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Introduction

The University of Sydney

The start of 2014 sees a rapid acceleration in research program of the Menzies Centre for Health Policy @ Sydney in line with its new strategic directions. This includes:

- Research focused on models that promote better joining up of care particularly for specific need groups. One example of this is the work led by Associate Professor Jim Gillespie being undertaken with the Western Sydney Medicare Local examining the impact of the implementation of the Australian Governments ‘Partners in Recovery’ program of funding. This work links with other joint work being undertaken with ANU.

- Research on the policy drivers that promote or deter medical waste led by Associate Professor Adam Elshaug. Working with international collaborators he is preparing a series for the Lancet that will summarise research and directions in medical waste research. Locally other aspects of this work will examine the use of existing datasets for the identification of medical waste.

- Research on the influence of international trade and finance policies on food and nutrition policy and the prevention of chronic disease. Led by Dr Anne-Marie Thow, this work will build on her past work and her recent study periods with the World Trade Organisation in Geneva and the International Food Policy Research Institute in India. This work links to work in which she is involved with Professor Sharon Friel at ANU.

- Collaborations with the Marie Bashir Institute for Infectious Disease and Biosecurity. Control of some communicable diseases like tuberculosis (TB) and HIV have overlapping determinants and issues in treatment with chronic disease particularly in developing country contexts. For example diabetes increases the risk of TB, both require levels of ongoing supervision and monitoring as part of therapy and adherence to treatment is critical. More generally issues such as policy responses to emerging infectious diseases can overlap with areas of concern for chronic disease prevention such as food regulation. This is a new area of work for the Menzies being led by Professor Andrew Wilson.

Other notable achievements since the last report include the award of an NHMRC Sax Fellowship to Dr Beverley Essue. She will spend the overseas component of her fellowship in Canada continuing to develop her work on the measurement of the burden, and determinants of and disparities in economic and social consequences of chronic disease.

Two new PhD students have commenced, one working on alternative health funding models and the other on primary health care models in India.

The grant application season has just peaked and the Centre has been very active with 2 NHMRC project grant applications led by Centre investigators and a further 2 where they are co-investigators. We are partnering in two NHMRC Centres for Research Excellence applications and one partnership project.

The academic celebration of the work of the previous Director, Emeritus Professor Stephen Leeder is organised for the 1st May 2014. This day will see keynote presentations and discussion focussing on the following themes: Chronic Disease: An international epidemic; Medical Education; Public Health Education and Training for the 21st Century; and Health Policy.
The Australian National University

2014 will be a year of new exciting ventures in capacity building and knowledge translation at the Menzies Centre for Health Policy @ ANU. In addition to the ongoing research, there are five new types of activity planned for the year:

1. Early evening POLICY GRAND CHALLENGES will be held to generate public awareness and discussion about current and emerging policy challenges in Australia in a global context.

2. In the EXECUTIVE SESSIONS we will hear from policymakers and colleagues in policy related organisations about the processes of real life policy making. These sessions will build engagement between policy scholars at the ANU and policy makers, and also help build the profile of ANU researchers among external organisations.

3. ANU health equity policy club aficionadas will enjoy the WORKSHOPS, which aim to build research capacity in policy research (both research of policy and research for policy) in a fun and supportive environment.

4. The COMMUNICATION sessions are all about engaging in the public and policy discourse. We will learn how to write useful policy briefs, op-eds, policy blogs and use social media.

5. A highlight of the year will be the MENZIES CENTRE FOR HEALTH POLICY ANNUAL ORATION, where an internationally renowned expert in healthy public policy will address an audience of academics, politicians and policy makers.

Our policy focused research continues to build across the five Menzies @ANU collaborating centres (National Centre for Epidemiology and Population Health; Centre for Research on Ageing and Wellbeing and Health; Australian Primary Health Care Research Institute; Australian Centre Health Economics Research and the Centre for Mental Health). New research is underway in trade and investment, nutrition and health equity; healthy and equitable food policy; Indigenous primary health care; and the social determinants of ageing.

Professor Andrew Wilson
Menzies Centre for Health Policy
University of Sydney

Professor Sharon Friel
Menzies Centre for Health Policy
The Australian National University
What’s New

November

• Anne Marie Thow co-authored an expert paper for the Second International Conference on Nutrition in 2013 (see details below), which has been accepted (in edited form) for publication in the international peer-reviewed journal Food and Nutrition Bulletin. She is continuing this work in 2014 through a collaborative study with colleagues at the World Trade Organization, World Health Organization and London School of Hygiene and Tropical Medicine on developing trade-compliant nutrition interventions.

• Anne Marie is CI on an ARC project grant on trade and food led by Prof Sharon Friel (2013-2015). Anne Marie completed analysis for a paper on nutrition policy space and the Trans Pacific Partnership agreement in 2013, and the manuscript will be submitted in 2014.

• Stephen Leeder was awarded the honorary title, Emeritus Professor, on his retirement, in recognition of the significant and sustained contribution he has made to public health. An event to celebrate his remarkable career (which is still in full swing) will be held on 1 May 2014. Confirmed guests include Professors Don Nutbeam, Henry Greenberg and Srinath Reddy.

