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What’s New

Associate Professor Adrian Kay will replace Bob Wells as the Director of the MCHP (ANU). He will commence the position in August, at which time the MCHP (ANU) will move to the Crawford School of Public Policy. Associate Professor Kay brings to the Centre a strong background in policy and was previously Director of the Policy & Governance Program at the Crawford School of Public Policy. The MCHP acknowledges the valuable contribution Bob Wells has made since its inception in 2006. Bob will continue as Director of APHCRI and will maintain close ties with the MCHP.

Ms Sarah Geddes has been appointed as the new Manager at MCHP (ANU). Sarah joins the Centre from the National Centre for Epidemiology & Public Health at the ANU and has begun working hard on transitioning MCHP (ANU) into the Crawford School.

The recruitment process for the Director, MCHP (Sydney) continues. 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 second stage of the Preventing Poor Outcomes for People with Chronic Illness project has now commenced at MCHP (Sydney). Beverley Essue has been appointed as the Ian Potter Foundation Fellow with this phase of the project to commence on the 2 July. The Ian Potter Foundation has reported that they are pleased with progress so far, and the completion date for the grant has now been extended to mid 2014.

Rebecca Barton has been making a valuable contribution to the Vision Hearing Project since March, replacing Dr Julie Schneider as the project manager while she is on leave. Rebecca is currently completing the final stages of her PhD, supervised by Professor Gwynnyth Llewellyn at the Faculty of Health Sciences. Her research aims to explore the experiences of migrant families raising a child with a disability in Australia.

Moira Dunsmore recently made a presentation for the DSI project at the 2nd International Conference on Adult Hearing Screening at Lake Como in Italy, June 7 - 9.

Manuel Garcia-Goni from the Universidad Complutense de Madrid, Spain, gave a guest lecture in April entitled “Pathways towards chronic-care focused healthcare systems: evidence from Spain.”

Professor Richard Deckelbaum visited from Columbia University and presented a guest lecture for the Sydney Health Policy Network and the Charles Perkins Centre in April entitled “The Cost of the Double Burden: Under and over nutrition worldwide.”

The Serious and Continuous Policy and Practice Study (SCIPPS) has been extended to the end of the year. This will allow for further work on the dissemination of results and the publication of further papers.

Two new associates have joined MCHP (Sydney) since March. Associate Professor Sallie Pear-
What’s New continued

son, Head of Pharmacoepidemiology and Pharmaceutical Policy Research Group and Belinda Reeves. Belinda has degrees in law and sociology, and is currently a PhD candidate at the Faculty of Law, University of Sydney. Her thesis examines the role of advertising regulation in chronic disease prevention. Specifically, she is evaluating a “responsive” regulatory approach to tobacco, alcohol and food advertising.

Kylie-Ann Mallitt’s contract as a Research Officer (statistics) has been extended to June 2014 for the Care Navigation project. She continues to work under the guidance of Patrick Kelly.

Stephen Leeder and Jim Gillespie attended the WUN Global Health Summit in Southampton in May. The Conference hosted 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 attended the World Nutrition Conference in Rio de Janeiro at the end of April.

Surianti Sukeri has recently completed her PhD under the supervision of Stephen Leeder. The topic was “The Economic and Human Impact of Ischemic Heart Disease among Households in Malaysia.”

Joel Negin also completed his PhD. His research tracked the ageing of the HIV epidemic in sub-Saharan Africa. His thesis is currently with examiners and Joel is taking a well earned break.

One of our newest staff members, Beverley Essue has also recently submitted her PhD, under the supervision of Associate Professor Stephen Jan at the George Institute. Her research focused on refining the methods used to measure household economic hardship associated with illness and identifying the policy supports required to live and manage well with a chronic illness. Her thesis is currently with examiners.

