Directors’ Report

November 2011 - February 2012

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What’s New

• The Serious and Continuous Policy and Practice Study (SCIPPS) has now almost concluded. An invite only conference is to be held in mid-March and will be the final formal SCIPPS activity. The aim of the conference is to reach conclusions about feasible, effective policy interventions that will address the growing challenges associated with chronic illness. Delegates from policy, research, management, consumer advocacy and provider organisations will attend.

• The Preventing Poor Outcomes for People with Chronic Illness project, funded by a grant from the Ian Potter Foundation continues. Project work at the Australian National University has concluded, with the final report for that phase to be submitted very soon. The University of Sydney are recruiting a Fellow to lead the Sydney project from mid-2012.

• The recruitment process for the Director, Menzies Centre for Health Policy (University of Sydney) is underway. Following the appointment of a successor, Stephen Leeder will continue at the University until December 2013 on a reducing contract. He will be working with the research teams and PhDs and students with whom he is personally associated.

• The teaching year for the Master of Health Policy recently commenced. The trend of increasing student enrolments has continued and the course continues to enjoy an excellent reputation for educating health policy professionals.

• Baxter Healthcare generously donated half the tuition fees again this year for a domestic student commencing the Master of Health Policy. The scholarship is called the Baxter Scholarship for Excellence in Health Policy and it attracted a competitive field of applicants this year. Congratulations to Ms Martha Parsons who was the winner.

• Emma Dupal has commenced as Manager of the Menzies Centre in Sydney. She has taken over from Amanda Dominello who resigned to take up a position as the Research Manager at the Sax Institute. Emma brings with her over 10 years of experience working in various support roles at The University of Sydney. She was working in the Office of the Provost prior commencing at Menzies.

• We were very pleased that Amanda Dominello has accepted an invitation to maintain close contact with Menzies as a Research Associate. Other newly appointed Research Associates are Sebastian Rosenberg from the Brain and Mind Research Institute; Tony Ireland who is a medical advisor with the Department of Veteran Affairs; and Philip Baker who is a PhD candidate with ANU.

• Stephen Leeder received the Bupa Research Advocacy Award at the Research Australia Awards in November 2011.

• Kylie-Ann Mallitt commenced as a Research Officer (statistics) in November 2011 for the Care Navigation project, working under the guidance of Patrick Kelly.
What’s New continued

• Dr Gemma Derrick visited as an affiliate from December to January. She holds the position of JAE Postdoctoral Research Fellow at the Institute of Public Goods and Policies - Centre for Human and Social Sciences at the Spanish National Research Council. She worked under the supervision of Jim Gillespie and used the Sydney Medical School and School of Physics as part of her current research activities. She also reaffirmed ties with current and future collaborators and hopes to return again in the future.

• Stephen Leeder visited India in January - February where he participated in Ministerial Working Group meetings and the National Rural Health Mission (NRHM) meeting organised through the Centre for Global Health & Economic Development, Earth Institute, Columbia University. He also met with Race Against Time II co-authors whilst there, about writing an update.

• Stephen Leeder visited Abu Dhabi in February for the launch of the Military CVD Prevention Program.

• Lauren Kaplin, a recent graduate from Harvard has commenced a visit as an affiliate. She will be at Menzies in Sydney from March 5 - 31 working with Anne Marie Thow. Lauren is currently on a Kennedy Traveling Fellowship, doing comparative research on possible government policies to counteract the spread of non-communicable diseases and obesity. Her focus has been on food subsidies in India, and she plans to extend this work to study the fiscal landscape in Australia and later in South Africa.

• Members of the MCHP management team will be meeting in Sydney in March to decide on a set of strategies to guide the continued success of the Centre. A copy of the new strategic plan will be available in due course.

• Stephen Leeder and Jim Gillespie of Menzies will participate at the WUN Health Literacy Conference in Southampton University in the UK in May. The Conference will host a suite of international events focused upon addressing socio-economic disparities in the prevention, control, treatment and outcomes of non-communicable diseases in global and local comparative contexts.

• Anne Marie Thow and Shauna Downs will be attending the World Nutrition Conference in Rio de Janeiro at the end of April 2012.
Research

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

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

- Chronic Disease and Aged Care
  - Serious and Continuing Illness Policy and Practice Study
  - Care Navigation RCT
  - The Childhood Asthma Prevention Study
  - Health Economics Capacity Building Grant
  - Improving Health Literacy in Seniors with Chronic Illness
  - Preventing Poor Outcomes for People with Chronic Illness
- Dental and Oral Health
- e-Health
- Global Health
  - Initiative for Cardiovascular Health Research in the Developing Countries
  - Health Sector Aid Effectiveness in the Pacific
  - Securitisation and Multi-drug Resistant Tuberculosis: Global and Australian Perspective
  - Process Evaluation of Cardiovascular Disease Interventions in Anhui Province China
- Health Care Financing
- Health Reform
  - NSW Health advisory role
- Health Surveys
  - Survey on Attitudes towards the Australian health system
- Indigenous Health
- Mental Health
- Obesity and Nutrition
  - Prevention and Primary Care
• Sensory Impairment
• Vision-Hearing Project
• Sustainability
Chronic Disease and Aged Care

Care Navigation Evaluation (RCT and Process Evaluation)

The aim of the RCT is to determine the efficiency of Care Navigation, a care management plan for chronically ill patients. It is hoped that Care Navigation enables chronically ill patients to minimise exacerbations in their illness with the assistance of community health services, decreasing their need to make emergency presentations to hospital.