• Dr Beverley Essue and colleagues from MCHP, Sydney School of Public Health (SSPH), The George Institute for Global Health, and the Marie Bashir Institute, were awarded Cross Discipline Collaboration Seed Funding from the SSPH Research Committee, for the project “Towards the integration of primary health care services in low and middle income countries (a cross-disciplinary working group)”. The funding will support a pilot feasibility assessment of integrating TB and diabetes management and care within primary health care settings in India. In addition, a workshop on models of integration of primary health care services in LMIC is planned for 2014.

• Dr Anne Marie Thow travelled to Delhi and Geneva to complete two research fellowships over summer: 26 October – 21 December 2013: International Food Policy Research Institute, Delhi; and Jan-Feb 2014: World Trade Organization, Geneva

• Dr Jim Gillespie was an invited speaker at the National Primary Health Care Conference on the Gold Coast from 14 – 15 November. The NPHC Conference attracts upwards of 1000 delegates from across the primary health care sector including Medicare Locals, general practitioners and primary health care teams, nurses, practice managers and allied health professionals, federal, state and local government officials, health consumer groups and individuals, health academics, policy advisers, funders, health industry representatives, national professional bodies and media. The title of Jim’s presentation was Global perspectives on alternate funding models.

December - February

• Dr Mario D’Souza, began working with Dr Beverley Essue on the Ian Potter Foundation project one day a week until the end of June.

• MCHP entered into a three year agreement with Wentwest to evaluate the Partners-In-Recovery program in Western Sydney. Jim Gillespie and Jen Smith Merry will lead the project and a research officer Ms Ivy Yen has also commenced working with MCHP on this program.
What’s New continued

- Associate Professor John Hall has taken up a desk in the Victor Coppleson Building while he works on the final stages of his PhD under the supervision of Jim Gillespie.
- Dr Oliver Herbert has returned to MCHP to work on his PhD project with Emeritus Professor Stephen Leeder. Dr. Herbert’s research project focuses on the effects of Melanesian tradition and Western modernity on indigenous health in Papua New Guinea: specifically, how explanatory models of illness are shaped in an intercultural context. His main interest is to bring together the disciplines of anthropology, medicine and public health, to draw a more comprehensive picture of illness and health.
- Three new students have commenced with MCHP (Sydney).
  - Susan Clarke will commence her PhD supervised by Andrew Wilson and Lyndal Trevena. She will be working on a project titled “Improving Primary Medical Care in India – barriers to the provision of quality medical care in government primary health centres in India.
  - Xiaoqi Feng will commence her MPhil supervised by Andrew Wilson and co-supervised by Farhat Yusuf. She will be working on the project “does your weight depend on where your home is? Investigating recent findings from the National Health Survey using nationally representative Australian longitudinal study“.
  - Elizabeth Seil will commence her PhD (part-time) supervised by Associate Professor Adam Elshaug and cosupervised by Andrew Wilson. She will work on the topic “Alternative payment models for Australian health care: A model-based feasibility study”

March

- Associate Professor Adam Elshaug will be working with Cancer Australia to provide economic health policy advice on range of complex cancer issues. The contract will run until 30 June 2014.
- Negotiations are underway for Jim Gillespie and Jennifer Smith-Merry’s Partners In Recovery evaluation project to be extended to include the Inner West Medicare Local program.
- A student from The University of Auckland, Amanda Wood, has been visiting MCHP working on the project: A comparison of stakeholder strategies for participation in the front-of-pack food labelling policy issue in New Zealand, Australia and the United Kingdom. During her visit, she has been supervised by Jim Gillespie and Louise Baur, and has also worked in close contact with Anne Marie Thow.
- A roundtable discussion was organised at MCHP, bringing together a small group of practice and research leaders in health to foster the integrated care agenda specifically in NSW. The roundtable was timed to take advantage of the availability of Dr Martin McShane (Director Improving the quality of life for people with Long Term Conditions, NHS England) who is currently in Sydney to participate in a workshop on integrated care organised by SESIAHS and General Practice NSW.
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.

Current projects 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.

Continuing Projects

- Australian food policy for future generations
- Care Navigation RCT
- Centre of Research Excellence in Reducing Healthcare Associated Infections (CRE-RHAI)
- Childhood Asthma Prevention Study
- Chronic Illness Management in the 21st century: is universal access enough to protect the poor
- Comparing how disability income support is designed in Australia and Ontario for people with mental illness
- Contemporary HIV & drug policy advocacy in the Russian Federation
- Development of an environmental health policy for nanotechnology in Australia (The)
- Engaging the public in healthcare decision making: quantifying preferences for healthcare through Citizens' Juries
- Equity of access to health care services among Iranian immigrants in Australia.
- Food policies to improve diets and reduce chronic disease in India
- General Activities at ANU
- 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 (The)
- Health & Sustainability Unit
- Healthy Urban Systems Collaboration
- Impact of trade policy on diets and health in Ghana (The)
- Improving the food supply for NCD prevention in the context of continuing high rates of undernutrition: a policy space analysis in India
- Inequities in health care and health outcomes: The Role of Health Sector Reform Strategy in Nepal
- INFORMAS (International Network for Food and Obesity/Non-Communicable Disease Research, Monitoring and Action Support): Trade and investment
Research continued