In May/June Associate Professor James Gillespie was a visitor at the Institute of Public Goods and Policies at the Centre for Human and Social Sciences, Spanish National Research Council, Madrid, continuing work on innovation in research policy with Gemma Derrick. While in Madrid, he gave a presentation at the National School of Public Health on the MCHP SCIPPS research. He also met with representatives from the Basque Institute for Health Innovation to discuss common issues around organisational change to improve chronic disease management.
Research

Research is a core activity of the MCHP. MCHP 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 MCHP mentor and supervise research students enrolled at both The Australian National University and the University of Sydney. The MCHP also hosts academic and student visitors pursuing projects that align with the research strengths and interests of MCHP 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 were recruited to the study at Nepean Hospital between 17 May 2010 and 25 February 2011 and all participants have been followed up for at least 12 months. The 24-month follow-up phone interviews are being conducted by Patricia Jonas, with the final follow up due late February 2013.

Statistician Kylie-Ann Mallitt has been performing data cleaning and is summarising the baseline data and checking the balance of potential risk and prognostic factors between the two groups. Twelve-month data has been received on participants’ presentations, admissions and mortality and Kylie will perform an analysis on these data. Kylie will also complete the study data dictionary before going on maternity leave in August 2012. Community health referral data has also now been received and Kylie will review these data on her return.

A protocol paper in being written by Natalie Plant, and investigators have been discussing other papers expected to come from the study. Process evaluation interviews will continue in July and August.

Serious and Continuing Illness Policy and Practice Study

The MCHP was successful in getting an extension to the SCIPPS NHMRC grant for a further six months. The project will now conclude in December 2012. An extension was requested to complete further dissemination of research findings to stakeholders and policy makers. There are a number of papers in preparation or in press that will complete the work of the program, including the papers resulting from the final research activity and the survey on time and coordination for people with chronic illness. These papers will be completed over the rest of the year.

The financial reconciliations will need to be finalised for the final report to the NHMRC on the work of the program. The outputs for the program have included multiple presentations at national and international conferences, over 20 peer reviewed publications in national and international journals, policy briefings to the Department of Health and Ageing and a substantial number of public statements, press releases and policy statements by the investigators, and particularly by the Directors of the MCHP, Steve Leeder and Bob Wells.
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.

Patient emergency department presentations and hospital admissions data was extracted in August 2011. CHIME (Community Health Information Management Enterprise) data was extracted in October 2011. A survey to all service providers with HealthOne enrolled patients was distributed in May 2011.

Analysis of all qualitative and quantitative data was completed by April 2012. The writing up of the draft report was completed June 2012. The final report will be available in September 2012.

Dissemination of results – SCIPPS Communication Plan

Work on the dissemination and translation of research findings to the policy and practice communities continues. Two important aspects of this dissemination process have been three roundtable discussions held in November 2011 and a conference held in March 2012.

Participants were invited to attend the SCIPPS conference and were drawn from a wide range of parties interested in the treatment, management and care of chronic illnesses and included health professionals, researchers, consumers and policy makers drawn from federal, state and non-government organisations.

The main purpose of the conference was 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 featured speakers, table group and panel discussions.

A booklet titled Positioning Chronic Disease Care and Management in the Current Health Reform Context was produced in May 2012 bringing together discussions from the conference and roundtables and also summaries, results and published papers from previous SCIPPS work. This booklet will be distributed to all people who attended the conference and other SCIPPS associates and stakeholders with an interest in chronic disease policy, care and management.
Publications

Published Papers March – June 2012


Papers in Submission

- 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)

- 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)

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. Enrolled subjects continue to be studied

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 the Chief Investigator in an NHMRC Capacity Building Grant (2009 – 2013) entitled Health Economics Research, Modelling, Evaluation and Strategy (HERMES). It involves training, salary and scholarship support for a number of early career health economists to research chronic diseases. The program ‘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 MCHP (Sydney). It aims to 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.

NHMRC Centre for Research Excellence – Air pollution & Health (CREAP)

Stephen Leeder is an investigator in an NHMRC Centre for Research Excellence awarded in 2011 for $2.5 million for the project “Understanding and ameliorating the human health effects of exposure to air pollution from knowledge to policy and public health practice.” The project is led by Professor Guy Marks at the Woolcock Institute for Medical Research (WIMR), will run for 5 years, and will facilitate research, research training, translation and collaboration in the field of air pollution and health. The CRE comprises a multi-institution collaboration with main foci of research activity to take place in Sydney, Melbourne and Brisbane.