The RCT study population consists of 500 participants who were recruited to the study at Nepean Hospital between 17 May 2010 and 25 February 2011. Care Navigation is provided to participants who were randomised to receive the intervention. It is also provided to any patients who are not on the study and are considered appropriate for Care Navigation.

Patricia Jonas, has completed the 12-month follow-up phone interviews, and is in the process of chasing up any Picker Patient Experience surveys that remain outstanding. All manually collected data is entered into the study database which is currently held at Nepean Hospital.

Kylie-Ann Mallitt has been assisting with HealthOne Mt Druitt, and will begin working on the Care Navigation study data in March 2012. Kylie will perform the required statistical analyses for the study, and will assist Natalie with data cleaning. A final cleaned database will be kept by Kylie at MCHP. Kylie has been assisting with another project (HealthOne Mt Druitt), and will begin working on the Care Navigation study data in March 2012. Kylie will perform the required statistical analyses for the study, and will assist Natalie with data cleaning. A final cleaned database will be kept by Kylie at MCHP.

Several versions of electronic data reports have now been received from the hospital IT staff which shows information on presentations to hospital emergency departments, hospital admissions, diagnoses and comorbidities of study participants. Natalie Plant has been reviewing each version and providing feedback to hospital IT.

Natalie has also provided feedback on an initial draft report that has been developed by hospital IT showing in-hospital orders for consults and tests of study participants. It is expected that periodic reporting of accurate and complete participant data will begin shortly.

There have now been 14 interviews for the Process Evaluation. This includes seven interviews with decision and policymakers from NSW Health, and seven hospital and community healthcare staff. Interviews will continue in 2012.
Serious and Continuing Illness Policy and Practice Study

Indigenous experiences of chronic illness

No further papers are in preparation, and revisions are being made to those papers that have been returned for revision by the journals to which they have been sent. SCIPPS has been nominated and chosen as a finalist in the 2012 NSW Aboriginal Health Awards, which are being announced at a dinner in March.

Papers from the main qualitative study

A paper “Motivation to Self Manage” has now been published in Health Expectations and was a featured paper on the Primary Health Care Research and Information Service bulletin (PHCRIS) in December.

The findings from the qualitative study continue to be used to underpin the further papers being prepared from the survey research done by the team.

Survey of Time Use and Coordination

The team of people working on this study has had input from a wide range of researchers, including Dr Chema Valderas from the Dept of PC at Oxford, and Dr Robin Bunton and Dr Lesley Jones, two health sociologists from the UK; as well as a number of the Canberra SCIPPS investigators, and Jim Gillespie.

The first findings from this study have been presented at two conferences, one in the UK and one in the US, addressing carer time and patient time spent on health related activity respectively.

The first three papers have been submitted for publication;

- Time use of older carers with a chronic illness on health related activity (currently being revised for resubmission to Journal of Ageing and Social Policy); and
- Self-management work by older people with chronic illness- how much time does it take? Submitted to Ageing and Society
- Time to manage time: a literature review of time spent on health related activity by people with a chronic illness. (currently being revised for re-submission)

Three further papers are in preparation, relating to:

- What conditions do older people include and exclude in their choices of what constitutes chronic illness; and which professionals are included and excluded in categories of health professional;
- Multimorbidity and time spent on health related activity; and
- Patterns of non-hospital health professional use by older people with chronic illness.
Research continued

The investigators have been exploring the relationships between different combinations of chronic condition, following the interest being developed by Chema Valderas on the co-morbid and multi-morbid patterns of illness. This has been challenging methodologically as well as conceptually, and the team continues to work on it. However, we are planning to continue with it, though the time constraints will prevent much further time investment.

Who Cares for Me? Study

Data collection for this preliminary study has been completed, and initial analysis carried out. The main finding is that there is a high level of agreement between what patients think they require in terms of further management, and what their GPs recommend for further management. GPs generally refer for more tests than patients believed would be necessary, and patients thought that they needed further follow up by their GP, whereas GPs recommended fewer follow ups with them than patients expected. The researchers will prepare a paper for publication and intend to seek funds to carry out a larger study.

Evaluation of HealthOne Mt Druitt

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

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

The qualitative component of the evaluation commenced in 2010. Interviews with NSW Health and SWAHS policy makers, steering committee members and HOMD staff were completed by the end of 2010. Interviews with patients were completed in March/April 2011. Interviews with these patients’ GPs were completed by end November 2011. A focus group with Mount Druitt Community Health staff was held in November 2011. Coding and analysis of policy maker, steering committee member, focus group, patient and GP interviews is complete.