- Initiative for Cardiovascular Health Research in the Developing Countries
- Integrated Care
- Is there a role for researchers to influence organisational change with regard to the use of Research Evaluation Metrics (REMs)?
- NHMRC Australian Prevention Partnership Centre (The)
- NSW models of care that reflect innovation in ageing and chronic disease management and their links to policy
- Partners in Recovery: improving and evaluating recovery and system integration in mental health
- Patient feedback - improving health care safety and quality?
- Public-private funding and service delivery in the Australian hospital sector
- Randomized control trial to assess the role of volunteers in improving self-care in patients with heart failure in Iran (A)
- Role of communities in health policy as a social determinant of health (The)
- Taxation as a tool for improving diets and preventing chronic disease
- Towards a broader economic and social perspective on chronic disease evaluation
- Trade policy: maximising benefits for nutrition, food security, human health and the economy
- Trade, food and health in the Southern African Development Community
- Understanding and ameliorating the human health effects of exposure to air pollution from knowledge to policy and public health practice (CREAP)
- Value in Healthcare

Concluding Projects
- Health care in Thailand
- Health Economics Research, Modelling, Evaluation and Strategy (HERMES)
- Starting from scratch – patient-reported outcome questionnaires & their role in an integrative medicine primary care minimum-dataset
- Vision-Hearing Project
Research Projects

Australian food policy for future generations

This PhD research aims to identify the barriers and opportunities for developing and implementing food policy that integrates health and environmental goals. The methods used are based on systems thinking, document analysis and key informant interviews. The development and implementation of food policy that integrates health and environmental goals is a labyrinth of complex problems. This PhD is a case study of the 2013 Australian national food plan and investigates the processes for the integration of public health goals and environmental goals in food policy. The research objectives include determining the different policy actors’ perspectives on the barriers and opportunities for the national food plan to have integrated public health goals and environmental goals. The conceptual framework for the research project was developed, and piloting of the interviews and desktop policy analysis has commenced. The interview schedule will be refined, and to facilitate interviewing later this year, managers of potential interviewees will be contacted.

Conference publications and presentations

- Paper and oral presentation: Public policy network graduate conference, 29 January 2014, Canberra Kharis R and Friel S. A framework for researching the processes of integrating public health and environmental goals in food policy.

- Poster presentation: Kharis R and Friel S. A conceptual framework for researching the integration of health and environmental goals in food policy. The First Global Conference on Research Integration and Implementation, 8-11 September 2013 ANU, Canberra.


Contact: Ruth Kharis
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Care Navigation RCT

Introduction

The aim of this mixed-method evaluation is to determine the efficiency of Care Navigation, a coordinated care plan for chronically ill patients in Western Sydney, and to identify facilitators and barriers to its implementation. Funding comes from NHMRC Project Grant 1004393 which provides funding for the years 2011 – 2014.

Year 2013 in review

Quantitative data collection – RCT, economic evaluation, medications adherence study

The 24 month time point was reached on the 24th February 2013 at which time patient phone calls for quality of life and medications adherence questionnaire completion, carried out by Patricia Jonas, ended. Patricia then reviewed participants’ Nepean Hospital paper medical records to i) review the eligibility of participants whose electronic medical record was
incomplete at the time of randomisation, and ii) determine the presence or absence of end of life orders for those participants who had died during their 24 month follow up, which was completed at the end of August.

Electronic data reports run after 24th February were reviewed by Kylie-Ann Mallitt and Natalie Plant at which time it was found that some hospital encounters were missing from the reports. Review of a subsequent, amended electronic data report confirmed that the data set was complete. Kylie-Ann then continued with data cleaning and created a final, locked database. All data for quantitative outcome and process measures have been collected and audited.

Participants’ MBS and PBS data was collected from Statistics Medicare Australia, and fact of death information was collected from the National Death Index via the Australian Institute of Health and Welfare. Tim Usherwood provided categories of MBS items that may have been used differently in response to Care Navigation. Natalie Plant began identifying Medicare item numbers required for review of referred items to consultant physicians and other specialists.

**Qualitative data collection – process evaluation**

Interviews of decision and policy-makers, hospital and community health staff and participants were completed by Jim Gillespie and Justin McNab.

**Statistics**

Kylie-Ann Mallitt performed some statistical analyses for the cohort study. Natalie Plant and Mario D’Souza met with Steve Jan, Beverley Essue and Tracey Laba to discuss data requirements for the economic evaluation and medications adherence review. Natalie Plant and Mario D’Souza met with chief investigator Steve Boyages to clarify requirements for the patterns of care analyses. Mario D’Souza developed a timeline and plan for analysis and performed analyses on primary and secondary outcomes.

**Manuscript preparation**

Kylie-Ann Mallitt drafted a manuscript based on the cohort study results, which was circulated to co-authors in December for review. Natalie Plant began manuscript preparation for a paper describing the main outcomes, as described in the study protocol, based on results received so far. A paper describing the patterns of care accessed by Care Navigation nurses, including introduction and methods sections has also been drafted by Natalie who is also heading a paper about the problems faced in running an RCT within the health service context.

**Year ahead 2014**

Statistical analyses, manuscript preparation and submission for the RCT, economic evaluation and medications adherence study are expected to be completed by the end of June 2014. Interviews, coding, analysis, manuscript preparation and submission for the process evaluation are expected to be completed by the end of December 2014.

**Contact: Natalie Plant**

**Email:** natalie.plant@sydney.edu.au
Centre of Research Excellence in Reducing Healthcare Associated Infections (CRE-RHAI)

The Centre of Research Excellence in Reducing Healthcare Associated Infections (CRE-RHAI) is an NHMRC funded research collaboration focused on developing and investigating innovative and cost-effective strategies to reduce the incidence of healthcare associated infections in Australia. The CRE-RHAI is led by Professor Nick Graves and brings together a diverse group of experts from clinical and academic fields to work together on research that will translate into improved infection control decisions at clinical and policy level.