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 ANU concluded at the end of 2011. The University of Sydney has recruited a Fellow, Ms Beverley Essue to lead the Sydney project, commencing in July 2012.

At the ANU node, the focus of the research was the translation of policy into practice in relation to the coordination of care.

The research stemmed from findings from the SCIPPS qualitative research that showed that both people with chronic illness and health practitioners held a view that the management of chronic illness by health and social care providers was fragmented and poorly coordinated, and that while all groups recognised the importance of coordination, activities to achieve it were not well defined and were not fostered by the current structures, funding and relationships within the system.

Most of the policies about chronic illness, both nationally and at state level, emphasise
the role and importance of coordination of care in achieving better outcomes for people with chronic illness. Such outcomes would include reduction in the frequency and length of hospital admissions and better experiences for people affected by chronic illness in its management and in the navigation through the health and care systems.

The first activity undertaken was an analysis of current policy promoting coordination, to identify how coordination was defined in the Australian and international literature; to what extent current policy drove implementation of coordination of care; and what were the barriers and enablers within the system that would have an impact on coordination. From this initial work, two publications have been prepared, with one awaiting final publication:

- “Coordination of care in Australian mental health policy” Michelle Banfield, Laurann Yen, Karen Gardner, James Gillespie, Ian McRae, Robert Wells has been submitted to and accepted for publication by Australian Health Review

From the literature, the team decided that continuity of care, as a necessary element of coordination would be the focus of field research. In collaboration with Professor Stephen Campbell, University of Manchester, and in light of the major e-health reforms in the health system, the team decided to concentrate on researching the specific area of continuity of information.

A typology of information use that incorporated both horizontal use, such as between providers at the clinical level; and vertical use, such as the use of clinical and local information by health service planners at the organisation (meso) level, and by policy makers at the macro level was developed. The typology illustrated where, and for what purposes, information needed to “be continuous” in order for coordination to work throughout the whole system. The typology postulated, for example, that policies at the macro level needed to be informed by clinical and population data in order that appropriate policy interventions would be designed for better outcomes.

This led to the second and main work of the project, a set of case studies on information collection, governance, use and management with the aim of better coordination of care. Providers in four different primary care environments, all known to have an interest in coordination of care, were recruited for interviews, which took place late mid to late 2011. 18 individuals were interviewed by the research team at the ANU. Interviews were recorded and transcribed and then thematically analysed using the NVivo9 software.

The four case study environments included a major health insurer providing a range of health promotion and chronic illness management services; a division (at that stage) of general practice; a chronic illness management initiative involving general practice and community health practitioners along with their overseeing organisations and a state level health information initiative, where access to patient information was available to any treating practitioner.
Research continued

Two papers have been completed on the basis of this research, one focusing on continuity of information in the coordination of individual patient care; and the second focusing on the way information is used, or not, by the meso and macro levels of the health system to inform health policy.

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 included 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 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.
Research continued

Health Care Financing

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

A joint project between the MCHP (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 MCHP 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.

The MCHP 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 MCHP. 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. This work is to be carried out in the second half of 2012.

Health Surveys

Survey on Attitudes towards the Australian health system

Fieldwork for the third Menzies-Nous Survey on Attitudes to the Health Care System was completed in July 2012. The survey asks 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. Since this will be the third round of the survey, we are starting
Research continued

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)?


This research investigates 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. Gemma Derrick visited the MCHP (Sydney) and conducted interviews in early 2012. Jim Gillespie was at the Centre for Human and Social Sciences, Madrid in May 2012.

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. Furthermore, a pilot qualitative component has been added to the project, with in-depth interviews being conducted with a purposively selected group of 20 participants. These interviews will cover topics such as help-seeking, isolation, and care and support needs, in order to identify the factors that inhibit and facilitate the active involvement of older Australians in their hearing health care.

Since February 2012, our major achievements include:

- Completion of Phase 1 (baseline phase) data entry.
- Initial baseline data analysis complete.
- Continuation of Phase 2 (follow-up phase) - 116 interviews completed; 34 withdrawals.
- Continuation of qualitative interviews - six complete and transcribed. Data analysis has commenced.
- Collection of audiometric reports continuing. Data entry complete to date (72 reports available and entered).