Patient Emergency Department presentations and hospital admissions data were extracted in August 2011. Analysis of these data is now complete. CHIME (Community Health Information Management Enterprise) data were extracted in October 2011 and are being cleaned for analysis. A survey to all service providers with HealthOne enrolled patients was distributed in May 2011. Analysis of these data are complete. Write up of the draft report integrating all the above data sources is continuing and now scheduled to be complete by March/April 2012.
Development of the SCIPPS Map and Narrative

A draft of the SCIPPS Map has been completed. This Map provides a thematic overview of SCIPPS results as related to the research and chronic disease policy context and is broken into several summaries.

• Comorbidity and the Reform Context
• Financial Pressure and Economic Hardship and the Reform Context
• Indigenous Health and the Reform Context
• Self-Management and the Reform Context
• Chronic Illness Policy Health Reform Integration and Coordination

These summaries can be accessed through the Menzies Centre for Health Policy website.

Dissemination of results – SCIPPS Communication Plan

Major work on dissemination and translation of research findings to the policy and practice communities has been undertaken by the SCIPPS team in the last four months.

Two important aspects of this dissemination process have been three roundtable discussions and a conference to be held in March 2012.

Three roundtables were held in late 2011. Roundtable participants were invited to attend and were drawn from a wide range of parties interested in the treatment, management and care of chronic illnesses and included health professionals, researchers, and policy makers drawn from federal, State and non-government organisations.

Round Table One: was held at the Darlington Centre, University of Sydney on Wednesday 16th of November and was titled ‘Understanding the complexities of co-morbidity with respect to policy and practice.’

Round Table Two: was held at University House, Australian National University, Canberra on Tuesday November 22nd and was titled ‘The economic impact of chronic disease on individuals and families.’

Round Table Three: was held on Wednesday November 30th also at University House, Australian National University, Canberra and titled ‘Health literacy for individuals and communities to support self-management.’

The proceedings of each roundtable discussion have been summarized and are available on the Menzies Centre for Health Policy website.
SCIPPS Final Conference 2012

The final SCIPPS Conference will be held on Wednesday March 14th at University House, Australian National University, Canberra. Participants have been invited to attend and include health professionals, researchers, policy and decision makers drawn from a wide range of government and non-government organisations.

The main purpose of the conference is to determine how to take the results of the SCIPPS project forward.

Building on key findings and policy considerations identified from the roundtables the one day conference features speakers, table group and panel discussions and is structured into three parts: understanding the SCIPPS results; improving approaches – what options are available?; and what approaches and strategies should be endorsed?

Publications

Published Papers October – December 2011


- Jowsey T, Yen L, Pearce-Brown C, Douglas K. What motivates Australian health service users with chronic illness to engage in self-management behaviour. (Health Expectations)


Papers in press

- Corcoran K, Jowsey T, Leeder S. One size does not fit all: the different experiences of those with chronic heart failure, type II diabetes and chronic obstructive pulmonary disease diabetes (Submitted to: Australian Health Review)

Papers in submission


- Jowsey T, Yen L, Ward N, It Hinges on the Door: Space time and identity in Aboriginal health services. (Health Services Research)
Research continued

- Yen L, Mc Rae I, Kljakovic M, Jowsey T, Dugdale P, Gillespie J Self-management work by older people with chronic illness- how much time does it take? Submitted to Ageing and Society

Presentations


The Childhood Asthma Prevention Study

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

The study has taken a new direction in the past two years, due to the interest of Professor David Celermajer and his colleagues in studying the relation between dietary fats and changes in the walls of the carotid arteries. These studies have emphasised the importance of exposure during early childhood to different dietary fats for the development of changes in the arterial walls that may signify long-term cardiovascular risk.

Health Economics Capacity Building Grant

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

Beverley Essue and Joel Negin are Team Investigators on the grant and it is progressing well.

Peer reviewed publications:


Research continued


Presentations


Reports


Invited participant:

- Menzies Centre for Health Policy and Serious and Continuing Illness Policy and Practice Study (SCIPPS) Roundtable Policy meeting on: The Economic Impact of Chronic Disease on Individuals and Families. 22 November 2011.
Preventing Poor Outcomes for People with Chronic Illness

The project, Preventing Poor Outcomes for People with Chronic Illness, has been funded by a two-year grant from the Ian Potter Foundation. Project work at the Australian National University (ANU) concluded at the end of 2011. The University of Sydney are recruiting a Fellow to lead the Sydney project in 2012. Two papers based on the reviews of the literature have been submitted for publication (below), with a further two, based on the findings of the qualitative research, close to submission.