The CRE-RHAI research areas include:

• Modelling the transmission dynamics of multi-resistant organisms
• Assessing the impact of antimicrobial stewardship programs
• The cost-effectiveness of infection control interventions, such as environmental cleaning in hospitals
• The factors that drive decision making in healthcare infection control
• Improving the surveillance of healthcare associated infections in Australia

Professor Andrew Wilson is a Chief Investigator.

Contact: Professor Andrew Wilson
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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 and interest has grown in understanding the relation of adolescence to asthma.

Follow up of the study subjects has continued into their teenage years. Studies of the relation of dietary history of the study children to measures of vascular health conducted by Prof David Celermajer and his colleagues.

Contact: Professor Stephen Leeder
Email: stephen.leeder@sydney.edu.au
Chronic Illness Management in the 21st century: is universal access enough to protect the poor

Overview

This project was funded by a grant from the Ian Potter Foundation in 2010. Project work has been undertaken at both nodes of the Menzies Centre for Health Policy with the appointment of Ian Potter Fellows at each node.

- University of Sydney - ongoing
- Australian National University - complete

University of Sydney

At the Sydney node, the project is building on existing work that has investigated the household economic impact of chronic illness and disability in Australia and in other lower income settings. This project will contribute to this body of research by applying consistent methods to generate evidence on the links between economic hardship and other common chronic illnesses. In addition, an analysis and deconstruction of existing health and social policies will elucidate the mechanisms within Australia’s social insurance systems that lead to negative consequences for socioeconomically disadvantaged patients. Finally, this project will provide evidence on the effectiveness, including cost-effectiveness, of options to mitigate the negative consequences associated with chronic illness management.

2013 in review

Peer-reviewed Publications


Invited non peer-reviewed articles

Conference Presentations

1. 10th Annual ‘Future of the Pharmaceutical Benefits Scheme’ Summit. Presentation: Balancing government funding and co-payments to gain most value and economic efficiency. 29-30 April 2013, Sydney Australia [invited presentation]

2. International Health Economics Association World Congress, July 7-10 2013, Sydney, Australia.


4. 8th Health Services and Policy Research Conference, Wellington NZ. December 2-4th

Engagement

- Invited attendee at the Emerging Leaders in Health forum hosted by PWC – 22 August 2013

- Advisor to Kanyini Vascular Collaboration reference group: Aboriginal chronic care model planning meeting - Adelaide, Oct 3rd 2013

- Panel member for the post-graduate research student annual review interviews, October 22nd

Grants awarded

SPH Collaborative funding - Integration of primary care in LMIC

Menzies, SPH, GI and the Marie Bashir Institute have been awarded Cross Discipline Collaboration Seed Funding from the SPH Research Committee, for the project “Towards the integration of primary health care services in low and middle income countries (a cross-disciplinary working group)”. The funding will support a pilot feasibility assessment of integrating TB and diabetes management and care within primary health care settings in India. In addition, a workshop on models of integration of primary health care services in LMIC is planned for 2014.

NHMRC Sidney Sax Early Career Research Fellowship - Towards a broader economic and social perspective on chronic disease evaluation

The first two years will be spent working with Professor Stephen Birch at McMaster University in Canada and then Bev will return to Australia for the final two years of the fellowship where she will work with Andrew Wilson.

Year ahead

Projects in progress:

- Systematic reviews underway:
- Interventions to address the household economic burden of illness: A systematic review.
- Economic outcomes associated with an epilepsy diagnosis
- An investigation of the effectiveness of targeted policy interventions to mitigate the economic impact of chronic illness among lower SES groups using HILDA data.
- The VISIONARY project (economic and psychosocial impact of low vision and economic evaluation of cataract surgery in Vietnam)
Comparing how disability income support is designed in Australia and Ontario for people with mental illness

Ashley McAllister’s project is a comparative multi-case study between Australia and Ontario (Canada) that investigates contemporary (since 1991) disability income support (DIS) reforms. Most literature on DIS focuses on what is wrong with the person, asking how can we provide an incentive or make a person more employable. In this project, the design of the system in relation to mental illness will be critically analysed to identify areas of improvement within the system rather than the person. Her aim is to understand how disability is defined in DIS policy; how DIS is designed; and to identify key areas for improvements to better meet the needs of those with a mental illness. While she recognises boundaries need to be drawn when determining eligibility for DIS, she aims to develop evidence that demonstrates the unique needs and challenges of designing policy for those with a mental illness.

In 2013, Ashley was awarded a Canadian Institutes of Health Research Doctoral Research Award to complete her PhD and she aims to submit her thesis by October 2014. She also completed her data collection having done 43 interviews with major policy-makers in Australia and Ontario. She presented her preliminary analysis at the International Health Economics Association World Congress, which was held in Sydney, Australia July 8th to 10th, 2013. In October, she commenced a visiting student position in the Equity and Health Policy Research Group at the Karolinska Institute in Stockholm, Sweden.

In 2014, Ashley will continue her visiting student position at the Karolinska Institute and will complete writing her thesis.

