group research methods, to complement insights gained through my role as a participant observer.

#### Policy Implications

Anticipated policy implications from this research lie within its capacity to raise awareness of the ethical implications for what, ultimately, counts as evidence in health policy development when citizens are engaged.

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#### **Presenter(s) Details**

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

Fiona Robards\*<sup>1,2</sup>, David Bennett<sup>1,3</sup>

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<sup>2</sup> *Department of General Practice, University of Sydney.*

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##### **Presenter(s) institution/organisation, address, email, and telephone:**

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##### **Short Biography of presenter(s) (maximum 50 words):**

As Manager of NSW CAAH, Fiona Robards has been responsible for leading the consultation and other processes to develop the new Youth Health Policy for NSW. She has four masters degrees: in psychology, art therapy, health management and public health.

Clinical Professor David Bennett AO is an adolescent health physician with a major interest in developing accessible and responsive health services for young people and their families. As Head of the NSW CAAH, he is involved in wide ranging efforts to improve young people's health and wellbeing through collaborative research, education, networking and advocacy.

#### **Presentation Details**

**Presentation Title:** Happy, healthy and resilient young people: Who is responsible?

**Keywords:** Youth health; policy formulation; consultation; whole-of-government responses; too-hard basket

#### **Research Details**

Academics such as Duckett (2004) say that, if the main influences on health status are the family, socioeconomic, physical and genetic environments, health care professionals need to locate their work within this broader context. While the social determinants of health include access to health services, relevant interventions (including prevention) exceed what health services alone can provide.

##### **Research Question:**

What are the key aspects of supporting young people to be happy, healthy and resilient and who might best be at the negotiating table in developing a meaningful and effective Youth Health Policy?

##### **Methodology:**

In partnership with NSW Health, the NSW CAAH developed a new Youth Health Policy for NSW: *Healthy bodies, healthy minds, vibrant futures*, using extensive consultation and considering prevailing evidence about best practice. Circulation of the draft Policy resulted in 66 responses from young people, Department of Health, other government departments, Area Health Services, NGOs, General Practitioners, peak bodies, and researchers.

Initial analysis of these responses determined whether or not they were within the policy mandate - namely, relating to NSW Health and NSW Health funded services. Further in-depth analysis of those issues outside the policy scope was also conducted.

**Findings:**

While Issues deemed outside the scope of the Policy were considered too broad and too complex to be addressed by Health services alone, it is considered that they could be adequately addressed in partnership with other government departments.

**Policy Implications:**

Young people's health and wellbeing needs and deserves to be a whole-of-government endeavour rather than merely one limited to the purview of the Department of Health.

**TITLE: Translating research into practice: The strategic development of the NSW Get Healthy Information and Coaching Service**

**AUTHORS: \*Milat AJ<sup>1</sup>, O'Hara B<sup>1</sup>, King L,<sup>1</sup>Bauman A<sup>2</sup>**

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**BIO:**

Andrew Milat [BHMS ed Hons, MPH Hons] is the Manager of Strategic Research and Development Branch at NSW Department of Health. In his role he works closely with academics and policy makers to increase the quality and quantity of policy relevant health promotion research in NSW. Andrew is a member of a number of University Research Centre Boards and is a PhD candidate in the School of Public Health at the University of Sydney. He has previously worked as an Area Health Promotion Service Director and a Research Manager with the Australian Government. His special research interests include social marketing and communications research, as well as, intervention effectiveness and translational research.

**ABSTRACT:**

**Introduction:** Unhealthy weight, physical inactivity and low fruit and vegetable consumption combined are the largest contributors to preventable burden of disease and there is growing evidence that these risk factors are modifiable. In light of this evidence, NSW Health funded the development of the NSW Get Healthy Information and Coaching Service. **Aim:** This paper describes the strategic development of Get Healthy, a telephone service aimed at providing information and ongoing behaviour change support for NSW adults in relation to healthy eating, physical activity and achieving healthy weight. **Method:** The strategic development process was framed using the Nutbeam and Bauman Stages of Research and Evaluation conceptual model to ensure that the service was based on the best available evidence and best practice processes. Information sources considered were: a) systematic reviews; b) expert and stakeholder consultation and c) formative research with key target audiences. **Findings:** There is strong evidence of the efficacy of lifestyle behaviour change telephone based interventions for a range of populations and to a lesser extent for computer based interventions. Stakeholder and expert reactions to the service concept were positive and further there was relatively high level of reported consumer interest and likelihood to try. **Policy Implications:** Get Healthy has the potential to: be accessible; easy to use; extended across NSW (particularly rural areas); and build on the foundations of other community and social marketing initiatives. The Stages of Research and Evaluation model can assist policy makers in framing the strategic development of public health interventions.

**Abstract Word count:** 247

## Emerging Health Policy Research Conference 2010

### Abstract Submission

#### **Presenter(s) Details**

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

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##### **Presenter(s) institution/organisation, address, email, and telephone:**

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##### **Short Biography of presenter(s) (maximum 50 words):**

**Dr Wipada Kunaviktikul is a Professor and Director of Nursing Policy and Outcome Center at the Faculty of Nursing, Chiang Mai University, Thailand. She graduated from the University of Alabama at Birmingham, USA in 1994 and worked as a research fellow at Harvard University during 2008-2009.**

#### **Presentation Details**

##### **Presentation Title (up to 10 Words):**

**Knowledge and Involvement of Professional Nurses Regarding Health Policy Development**

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

Knowledge, Involvement, Policy, Nurses, Thailand

#### **Research Details (250 word limit)**

##### **Introduction/Background:**

Nurses comprise the majority of health personnel in Thailand and are the ones who provide care to patients.

**The World Health Organization (2002) and the International Council of Nurses (ICN, 2008) encourage nurses and midwives to be involved in policy formulation.** However, **studies show** that only 44% of nursing administrators in hospitals had participated in policy development and human resource planning (Laddaphan, 2006).

**Research Question:**

What were the levels of knowledge and involvement in national health policy development by nurses in Thailand?

**Methodology:**

The study used quantitative and qualitative means to gather data from two groups of professional nurses; 2,121 nurses who worked in hospitals around the country, and 26 nurse leaders who were members of steering committees in nursing professional organizations. A self-administered questionnaire and an interview guide regarding knowledge and involvement in national health policy were used for collecting data. Content validity index and reliability of the questionnaire were assured.

**Findings:**

Results showed that 61.2% of the sample had a high level of knowledge about national health policy development however 72.8% had no involvement. Interviews of nurse leaders showed that some of them had been involved in formulating health policy but this did not directly impact the policy.

**Policy Implications\*\*\*:**

The results demonstrated that nurses had a high level of knowledge about health policy however they had limited opportunity to be involved. It is essential that nurses understand and be actively involved in the national health policy development and that nurse administrators should provide opportunities for nurses to be involved in policy development at all levels.

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