Recent conference presentations:


Related accepted publications:


Gopinath B, Schneider J, Hickson L, McMahon CM, Burlutsky G, Leeder SR, Mitchell P. Hearing Handicap, rather than Measured Hearing Impairment, Predicts Poorer Quality of Life Over 10 Years in Older Adults. Maturitas, accepted 22/03/12.
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 comparing disability-related income support to determine if the current policies are appropriate for people with mental illness. This project is a unique comparative multiple-case study between Australia and Canada 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 two countries, 2) if existing policies should be re-framed 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.

Surianti Sukeri (supervisor Stephen Leeder)

Surianti has submitted her PhD thesis on *The Economic and Human Impact of Ischemic Heart Disease among Households in Malaysia*. The Board of Postgraduate Studies has recommended the awarding of the degree. The development of the thesis was supervised by
Research continued

Professor Stephen R. Leeder, Dr Masoud Mirzaei and Associate Professor Stephen Jan.

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. Overall the economic and social impact of IHD among households in Malaysia was considerable. However financial challenge remained a major problem for many and the need for policy change is evident.

Findings from this study may be put to several uses such as informing health, supportive care services, employment, and welfare policies. It may also be useful for setting priorities for research/budget allocation and establishing alternative financing strategies to assist patients and families confronted by the disease.

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 seventeen interviews with various stakeholders in India as part of the first phase of data collection for this study and conducted additional interviews in May/June 2012. She is also a Co-Investigator on a recently funded Wellcome Trust/Public Health Foundation of India Capacity Building Grant to investigate trans fat intakes and the feasibility/cost-effectiveness of product reformulation to reduce trans fat in India.

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.

During the past six months Soraya has have undertaken the following:

1. Two hundred twenty one (221) patients have been interviewed by two trained nurses and me at Imam Ali hospital or their homes according to their preference and availability. Patients have signed the informed consent. The data collection stage was started on the first week of March 2012 and ended last week of May 2012

2. The names and addresses of those who have been interviewed at home (n= 64), retrieved from the documents recorded at the hospital during the last two years. Among recorded cases, almost, one of four cases have been interviewed, the rest have not been available due to death, migration, wrong address or phone number, and disagreement to participate in the research project.

3. In order to enable the volunteers to educate patients about self care, 2 two-day workshops were conducted in Samenolaema Health Care Centre in February and May 2012.

4. At the end of the workshop, the volunteers were given addresses of 8-20 patients each (depends on their interest) to educate them face to face at home. In addition, they have been asked to hand in a pamphlet to patients. Pamphlet includes two A4 pages containing a brief review on health hints for patients with heart failure to care for themselves. The context was obtained from several references such as “The American Association of Heart Failure Nurses (AAHFN)”.

5. The education by volunteers was started on 20th May, it took 11 days.

6. One hundred twenty people were randomly invited through phone to participate in the educational program conducted by GP and nurse. But only 70 patients were available and agreed to come to hospital, though among them only 49 people came to hospital and attended in the class.

7. Soraya has been entering data of the first stage of her study into SPSS.

8. The last stage of the project including interviewing participants after education will be conducted next month.

Limitations and problems:
Research continued

1. Patients are mostly illiterate and old. Although, the interviewers speak their language, the patients preferred to get help from their family member during interviews. There might be some influences from the family members on the responses of patients. In addition, this problem might reduce the benefits of our education significantly.

2. A significant numbers of patients, who have been interviewed in the first stage of project, were available in the next step. For example, 64 of 120 patients were available. This problem is likely to emerge again when gathering data after education as well.

According the proposal, Soraya needed 89 participants in order to have power of 95%, according biostatisticians the power of study will reduce to 80% by this amount of sample size.

Joel Negin (supervisor Stephen Leeder)

Joel Negin has submitted his PhD thesis, and it is now with examiners. Joel is a Senior Lecturer in International Public Health and his dissertation tracked 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 aimed 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 five papers with a sixth under review.