Contemporary HIV & drug policy advocacy in the Russian Federation

Advocacy for changes to Russian illicit drug policies are justified based on the observed effect on populations of illicit drug injecting users internationally. Public health interventions that account for human rights have reduced HIV and other injecting related harms among a range of high and middle income countries including China and Iran. However, internationally sponsored efforts at changing Russian federal illicit drug policy to a harm reduction orientation have been largely unsuccessful. Government opposition to donor funded NGOs providing harm reduction, and the progressive withdrawal of donor funds has limited the scope of politically feasible policy interventions in contemporary Russia. The failure to change
Russian illicit drug policy may be attributed to a failure by international and domestic actors to evaluate the political feasibility of public health interventions. In this thesis I answer two questions:

1. “What illicit drug policy initiatives are politically feasible in contemporary Russia?”
2. “How will this research benefit policy makers and public health practitioners?”

Complicating the analysis of Russian health policy has been the progressively diminishing access to field research. I have therefore focused the writing of my thesis - by- publication on both qualitative field research and developed novel online quantitative methods for the analysis of illicit drug policy problems. These methods should be generalisable to a broad range of communicable and noncommunicable diseases and policy problems.

I have had two papers accepted. Two are currently under consideration, and I will submit an additional two papers prior to submitting my complete thesis.

I will submit my thesis before mid-2014.

Contact: Andrey Zheluk
Email: andreyzheluk@gmail.com

Development of an environmental health policy for nanotechnology in Australia (The)

In 2007 the New South Wales (NSW) Government established a Parliamentary Inquiry into Nanotechnology in NSW with the primary purpose of determining how it could be best placed for the responsible development and introduction of nanotechnologies and their products into the NSW society. An outcome of this Inquiry was the establishment of the NSW Nanotechnology Policy Coordination Committee, an interdepartmental government body tasked with developing policy in this field. Specifically, NSW Health was tasked with contributing to the development of nanotechnology policy as it pertains to environmental health. This thesis aims to address NSW Health’s responsibilities.

From a public health perspective, the introduction of nanotechnology products into society is complicated by a lack of appropriate or standard tests to identify or characterise these products, lack of toxicological data, and population exposure measurements. Therefore an important element to determining their introduction into Australian society is to understand the risk appetite within the community. As a consequence we have undertaken two studies that explore the perceptions of various stakeholders. In 2013 were developed, cognitively tested and undertook four targeted questionnaires. In 2014 we intend to analyse and report this data in a minimum of three peer reviewed papers.

Researcher: Adam Capon
Engaging the public in healthcare decision making: quantifying preferences for healthcare through Citizens' Juries

The study aims to promote public engagement and quantifies preferences in key areas of relevance to the industry partners (Queensland Health and Southern Adelaide Health Service). A series of choice experiments and citizens' juries will be used.

The project will facilitate identification and application of optimal methods for engaging the public in healthcare decision-making, provide guidance on the appropriate population groups to consider when eliciting consumer preferences, and provide direct public input to guide health policy. The approach will be able to be applied to different policy areas. CITIZEN JURIES HAVE BEEN CONDUCTED ON APPROACHES TO CONTROLLING OBESITY, AND, THE ROLE OF EMERGENCY DEPARTMENTS. A LARGE INTERNET BASED DISCRETE CHOICE EXPERIMENT SURVEY HAS ALSO BEEN CONDUCTED ON BOTH TOPICS. The study is due to be completed in 2014.

Contact: Professor Andrew Wilson
Email: a.wilson@sydney.edu.au

Equity of Access to Health care Services for Older Overseas-born Residents of New South Wales with Cardiovascular Disease

This study aims to investigate equity of access to healthcare services for older overseas-born residents with cardiovascular disease in Australia by focusing on Iranian, Middle East and Asian population.

Collecting qualitative data on facilitators and barriers of the access to health care services has involved interviews with older overseas-born patients, health care workers and carers. So far, all interviews has completed and currently analysing data by using NVIVO 10 and writing manuscripts for publication.

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

This PhD study is a work in progress and planning to submit thesis in August 2014.

Research Publications:

Contact: Ghazal Torkfar
Email: gtor2513@uni.sydney.edu.au
Food policies to improve diets and reduce chronic disease in India

Introduction

Shauna Downs is a PhD candidate at the Menzies Centre for Health Policy (supervised by Professor Stephen Leeder) in the School of Public Health at the University of Sydney. Her PhD work examines how to improve the quality of fat in the Indian food supply using a food system approach. Her main interest is in the relationship among the nutrition transition, non-communicable disease and the use of multisectoral policies (including trade and agriculture) to improve the quality of the food supply.

Year 2013 in Review

Shauna is in the final stages of her PhD candidature. She has completed her data collection and analysis and has prepared several manuscripts for publication from her PhD work.

In 2013, Shauna published a systematic review on the effectiveness of trans fat policies worldwide, which generated a significant amount of media attention both within Australia and abroad. A case-study of Shauna’s work was also included in an expert discussion paper published by the UN Food and Agriculture Organization on ‘Leveraging agriculture and food systems for healthier diets’. In addition to her PhD work, Shauna has collaborated with researchers in Australia and internationally, culminating in several publications.

Publications from 2013

Research Projects continued


**Year Ahead 2014**

In February 2014 Shauna attended the UN Special Rapporteur on the Right to Health Regional Consultation on unhealthy diets and NCDs in Mumbai, India. She will continue to provide feedback on the UNSR’s report that will be submitted to the UN Human Rights Council later this year.