- “Coordination of care in Australian mental health policy” (Michelle Banfield, Laurann Yen, Karen Gardner, James Gillespie, Ian McRae, Robert Wells) has been submitted to Australian Health Review, and revisions completed prior to resubmission, (accepted for publication).
- “From Coordinated Care Trials to Medicare Locals: where next for coordinating care?” (Karen Gardner, Laurann Yen, Michelle Banfield, James Gillespie, Ian McRae, Robert Wells) has been revised and resubmitted to the International Journal of Quality and Safety, (under review)

Global Health

Initiative for Cardiovascular Health Research in the Developing Countries

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

Health Sector Aid Effectiveness in the Pacific

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

The 2009 projects focused on sector wide approaches in Samoa and the Solomon Islands and tracking of funding flows for non-communicable disease and HIV/AIDS. The work was extended in 2010 to investigate regional health sector governance mechanisms. The research is being done in collaboration with the World Bank and Secretariat of the Pacific Community partners. 2011 projects include finalising the regional health governance project and continued work on health financing in Solomon Islands as donors attempt to adhere to the Paris Declaration on Aid Effectiveness. The projects in 2012 have extended to an examination of human resources for health challenges in the region especially in light of the deep engagement of the Cuban government in medical training. Additionally, Joel will examine the available models for Australian engagement in the health sector in the Pacific in light of
Research continued

the Independent Review of Aid Effectiveness released last year.

Joel Negin has been in continuing conversation with AusAID and other Pacific development partners about the impacts of the current regional health governance model. AusAID and NZAID in particular have sought his advice based on recently completed work on the proliferation of regional health governance mechanisms. Joel spent two days in Wellington in August working with NZAID. Additionally, Joel spent a week in the Solomon Islands working closely with senior officials of the Ministry of Health and Medical Services on health policy issues. Joel provided technical assistance on human resource planning, referral procedures and costing from outer islands to the National Referral Hospital and examined national budgeting processes.

Publications


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

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

The Menzies Centre for Health Policy has been awarded $16,000 under the University of Sydney IPDF program to undertake a process evaluation and policy study of a community based cardiovascular (CVD) reduction program in rural China. The project will be conducted in collaboration with Lanzhou University, Gansu Province, China. CVD is a serious health, economic and social issue in rural China and an area of increasing need and research investment. The Menzies Centre has expertise in process evaluation and a knowledge exchange in this area will benefit both Lanzhou and Sydney Universities. Professor Leeder visited Lanzhou in May 2011 and it is expected that a PhD student from Lanzhou will enrol at the University of Sydney next year to pursue the project.

Health Care Financing

Public-private funding and service delivery in the Australian hospital sector

A joint project between the Menzies Centre (J. Gillespie), Australian Healthcare and Hospitals Association (Anne-marie Boxall) and Catholic Health Australia.

Australia has a hybrid health system with health services funded and provided by the public, private and not-for-profit sectors. The relationship between the sectors is complex, particularly in the area of hospital care. Private patients are routinely treated in public hospitals and public patients are routinely treated in private hospitals, with each sector funded by a bewildering mixture of government, private health insurance and out-of-pocket payments. This project examines some case studies of these changing relationships and their significance for national attempts to reform the health system.

The initial outcome will be a joint Issues Paper surveying current policy reform questions around service contracts between public and private hospitals to relieve pressure on elective surgery waiting lists. An ARC Linkage Grant application will be submitted in late 2012.

Health Reform

NSW Health advisory role

The Menzies Centre was engaged by NSW Health in 2010 to provide independent policy advice on key significant areas of work required during the roll out of the COAG National Health and Hospitals Network Agreement in NSW. Over the next 12 months, the Menzies Centre will evaluate the chronic illness ‘module’ of HealthOne Blacktown in the Western Sydney Local Health District. NSW Health requested that the HealthOne Blacktown Evaluation use a similar methodology to that employed in the Evaluation of HealthOne Mount Druitt carried out by Menzies Centre for Health Policy. A second component of the HealthOne Blacktown Evaluation will be to develop evaluation methods that can be used in the evaluation of HealthOne services elsewhere in NSW.
Health Surveys

Survey on Attitudes towards the Australian health system

Planning is underway to carry out the third Menzies-Nous Survey on Attitudes to the Health Care System which would be run in July 2012. The survey will continue to ask respondents questions about their use of, understanding of, satisfaction with and attitudes towards the Australian Health System. Each of the two earlier surveys has sought information about particular aspects of experience: in the 2010 survey, for example, respondents were asked about their knowledge of and attitudes towards aged care services and provided an early view of attitudes to proposed national health care reforms. The most recent iteration of the survey is still being discussed by colleagues at the University of Sydney and the ANU. The Menzies funding for this iteration will come from the ANU node, and the required MOU with the NOUS group is being prepared by ANU. Since this will be the third round of the survey, we are starting to build up a picture of changes in attitude over time in matters of policy significance and relevance.

The third Menzies-Nous Survey will follow issues that have been tracked since the first survey in 2008: on satisfaction with different elements of the health system and access to services. We will also investigate views on reform of aged care, contributing an important set of policy debates as governments work out their response to the Productivity Commission’s recommendations. The Survey involves staff from the University of Sydney (J. Gillespie), ANU (L. Yen, I. McRae, R. Wells) and the Nous Group.