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)

Patient feedback - improving health care safety and quality?

Health services are urged to strengthen their partnerships with patients to improve the quality of individual patient experience and overall safety of the health system. Among multiple ways health services can engage with patients at the individual/service/system level are a range of quantitative and qualitative patient feedback mechanisms including patient complaint systems, patient satisfaction/experience surveys and the collection of narrative such as patient experience journeys. Recent studies have identified opportunity for further research on effectiveness of patient feedback mechanisms and for development of processes for
systematic health service analysis of patient feedback data.

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 selected health service. The study also aims to develop, trial and evaluate a method for the health service to systematically analyse its patient feedback data (through triangulation of quantitative and qualitative data). The policy implications of the study are that health services might review their level of investment and/or selection of patient feedback strategies and analyse their patient feedback data more effectively.

The study is mixed method and includes situational analysis mapping to better understand the meso-level relationships. A pilot site (the Women and Children’s Division in the ACT Health Directorate, Canberra, comprising the Women and Children’s Hospital and a range of community based services) has been selected. Senior agency staff support the project and internal agency and HREC approvals have been secured. Data collection including semi-structured interviews with key staff and the gathering of relevant quality and safety data has commenced.

**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.

Angela has recently established an additional supervisor to assist her with the grounded theory methodology and analysis of her data. Analysis remains the focus of her work at the present time. Related to her work, Angela authored a response to the Draft Independent Health Pricing Authority Framework, advocating the need for pricing methods that move beyond single episode DRG funding to comprehensive models of care that meet the needs for older people with chronic disease. Please click on this link to find Angela’s work.

**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.
Andrey Zheluk (supervisor James Gillespie)

Contemporary HIV & drug policy advocacy in the Russian Federation

Since the late 1990s, injecting drug use has fueled an HIV epidemic in the Russian Federation. Despite considerable international evidence concerning the effectiveness of a comprehensive package of evidence based interventions, the Russian government has maintained a punitive prohibitionist stance and committed limited resources to drug treatment and care programs. Successive international donor programs have sought to engage federal, provincial and local tiers of government to support evidence based illicit drug harm minimisation approaches. However, these efforts at changing Russian federal illicit drug policy have been largely unsuccessful. The policy change process is complicated by the institutional character of Russian public administration. Public administration is widely regarded as ineffective, and governed by informal and opaque processes.

Andrey initially conducted field research with internationally funded Russian NGO staff to determine the role of project performance data collected in influencing in illicit drug prevention, treatment and care policy. These interviews are one of my data sources. Blogs are the second main data source for my research. These blogs are operated by supporters and opponents of evidence based illicit drug policy reform, and serve as focal points for policy debate in an otherwise constrained media environment.

Andrey has prepared an original research manuscript on novel research methods appropriate to studying illicit drug policy in Russia. He will be submitting this manuscript to a peer reviewed journal for publication during the week commencing 9 July 2012. He has partially finished a second manuscript for publication. He is confident that he will have three finished publications accepted, or in the process of acceptance by the end of 2012.

Current themes on which Andrey is focusing are:

1. The potential of online research methods in obtaining valid data from an otherwise inaccessible environment

2. The insignificant influence of international evidence on public drug policy debates and practice

3. The role of the internet and socially conservative charismatic opinion leaders in shaping public opinion around drug policy.

4. The role of court cases in shaping public opinion about illicit drug policy reform.
**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 MCHP 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 first semester. Each unit is convened by staff from the MCHP, 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: 39)

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: 35)

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: 20)

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


Publications and Presentations continued


Industry


- Leeder, S. Environment, development and health closely linked. Australian Medicine, 2 July 2012


- Leeder, S. World takes small but important steps to tackle lifestyle diseases. Australian Medicine, 4 June 2012.

- Leeder S. Records and better health outcomes - make the link. Australian Doctor, 11 May 2012.

- Leeder S. Time to get smart about smart phones. Australian Medicine, 7 May 2012

- Leeder S. In Sickness and in Health, International Innovation - The Serious Continuing Illness Policy and Practice Study. May 2012

- Thow AM. Public Health and the Trans-Pacific Partnership Agreement. intouch newsletter of the Public Health Association of Australia. Vol 29 No 3 April 2012.