Shauna will submit her PhD thesis in March 2014. She plans to pursue postdoctoral studies further examining the relationship between agriculture, health and nutrition during her postdoctoral work.

**Publications from 2014**

- Downs SM, Thow AM, Ghosh-Jerath S, Leeder SR. Aligning food processing policies to promote healthier fat consumption in India. Health Promotion International, 2014; dat094.

**Contact:** Shauna Downs

**Email:** shauna.downs@sydney.edu.au

**General Activities at ANU**

1. **POLICY GRAND CHALLENGES**

   **Aim:** to a) generate public awareness and discussion about current and emerging policy challenges in Australia in a global context and b) raise the Menzies Centre profile.

   **Outputs:** greater public awareness, social media interactions, opinion piece in mainstream media and alternatives.

2. **EXECUTIVE SESSIONS**

   **Aim:** to build engagement between policy scholars at the ANU and policy makers; to raise the Menzies Centre profile among organisations external to ANU, and to educate policy scholars about the actual processes of policy making.

   **Scheduled executive sessions:**
   - Policy process generally
   - Agenda setting
   - Creating public concern – the role of the media
   - Policy solutions – deciding what to do
   - Implementation
   - Policy evaluation
3. WORKSHOPS

Aim: the aim of the workshops is to build research capacity in policy research (both research of policy and research for policy)

Scheduled workshops:
1. Life in a policy institute
2. Political science research techniques
3. A day in the life of a policy maker - role play
4. Communicating policy related research
5. Using epidemiological data to create policy change
6. Primary health care
7. What’s the policy problem – a transdisciplinary approach to the researching the solution.

Contact: Professor Sharon Friel
Email: sharon.friel@anu.edu.au

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 settings with poor resources, inadequate trained workers and fragile governance structures.

Contact: Dr John Hall
Email: John.Hall@newcastle.edu.au
Health & Sustainability Unit

The Health and Sustainability Unit is dedicated to policy development and implementation; strategic planning for population health; health services research and development; chronic disease prevention. It is particularly concerned with the influence of the way we live and manage our societies on the physical and economic environment and human development, and their interface with the unprecedented growth in obesity and chronic non-communicable diseases.

Staffing

Associate Professor Ruth Colagiuri continued to work three days per week throughout 2013, concentrating primarily on policy issues. HSU’s Research Fellow, Dr Si Win Tin, works half time at the Menzies Centre and half at the Boden Institute. Ms Emily Morrice, HSU’s research assistant, a young political economist with a particular interest in health, left the HSU team and the University of Sydney in December 2014.

Teaching

In 2013, the HSU team co-ordinated and taught the Health and Populations unit of study (SUST 2004) on Health and Populations in the USyd Master of Sustainability course, and also gave invited lectures in other units of study on an ad hoc basis.

Additionally HSU arranges placements for USyd medical students to Pacific Island countries and, in 2013, Dr Win Tin co-ordinated placements in Tonga for two students and in the Federated States of Micronesia for one student.

Projects

HSU’s three year World Diabetes Foundation capacity building project in the Solomon Islands was completed in late 2013. The final evaluation of this successful project indicated many positive outcomes changes including a reduction in diabetes related amputations and changes in the Ministry of Health and Medical Services policies (ie provision of essential reagents equipment and supplies, deployment of staff), adoption of national staff training programs and competencies.

In addition Dr Win Tin conducted a review and analysis of aid policies, priorities, funding, and partnerships in the Pacific, which was commissioned by the USyd International Office to inform the work of the University’s Pacific Regional Advisory Group (RAG). The resultant technical report has been accepted by the Pacific RAG.

Events

The HSU team organized and/or participated in a number of important policy events including:

- Invited participation in the Climate and Health Alliance’s Forum and process to develop an alternative (to coal and coal seam gas) energy plan for Australia.
- Working with the Australian Diabetes Council to plan and hold its annual conference on sustainable health and health services.
- Holding a one day strategy workshop to bring together the peak national NCD NGO groups (heart, diabetes, cancer, kidney, and stroke), the Nossal Institute (Unimelb) and the MCHP to advocate for and co-ordinate voluntary Australian NCD efforts in the Pacific and South East Asia

Research Projects continued
• Hosting a roundtable on ageing and related policy and economic issues with key stakeholders
• Invited participation in the Australian Women’s Health Network workshop and process to develop “Meaningful Measures for Women’s Health”.
• Participating in various NCD consultation meetings held by organisations such as the World Economic Forum and the World Bank

**Presentations**

The HSU team presented a number of plenary and other invited lectures, and proffered papers to national and international conferences. Examples include:

• The World Sugar Research Organisation’s annual conference
• The Australian Diabetes Society and Australian Diabetes Educators Association Annual Scientific Meeting
• The International Diabetes Federation’s World Diabetes Congress
• Dr Win Tin and Ms Morrice both presented papers at the EHPR Conference in October:
  • Morrice E, Colagiuri R. ‘Coal mining, social injustice and health: A universal conflict’

**Publications**

**Peer – reviewed**


**Industry**

• Colagiuri R, Morrice E. Preventing Type 2 Diabetes: Settings. Diapedia- the Living Textbook on Diabetes. www.diapedia.org
Looking ahead – 2014

A/Professor Colagiuri is currently reducing her hours with a view to retirement in late 2014. Following retirement, she will seek an ongoing honorary association with the Menzies Centre and throughout 2014 and beyond, as Dr Si Win Tin progresses his PhD research, she and he will continue to seek funding and partnerships for projects concerned with policy and practice focusing on the prevention and care of diabetes and related non-communicable diseases).