Research Policy

Is there a role for researchers to influence organisational change with regard to the use of Research Evaluation Metrics (REMs)?

Collaboration with Institute of Public Goods and Policies, Centre for Human and Social Sciences, Spanish National Research Council, Madrid. J. Gillespie (Menzies Centre) and G. Derrick (Madrid).

This research will investigate the factors that inhibit and facilitate adoption of REMs by researchers and university departments. It will also, for the first time identify how researchers are using research metrics as part of their research role and identify the (perceived or not) incentives researchers receive for compliance. This is of particular interest especially if there is no formal incentive in place for comparably successful REMs. Finally, the research will also investigate how departmental management can facilitate REM adoption (through education programs and incentives etc) and, conversely, the role researchers can play in influencing organisational change by either facilitating or resisting the adoption of REMs.
Research continued

What is influential public health research?

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

Sensory Impairment

Vision-Hearing Project

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

At end of December 2011, the baseline phase of the project came to completion with 300 participants recruited to the study (recruitment rate <50%). All clients underwent hearing screening assessments and completed detailed questionnaires on their age, sex and social status, hearing health, general health, cognition, and quality of life.

Participants hearing levels were assessed by air conduction only, across a range of frequencies representing the frequency range of speech (500Hz; 1000Hz; 2000Hz; 4000Hz and 8000Hz). If hearing was found to be outside of normal range (>20dB) at more than one frequency 0.5–8kHz, dual sensory impairment was discussed with the client. If the participant had not previously sought help for their hearing loss information was provided about hearing services eligibility and clients were encouraged to attend a full assessment. Those with unmet hearing needs are being followed up within 12 months to see if the screening model impacted their help seeking behaviour.

Since November 2011, our major achievements include:

- Completion of Phase 1 (baseline phase) - 300 assessments complete.
- Continuation of the Phase 2 (follow-up phase) - 86 interviews completed; 22 withdrawals.
- Commencement of qualitative interviews on help-seeking, isolation, care and support needs - five complete.
- Approval from NHMRC for a 6 month extension to allow a full follow-up phase to be undertaken as part of the study
Related accepted publications:


Research Students

Jennifer Hunter (supervisor Stephen Leeder)

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

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

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

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

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

Ashley McAllister (supervisor Stephen Leeder)

Are contemporary welfare reforms appropriate for people with a mental illness?

Ashley McAllister is exploring contemporary (since 1990) welfare reforms to determine if the current policies are appropriate for people with mental illness when applying for income support. This project is a unique comparative multiple-case study between Australia, Canada, New Zealand and the United Kingdom to determine: 1) the key barriers, especially ones created by policy, in applying for disability-related income support, and whether the barriers are similar across the four countries, 2) why welfare reforms have continued to be based on an active labour market strategy, and 3) if existing policies should be re-framed in a more ethically-sound way to better meet the needs of those with mental illness. This research will use an iterative process of exchange with policy-makers to test the feasibility of implementing revised policies. This project has the potential to reduce the risk of marginalisation among those with mental illness by facilitating knowledge translation between those who work with people with mental illness and those who create the policies.
Research continued

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

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

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

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

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

It was discovered that the economic and psychosocial impact of IHD among patients and their families in Malaysia was considerable. However the true economic impact of IHD on households could be much larger than was captured from the study.

Despite the highly subsidised tax-based health financing in Malaysia, patients and their household had to pay an average of US$870 yearly in out-of-pocket (OOP) costs. Sixteen out of every 100 households suffered from catastrophic health spending (OOP costs = 40% of non-food consumption). Although only nine suffered from distressed financing, as many as 29% reported having problem paying for their health care and a quarter of the patients had to withdraw their saving to support their illness. Almost 17% had to reduce their monthly food consumption. Many had difficulties paying for their utility bills, education, rent, car maintenance/loan, and dental/optical expenses. Nevertheless, only a selected few reported moving houses, selling off assets and taking up new employments to help cope with living expenses. Although such occurrences were small in number, it does not preclude the fact that IHD did bring great impact financially for these patients and their families.

These findings provide some justification for reviewing financing mechanisms to address chronic disease in Malaysia. Welfare distribution was exceptionally low which either meant patients in this study were ineligible because they were not poor enough or patients were not aware of its existence. Currently, welfare provisions in Malaysia are reserved for poor families, the elderly, single mothers with children and disabled persons. Amendment should be made to include allocation for chronic disease patients or their carers who were unemployed and impoverished by their illnesses. These allocations should be made known to families in need and information regarding the application should be widely-distributed in health care facilities.
Research continued

Publication

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

Shauna Downs (supervisor Stephen Leeder)