- Leeder, S. Can we stand for this? MJA. 16 April 2012

• Leeder, S. Words for a new year, Radius, March 2012
• Leeder, S. Keeping Our Promises, Australian Doctor, March 2012

Media - Print

• Leeder, S. Ageing population should see China and Australia joined at hip, The Sydney Morning Herald, 2 May 2012.
• Leeder, S. «Old» China may benefit Australia, The Age, 2 May 2012.

Media - Interviews & Quotes

• Leeder, S. Quoted in Wait for public hospital surgery expected to grow, The Sydney Morning Herald, 13 June 2012.
• Leeder, S. interviewed by Geraldine Doogue, Healthy relations between China and Australia, ABC Radio National Saturday Extra. 5 May 2012
• Leeder, S. excerpts from roundtable discussion with Ken Henry, Australia seeks further integration with Asia, ABC Radio Australia. 2 May 2012.
• ABC Newsradio similar 5min segment as above aired Tuesday night, 1 May 2012.
• Leeder, S. interviewed by Paul Bevan, ABC Radio Newcastle. 29 April 2012.

Online

• Colaguri R. Rio+20 and chronic disease: a glass half-empty of half-full? The Conversation. 28 June 2012
• Rosenberg, S. Counting the Cost of Mental Illness in Men. Crikey. 31 May 2012.

• Leeder, S. Australia in the Asian Century (video). The Conversation Roundtable with Ken Henry, Canberra, May 2012.

• Negin J. Budget cuts to foreign aid: what will they mean for global health? Croakey. 9 May 2012.

• Russell, L. A healthy mind and healthy body are fundamentally linked, Canberra Times, 2 May 2012.


• Leeder, S. Australia can lead the fight against Asia’s lifestyle disease epidemic. The Conversation, 18 April 2012.

• Leeder S. A leader’s reflection on health reform: the merits of “muddling through” and more, Crikey, 11 April 2012

Conference Presentations


• Essue B, Hackett M, Li Q, Glozier N, Lindley R, Jan S. Do working-aged stroke survivors experience economic hardship in Australia? The Psychosocial Outcomes in Stroke (POISE) study. The European Conference of Health Economists; Zurich, Switzerland. 19-21 July 2012. Oral presentation (accepted)

Report

Events

The MCHP 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

Date: July 17th, 2012

To mark the commencement of the Prevention Policy Special Interest Group, the Sydney Health Policy Network is planning an invitation-only Roundtable discussion on priorities for prevention policy research. Please contact shpn@sydney.edu.au if you are interested in this event.

HOSTED BY THE SYDNEY HEALTH POLICY NETWORK, THE CHARLES PERKIN CENTRE AND SYDNEY’S HEALTH & SOCIETY GROUP

Social Determinants of Health: Innovations in Policy and Practice.

Date: July 27th, 2012

Venue: Eastern Avenue Lecture Theatre, University of Sydney

Time: 9am to 1pm (coffee and tea from 8.30am)

There are various underlying social determinants that affect the health of populations. The rhetoric surrounding the social determinants of health often focuses on the problem without providing actual solutions to the issue. The aim of this forum will be to provide examples of "health in all policies”.

We are pleased to invite you to a forum by the following experts in the field of the social determinants of health:

Professor Peter Sainsbury, Director of Population Health in South Western Sydney

- Deb Wildgoose, Senior Project Officer, Health in all Policies Unit, South Australia Health
- Isobel Ludford, Project Officer, Health in all Policies Unit, South Australia Health
- Dr Stacy Carter, Centre for Values, Ethics & Law in Medicine, University of Sydney
- Professor Alan Cass, Senior Director, Renal & Metabolic Division, George Insitute for Global Health
- Professor John MacDonald, School of Science and Health, University of Western Sydney
- Dr Catherine Hawke, School of Rural Health, University of Sydney
- Centre for Population Health, NSW Ministry of Health
EMERGING HEALTH POLICY RESEARCH CONFERENCE

Date: August 15th, 2012
Venue: Darlington Centre, the University of Sydney.
Time: 8.45am - 5pm

The MCHP is holding its 7th annual Emerging Health Policy Research Conference on Wednesday, 15 August 2012.