In 2013 A/Professor Colagiuri joined a new informal interdisciplinary network led by Professor Luis Salvador-Carulla which is looking at complexity theory as an area of study. The group is currently preparing a series of articles on ‘framing’ as a means of analysing and understanding complexity for submission to peer-reviewed journals. With the closure of hands-on project work, she will concentrate more fully on this in 2014, along with her existing interests in the health and social implications of mining on local communities and international health policy concerning NCDs.

Contact: Associate Professor Ruth Colagiuri
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Healthy Urban Systems Collaboration

There is a recognised relationship between the urban environment and human health. The challenge for evidence informed policy is to better understand the broad impact of built environments on health, the elements within it that promote health, and build future neighbourhoods and communities that promote physical and mental health. This program of research is located in the Australian Capital Territory (ACT) and is a collaboration between ANU, CSIRO and ACT Health. The aims of the research are to:

1. Expand the conceptual understanding of drivers of urban health inequities to include complex and dynamic interactions between the natural, social and built environment;
2. Develop advanced methods, models and tools to investigate the interface between socio-spatial and socio-economic inequities in urban health risks and outcomes; and
3. Provide the empirical and policy-relevant evidence base on the relationship between urban characteristics and population health and health equity, to inform interventions.

The Healthy Urban Systems team have been developing a new methodology for measuring elements within the built environment called Landscape Typologies, which identifies the elements of a built environment that (independently or in combination) influence health outcomes. Identifying the links between environmental features and health outcomes will highlight where policy interventions are most needed and/or could be most useful. A discussion paper on this method will be submitted for publication shortly.

Charmian Bennett and Guy Barnett were also involved in a workshop on Climate Change Information Needs for ACT Urban Adaptation in late 2013. The workshop aimed to progress several Actions in the policy document AP2: A new climate change strategy and action plan for the Australian Capital Territory that incorporates mitigation and adaptation measures within the built environment.

Project partners: Sharon Friel (ANU), Charmian Bennett (ANU), Guy Barnett (CSIRO Ecosystems) and Cathy Baker (ACT Health)

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Impact of trade policy on diets and health in Ghana (The)

Data analysis for two manuscripts is complete, and these have been submitted to international peer-reviewed journals, co-authored with colleagues at the Kwame Nkrumah University of Science and Technology (Ghana). One has been provisionally accepted for publication (Development, implementation and outcome of standards to restrict fatty meat in the food supply and prevent NCDs: learning from an innovative trade/food policy in Ghana), and the other (Public awareness and attitudes of Ghana's policy on fatty meat importation, and its impact on meat consumption and public health) is under review. The data analysis and writing for the third planned manuscript will be undertaken in 2014.

Contact: Dr Anne Marie Thow
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Improving the food supply for NCD prevention in the context of continuing high rates of undernutrition: a policy space analysis in India

In Nov-Dec 2013, Anne Marie completed data collection in New Delhi for this policy space analysis. She will undertake analysis of the data and preparation of two manuscripts in 2014, with collaborators from the International Food Policy Research Institute and the Public Health Foundation of India.

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Inequities in health care and health outcomes: The Role of Health Sector Reform Strategy in Nepal

Many low income countries (LIC’s) with the support of aid agencies are increasingly opting for health sector reform to promote equitable health system and reduce health inequities. Nepal has also embarked on health sector reform (HSR) strategy, a complex intervention since 2004. As a reform initiative, it is currently operating free health care (FHC) policy for essential health care to improve health inequities. However, knowledge gap exists- whether HSR strategy is contributing to health equity through an equity-oriented health system, in a country where there is an unequal distribution of primary social goods, power and resources determined by factors such as gender, caste, ethnicity, wealth, education and geography? The thesis thus aims to investigate Nepal’s experience in implementing the strategy according to the perspectives of two key district health actors’ - communities and health workers. A case-study of Nepal health sector reform strategy through the experiences of the districts presents an opportunity to contribute to enquiry that has to-date received little attention within the health policy and health system studies. It is hoped that greater insights into the dynamics of health system-community interface by furthering the analysis of the processes, actors, district health system, and community engagement in reform implementation will inform health planners and global health discourse of feasibility and contextual strategies in implementing health sector reform responsive to population health needs. The study uses both quantitative and qualitative methods to examine how the reform strategy is experienced and the impacts achieved.
The PhD project which began in February 2013 continues to evolve with clear aims, objectives and research design backed up with evidence, and quality guidance of the supervisory panel. In 2014, the PhD project will continue to review literature, and refine research tools to collect data in Nepal for seven months in the three districts of Nepal from June-December 2014.

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INFORMAS (International Network for Food and Obesity/Non-Communicable Disease Research, Monitoring and Action Support): Trade and investment

The International Network for Food and Obesity/NCD Research, Monitoring and Action Support (INFORMAS) is a global network of public-interest organisations and researchers that aims to monitor, benchmark and support public and private sector actions to create healthy food environments and reduce obesity and NCDs. The INFORMAS monitoring framework includes two ‘process’ modules, focused on policies and actions of the public and private sectors, seven ‘impact’ modules focused on key characteristics of food environments, and one ‘outcome’ module concentrated on quality of population diets. The Trade and Investment module aims to improve the understanding of the risks and benefits to healthy food environments and diets from trade agreements, and to establish an action-oriented monitoring framework.