Food policies to improve diets and reduce chronic disease in India

Shauna Downs is examining trans fatty acids (TFA) in the Indian food supply. Her project will use food supply chain analysis in both national and regional case studies in India to: 1) determine the sources of TFAs in the food supply, 2) identify key points for policy interventions to reduce their consumption; and 3) to determine the feasibility of these policies. The project will examine the processes and actors that take food from farm-to-fork, while identifying potential pressure points in the food supply for policy interventions. A feasibility assessment of the proposed policy interventions will be conducted with key stakeholders (including government ministries, public organizations and relevant leaders from the private sector) in India. This project has the potential to improve diets and help reduce chronic disease in India by identifying feasible multi-sectoral policy options. The novel use of food supply chain analysis will provide scope for applying this methodology to other key aspects of the food supply. Shauna has completed eighteen interviews with various stakeholders in India as part of the first phase of data collection for this study and is currently preparing manuscripts for publication. She will conduct further data collection in India in the coming months. She is also a Co-Investigator on a recently funded Wellcome Trust/Public Health Foundation of India Capacity Building Grant to investigate 1) trans fat intakes in rural areas and the urban slums of India 2) industry’s capacity to reformulate products and 3) the cost-effectiveness of removing trans fat from the Indian food supply.

Soraya Siabani (supervisor Stephen Leeder)

Standardizing A Self-Care Heart Failure Index (SCHFI) and using it to compare the effect of education by volunteers and health workers in Iranian patients with heart failure

This study seeks to establish what benefit education by health workers and volunteers may have on patients with heart failure in Iran. The SCFI will be used to measure differences in outcomes among two groups of such patients either exposed to health worker educators or to volunteers.

Objectives:

- To investigate the reliability and the validity of SCHFI in Iranian people with CHF
- To measure the Self-Care Heart Failure Index (SCHFI) components (i.e symptom monitoring) in patients with CHF in Iran
- To compare SCHFI for two groups of patients randomly divided into two groups either exposed to health worker educators or to volunteers.
Joel Negin (supervisor Stephen Leeder)

Joel Negin is a PhD student whose dissertation tracks the ageing of the HIV epidemic in sub-Saharan Africa. As more and more people are put on life-prolonging anti-retroviral treatment, the cohort of people living with HIV will age (as has occurred in developed country settings). Despite this, all United Nations and World Health Organization HIV reporting focuses on those aged 15-49 and ignores those aged 50 and older. Joel’s PhD aims to build the evidence base on this important and emerging topic looking at epidemiology, awareness, treatment and policy as well as co-morbidities between HIV and non-communicable disease. Joel has published four papers on the topic with a fifth under review and a sixth in development. He hopes to submit his dissertation in the middle of 2012.

Adam Capon (supervisor James Gillespie)

The development of an environmental health policy for nanotechnology in Australia

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

Deborah Schaler (supervisor James Gillespie)

The comparative effectiveness of patient feedback as a tool to improve the safety or quality of the health system.

Deborah is undertaking a comparative study of the impact of three patient feedback mechanisms (patient complaint policy, patient satisfaction surveys and patient journeys) on the safety or quality of a health system. The inter-relationships of these mechanisms to other elements of the safety and quality system, particularly the incident management and risk management systems will be explored. The study aims to better understand: the situated-ness and integration of patient feedback in the quality and safety frame; the relative efficiency and effectiveness of these three mechanisms in leading to improvement in quality or safety in a selected health service; compare the effectiveness of patient feedback mechanisms to other elements of quality and safety governance; and to identify and pilot strategies to strengthen these relationships.

The study will be mixed method and situational analysis mapping will be undertaken in the early part of the research to map and better understand the meso-level relationships. A pilot site (the Women and Children’s Division in ACT Health, Canberra, comprising the Women and Children’s Hospital and a range of community based services) has been identified and Deborah has obtained all required ACT Health approvals to proceed. The research is currently at ethics approval stage.
Research continued

Angela Littleford (supervisor James Gillespie)

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

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

Data collection is complete and analysis of the data is underway using grounded theory methodology.

Recent publications and presentations include:


John Hall (supervisor James Gillespie)

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

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

Andrey Zheluk (supervisor James Gillespie)

Contemporary HIV & drug policy advocacy in the Russian Federation

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

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

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

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

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

Initial themes that have emerged from the research include:

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

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

The University of Sydney

The Master of Health Policy offers three core units in second semester. Each unit is convened by staff from the Menzies Centre, with active contributions from the School of Public Health and a wide array of policy practitioners.

HPOL5000: Introduction to Health Policy (SR Leeder & AM Thow – enrolment: 45)

This unit explores the main structures and institutions that make health policy. The unit examines debates over policy frameworks, including disputes over equity, ethics and the role of socio-economic status in setting priorities. Conflicts over health policy will be placed in broader contexts – comparing different health systems and assessing global influences. Case studies will be used to examine the relationships between policy and practice.

HPOL5001: Economics and Finance for Health Policy (J Gillespie, S Jan, C Giles – enrolment: 37)

This unit introduces the main concepts and analytical methods of health economics, political economy and finance to examine the workings of health systems in Australia and comparable countries. It looks at the main models of funding used in developed countries and their implications for the structure, planning and delivery of services. The first module focuses on the basic concepts and methodologies of health economics and political economy and their contribution to policy analysis. The second module places funding structures in a broader political and policy context. Topics include the debates over the public-private mix and governance and accountability - who makes decisions about funding priorities? To whom should decision makers be held accountable and for what aspects of their work? How does health finance shape broader policy reform?