The conference will showcase the work in progress of current doctoral and early career research workers, as well as those new to the field of health policy research.

Participation in the Emerging Health Policy Research Conference provides an opportunity to:
- discuss health policy responses to current local, national and global health challenges;
- hear about ‘in progress’ health policy research;
- discuss new ideas and identify opportunities for collaboration across disciplinary boundaries.

Keynote speaker: Professor Stephen Simpson, Director, Charles Perkins Centre, University of Sydney

Topic: Putting the balance back in diet

Conference Sessions:
- Health Services and Systems
- Food Policy
- Patient Feedback and Quality of Life
- Effective Care Across the Lifespan
- Economics and Policy Decision Making
- Innovative Approaches to Knowledge and Policy

Please find available the Conference Program* and conference registration form.
Registrations close on Friday August 10, 2012.
Contact: mchp@sydney.edu.au

The 2012 S.T. Lee Lecture* will be delivered by:

Professor Kai Hong Phua
AB cum laude SM (Harvard), PhD (LSE)
National University of Singapore.

Health Systems and Population Ageing in the Asia-Pacific Region: Challenges and Policy Options for the Future

Health care for the ageing population has surfaced as a critical issue in many countries that have undergone rapid demographic and epidemiological transition. As chronic and degenerative health conditions are expected to intensify the demand and expenditure for health care, it becomes necessary to plan for appropriate and cost-effective services for the increasing number and proportion of elderly persons. Hence the urgency to apply bold and innovative approaches to the organization and financing of health care against the pressures of increasing costs for rapidly ageing societies. What are the regional lessons and what would be the long term impact on health and health systems?

The Asia-Pacific region will continue to experience rapid economic growth and social development affecting public health. The past East Asian and current global fiscal crisis, coupled with the emergence of new infectious diseases and the prospects of regional pandemics, have thrown the vulnerabilities of many healthcare systems into sharp relief. With future prospects of trade further exploding, healthcare markets in both private and public sectors in these countries will be subjected to more competition arising from medical tourism, growth of the biomedical industry and migration of the health workforce.

It is timely to take stock and monitor the trends and issues in healthcare systems around the region and to identify from a comparative perspective, the challenges that have arisen with changing social, economic and political conditions, and the ways in which governments are responding to these challenges. In this regard, it would be important to examine the changing roles concerning the interface between the public, private and voluntary sectors; the extent of public-private participation and integration in health and social care; and the policy implications in terms of future developments for health governance, education and research throughout the region.

Professor Kai Hong Phua holds a tenured appointment in Health and Social Policy at the Lee Kuan Yew School of Public Policy, National University of Singapore. He was previously Associate Professor and Head of Health Services Research at the Department of Community, Occupational & Family Medicine, Faculty of Medicine and an Adjunct Senior Fellow at the Institute of Policy Studies. Professor Phua has published widely on comparative Asian health systems, and is currently leading the health systems component of a Rockefeller Foundation-funded project on Trends Monitoring in Asia and was co-lead author of the overview for the 2011 Lancet series on Health in Southeast Asia.
Professor Phua received The Outstanding Young Person of Singapore award in 1992 for his contributions to health policy and community service. He is a past Vice-Chairman of the Singapore Red Cross and was appointed on many national advisory committees, including the current Resource Panel of the Government Parliamentary Committee on Health. He served as Chairman, Technical Advisory Group on Health Sector Development of the World Health Organization Western Pacific Regional Office (2000-2005).

Date: Thursday, 6 September 2012.
Time: 6.00pm (refreshments will be available from 5.30pm and at the conclusion of the lecture).
RSVP: Email mchp@sydney.edu.au by Monday, 3 September 2012.
Cost: This lecture is free of charge.

Past Events

Dr Anita Katharina Wagner - Medicines Access, Affordability, and use in Asia: Challenges and Opportunities.