HPOL5008: Evidence into Policy and Practice (AM Thow – enrolment: 21)

There is a growing recognition of the importance of the evidence from research in informing the development and evaluation of health policy and practice. The aim of this module is to increase students’ understanding about the links between evidence and policy and practice and, using academic and real-world examples, how evidence from research is used in policy and practice.
This unit introduces students to the methods by which evidence is translated, used and abused when governments make decisions affecting public health. Students will become familiar with the main tools used by health economists and policy analysts. The unit will emphasize the role of different forms of evidence and values for priority-setting and policy-making.

Unit technical content is unified by common themes and case studies. Students will apply methods and principles of health economics e.g. resource scarcity, opportunity cost, efficiency and equity to practical real-life examples (including specific Indigenous health issues) to critically consider the role of economic evidence in health decision-making in Australia.

Students will then use policy analysis methods to critically examine the Australian health care system and decision-making in public health. The unit will pay particular attention to questions of power e.g. the role of politics, industry, professional and consumer interests in shaping public health outcomes. We will also look at questions of equity, including gender and the position of Indigenous peoples. Finally, we will look at how evidence is framed and used in decision-making.

Teaching will make use of contemporary case studies so students learn how technical analytical tools are used in practical examples of policy development, decision-making and public debate.

The unit gives public health students the essential basic knowledge of both disciplines (health economics and health policy) and lays the groundwork for more advanced studies.
Publications and Presentations

Peer Reviewed


- Sturdy, S., J. Smith-Merry and R. Freeman (forthcoming) ‘Stakeholder consultation as social mobilization: framing Scottish mental health policy’ Social Policy and Administration


Publications and Presentations continued

- Jan S, Essue BM, Leeder S. Falling through the cracks: the hidden economic burden of chronic illness and disability on Australian households. MJA 196 (1) 2012 Jan 16
- Ian McRae, Laurann Yen, James Gillespie, Kirsty Douglas (2010), Patient affiliation with General Practitioners in Australia - who is affiliated, who isn’t and does it matter? Health Policy, Health Policy vol 103 (1) November 2011, 16-23
- An S, Essue B, Leeder S. Falling through the cracks: the hidden economic burden of CI and disability on Australian households. MJA 2012; 196(1): 29-31

Industry
- McAllister, A. Why welfare-to-work doesn’t work for mental illness, Mental health matters: Magazine of the NSW Association for Mental Health, Issue 23, January 2012

Media - Print
Media - Interviews & Quotes

Online

Republished

Conference Presentations
Events

The Menzies Centre for Health Policy delivers regular seminars that address contemporary health policy issues. The Menzies Oration and Emerging Health Policy Researchers Conference are regular features of the events program and attract widespread interest. The SHPN event in 2011 was also very well attended and received very positive feedback.

Upcoming Events

SYDNEY HEALTH POLICY NETWORK & PREVENTION RESEARCH COLLABORATION PRESENTS:

9 March 2012
Strengthening Health Policy Forum

The forum aims to provide an in depth analysis of current prevention policy, structural barriers and ways of strengthening it in practice, contribute to prevention policy development in NSW, provide a focus for engaging a network of prevention policy stakeholders, including academics, policymakers and practitioners, and foster ongoing exchange between research and policymaking perspectives.

2012 SCIPPS CONFERENCE

Wednesday 14 March 2012
Positioning Chronic Disease Care and Management in the Current Health Reform Context

This conference follows on from three roundtable discussions held in November 2011 which focused on the following significant Serious and Continuing Illness Policy and Practice Study (SCIPPS) findings:

- the complexities of co-morbidity;
- the economic impact of chronic disease on individuals and families; and
- community support for effective health literacy and self-management.
Past Events

Menzies Oration, 1 February 2012

Presented by Professor Anne Rogers, University of Manchester.

Social networks, patient work and resources for the management of long-term conditions: a framework and implications for Health Policy

In response to the exponential rise in rates of chronic illness, a central tenet of health care policy internationally is the promotion and implementation of self-management programmes through programmes such as the Expert Patient in the UK and Chronic Disease Self Management in Australia. The notion of self-management in chronic illness frequently centres on the patient’s capacity and responsibility to undertake personal self-care strategies. However, this current over-individualistic approach under-acknowledges the importance of everyday living, as well as people’s social contexts, material resources and networks.

The aim of this presentation is to describe how social networks and the types of ‘work’ done by patients are centrally involved in the mobilisation and deployment of resources for chronic illness management. These ideas contribute to a novel approach in understanding, designing, and implementing new forms of self-management support. These concepts will be illuminated with reference to the role of pets and ‘weak ties’, and the development of new network-based tools for providing and mediating personal support in managing and living well with long-term conditions.

Sydney Health Policy Network

Tuesday, 29 November 2011

Conference - Mind over Money: Reforming national health funding and its implications for mental health.

Guest Facilitator: Gregor Henderson - Independent adviser in mental health and wellbeing, Scotland, UK.

The conference will be split into two sessions. The morning session will provide attendees with an overview of the new national health funding and governance arrangements.

The afternoon session will explore what these new arrangements mean for mental health in Australia and the prospects for ongoing reform. Understanding this landscape will be critical to ongoing effective health policy and research.
Monday, 28 November 2011

Guest Lecture presented by Gregor Henderson: independent adviser in mental health and wellbeing, Scotland, UK

Why Modern Life is bad for our mental health and wellbeing and what we might choose to do about it.

This lecture explores what emerging public health policy, with its focus on wellbeing and social action, may have to offer our individual and collective responses to mental illness and mental health and to creating a more mentally health society for the 21st century.

This lecture will argue that new ways of thinking about public and mental health policy that embrace a wider and more integrated approach with a focus on addressing the social, economic and cultural determinants of both mental illness and mental health (or mental wellbeing) will bring significant advantages and improve outcomes for people recovering from mental health difficulties and the wider community.

Traditional approaches to mental health policy with their primary focus on the needs of people living with significant mental illnesses have made steady progress over the last 20 - 30 years. However a continued focus on mental health policy as being predominately concerned with the identification and alleviation of mental illness has its limits to overall public health and to improving the quality of life, inclusion, equality and human rights of people recovering from mental illnesses and the economic and social consequences of living with a mental illness.

Drawing on emerging policy, evidence and practice from around the world, Gregor will present the case for making public mental health with a focus on wellbeing a legitimate goal for national and local policies and actions.

Gregor Henderson

From 2003 – 2008, Gregor was the first Director of the Scottish Government’s innovative and now internationally renowned National Program for Improving Mental Health and Wellbeing (www.wellscotland.info).

Gregor currently works as an adviser to the UK Department of Health in England on public mental health and wellbeing. This follows two years of leading a national program on wellbeing and public mental health for the National Mental Health Development Unit, supporting the development and implementation of national mental health policy. (www.nmhdu.org.uk).

Gregor writes on mental health, wellbeing, social and public policy issues and lectures across the UK, Europe, and internationally. Gregor is interested in how policy, research evidence, practice and people’s lived experiences can be combined to help transform the way people, communities and society think and act about mental health and wellbeing.
Events continued

S T Lee Lecture - Taking Aim at Non-communicable Diseases in Asia/Pacific

Monday, 7 November 2011

The 2011 S. T. Lee Lecture was delivered by:

Professor Robert Beaglehole
Emeritus Professor, University of Auckland

Non-communicable diseases (NCDs), principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading causes of death in the Asia/Pacific region. The region includes countries such as Australia which have had major successes in reducing NCD death rates with a comprehensive approach. By contrast, in China where 80% of deaths are due to NCDs, the response to NCDs is at a very early stage. Smaller island countries of the Pacific have declared a “state of health emergency” because of the toll of NCDs.

Professor Beaglehole spoke to the momentum generated by the UN Declaration in September 2011 that recognises the enormous health and economic burdens imposed by NCDs on all countries and firmly positions NCDs as a development, and not just a health, issue.

SCIPPS Roundtables - October - November 2011:

- Round Table 1: Understanding the complexities of co-morbidity with respect to policy and practice;
- Round Table 2: The economic impact of chronic disease on individuals and families;
- Round Table 3: Health literacy for individuals and communities to support self-management.
Staff List

Directors

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

University of Sydney

Deputy Director: Associate Professor James Gillespie
- Manager: Emma Dupal
- Administrative and Research Officer: Alida Castelletto
- Events and Communication Officer: Shauna Downs
- Research Fellow and Ian Potter Fellow: recruitment in progress
- Research Fellow: Joel Negin
- Lecturer: Dr Anne Marie Thow
- Associate Lecturer: Minerva Rivas Veralda

Research Students:
- PhD Student: Surianti Sukeri
- PhD Student: Jennifer Hunter
- PhD Student: Soraya Siabani
- PhD Student: Adam Capon
- PhD Student: Angela Littleford
- PhD Student: John Hall
- PhD Student: Andrey Zheluk
- PhD Student: Ashley McAllister
- PhD Student: Shauna Downs
- PhD Student: Angela Littleford
- PhD Student: Shauna Downs

Serious and Continuing Illness Policy and Practice Study:
- Research Fellow, SCIPPS: Justin McNab

Care Navigation (RCT)
- Research Officer: Natalie Plant
- Research Assistant: Patricia Jonas
- Research Assistant: Kylie-Ann Mallitt

Hearing-Vision Project:
- Postdoctoral Researcher: Dr Julie Schneider
- Research Assistant: Moira Dunsmore

Australian National University

- Associate Director: Ms Laurann Yen
- Assistant to Mr Robert Wells: Ms Marion Eluga

Serious and Continuing Illness Policy and Practice Study:
- Senior Research Officer: Ms Tanisha Jowsey
Directors’ Report

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

The Menzies Centre:

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

For more information
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