Date: June 4th, 2012
Venue: Lecture Theatre 351, Education Building, the University of Sydney.
Time: 12:00 - 1:30pm
The Sydney Health Policy Network & The Faculty of Pharmacy presents
Guest Lecture: “Medicines Access, Affordability, and use in Asia: Challenges and Opportunities.”
Guest Speaker: Dr Anita Katharina Wagner, Associate Professor in the Department of Population Medicine at Harvard Medical School and the Harvard Pilgrim Health Care Institute and, in 2011-12, Visiting Research Associate Professor at the National University of Singapore.

Associate Professor Manuel García-Goñi - Pathways towards chronic-care focused healthcare systems: evidence from Spain.

THE MENZIES CENTRE FOR HEALTH POLICY PRESENTS:
Pathways towards chronic-care focused healthcare systems: evidence from Spain.
Date: 10 April 2012
Events continued

Associate Professor Manuel Garcia-Goñi - Guest speaker from Universidad Complutense de Madrid, Spain.

Venue: Norman Gregg Lecture Theatre, Edward Ford Building, Fisher Road, the University of Sydney.
Time: 10.00 - 11.30am

**Professor Richard Deckelbaum lecture - The Costs of the Double Burden: Under- and Overnutrition Worldwide**


Date: 17 April 2012

Speaker: Professor Richard Deckelbaum - Guest speaker from Columbia University

Venue: New Law Lecture Theatre 101
Time: 11.30 - 12.30

**2012 SCIPPS CONFERENCE**

Positioning Chronic Disease Care and Management in the Current Health Reform Context

Date: Wednesday 14 March 2012

Time: 9am – 4pm

Venue: University House, Corner Balmain and Liversidge Streets, The Australian National University, Acton, Canberra

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.

**SYDNEY HEALTH POLICY NETWORK & PREVENTION RESEARCH COLLABORATION PRESENTS:**

Strengthening Health Policy Forum

9 March 2012

The forum aims to:
Events continued

- 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
- Foster ongoing exchange between research and policymaking perspectives

Who should attend?

People interested in prevention policy and developing collaborations to strengthen it - policy makers, health care practitioners, health service providers, academics, students and representatives of health and social agencies.

Time: 8.30 am -1.15 pm

Location: Common Room, The Women’s College, University of Sydney.
## Staff List

### Directors
- Professor Stephen Leeder, The University of Sydney
- Mr Robert Wells / Associate Professor Adrian Kay, The Australian National University

### University of Sydney
Deputy Director: Associate Professor James Gillespie
- Manager: Emma Dupal
- Executive Assistant: Alida Castelletto
- Events and Communication Officer: Shauna Downs / Diana Freeman
- Research Fellow: Joel Negin
- Lecturer: Dr Anne Marie Thow

Research Students:
- PhD Student: Surianti Sukeri (concluding)
- 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: Josephine Smith
- PhD Student: Joel Negin (concluding)

Preventing Poor Outcomes for People with Chronic Illness

### Australian National University
- Associate Director: Laurann Yen
- Centre Manager: Sarah Geddes
- Assistant to Mr Robert Wells: Marion Eluga
- Administration Support Officer: Kimberley Brady
- Administration Support Officer (Meetings & Events): Mier Chan

### University of Sydney
- Ian Potter Foundation Fellow: Beverley Essue
  - Serious and Continuing Illness Policy and Practice Study & HealthOne Mt Druitt – Evaluation project:
    - Research Fellow: Dr Justin McNab
  - Care Navigation (RCT)
    - Research Officer: Natalie Plant
    - Research Assistant: Patricia Jonas
    - Research Assistant: Kylie-Ann Mallitt
  - Hearing-Vision Project:
    - Postdoctoral Researcher: Rebecca Barton
    - Research Assistant: Moira Dunsmore

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

The MCHP 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 MCHP:
• 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
Menzies Centre for Health Policy
D02 Victor Coppleson Building
University of Sydney
Phone: +61 2 9036 5412
Fax:+61 2 9351 5204
Email: mchp@sydney.edu.au
Website: http://www.menzieshealthpolicy.edu.au/