Publications


Research Projects continued

to assessing the extent to which the policies and actions of private sector organisations affect food environments and influence obesity/non-communicable diseases prevention efforts, Obesity Reviews, 14(Suppl. 1): 38-48.


Contact: Professor Sharon Friel
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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 second edition of ‘A Race against Time’ about cardiovascular disease in less developed nations has been finalized and is awaiting printing in India.

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Integrated Care

Evaluation of HealthOne Mount Druitt

HealthOne Mt Druitt (HOMD) is a system of managing people with chronic illness that integrates primary and community health services. The linchpin of the HOMD model of care is the two GP liaison nurses (GPLNs) who identify the patient’s needs based on referrals received and assessments made and facilitate communication, case conferencing and care coordination between the various health professionals and other providers involved in the patient’s care.

The Integrated Care Group (formerly the SCIPPS Group) at the Menzies Centre for Health Policy worked 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 WSLHD decision and 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 were extracted in August 2011. CHIME (Community Health Information Management Enterprise) data were extracted in October 2011. A survey to all service providers with HealthOne enrolled patients was distributed in May 2011.

The Report was finalised in February 2013


Summary of Findings

Changes in Patient Outcomes

- Patient outcome analyses showed that among people with chronic and complex conditions enrolled in the HOMD program the number of emergency department presentations, and length of stay in the emergency department, in the 12 months following enrolment in HOMD was significantly less than in the 12 months prior to enrolment.

Changes in Health Services

- The pattern of service utilisation changed in the 12 months after enrolment in HOMD, with more referrals to allied health services such as physiotherapy, podiatry, occupational therapy, dietetics and psychosocial services.
- Source of the referral changed with fewer referrals from the acute care (hospital inpatient) setting and more from other health service providers and families, friends and neighbours.
- The GPLNs improved coordination and integration of services for clients with chronic and complex illnesses.
- The GPLNs improved formal and informal communication between community health, general practice and other health and social care providers through care planning, case conferences, and partnership building.
Process Evaluation

- The process of forming enduring partnerships is a long and difficult one, with unity of vision, trust and leadership at all levels of the partner organisations necessary for the successful implementation of a HealthOne service.

- GPLNs were crucial to all aspects of the development and implementation of the service, with engagement with clients kicking off the process of forming appropriate relationships and providing care, and where necessary, referral to new services, including social care and psychosocial services.

- GPLNs needed to be flexible and work with GPs, other providers and partner organisations to add value to the care provided to clients rather than compete by providing duplicate services. Policy and decision makers also needed to remain flexible to allow innovation to occur at the local level, reflecting local needs, while still providing the broader policy framework or management decisions when necessary.

- The seniority and expertise of individuals in Liaison Nurse roles are critical to earn and maintain respect of health and other professionals, along with leadership skills to initiate a cross-organisational culture change conducive to coordination and integration within the primary health care sector.

- Sustainability of HealthOne services depended on the continued commitment of leaders at all levels of the partner organisations, and a continued commitment from funding bodies to employ GPLNs and provide wider workplace support.

Evaluation of HealthOne Blacktown-Doonside

The Integrated Care Group at the Menzies Centre for Health Policy were commissioned by the NSW Ministry of Health to carry out an Evaluation of HealthOne Blacktown-Doonside in the Western Sydney Local Health District. NSW Ministry of Health requested that the HealthOne Blacktown-Doonside Evaluation use a similar methodology to that employed in the Evaluation of HealthOne Mount Druitt. A second component of the HealthOne Blacktown-Doonside Evaluation was to develop evaluation methods that can be used in the evaluation of HealthOne services elsewhere in NSW.

HealthOne Blacktown-Doonside was in development from mid-2011 and was being implemented in 2013. The Integrated Care Group evaluated the development and early implementation process. Observation of the developing service began from mid-2011 and continued to mid-2013. Interviews with decision makers and HealthOne Blacktown-Doonside staff were carried out in June 2013 with a draft report of this first component produced in July 2013. A Final Report incorporating the second component was provided to the Ministry in December 2013.

The Report is currently being circulated to the HealthOne Blacktown-Doonside Implementation Group and also to the Western Sydney HealthOne Management Group for ratification. It will be finalised after feedback from these groups is received.

International Case Studies of Integrated Care for Older People with Complex Needs

This seven nation comparative study of best practice in integration and coordination of health and social care services was a collaboration between the Kings Fund (London), Commonwealth Fund (New York) and the Health System Performance Research Network (Canada). The Integrated Care Group at Menzies Centre for Health Policy was asked to provide the Australian case study based on their Evaluation of HealthOne Mount Druitt work.
A paper entitled ‘Partnerships for Chronic Care: HealthOne Mount Druitt’ was produced by the Integrated Care Group and delivered to the collaboration in April 2013.

An overview paper ‘Providing Integrated Care for Older People with Complex Needs: Lessons from Seven International Case Studies’ was disseminated by the Kings Fund in early 2014. This publication is a further step in disseminating SCIPPS research data internationally, in this instance in a comparative framework so lessons on implementation can be drawn by practitioners and academics.

**NSW Ministry of Health HealthOne NSW Rapid Assessment**

The Integrated Care Group began working with Ministry staff in late 2013 to develop a methodology for the rapid review of HealthOne sites throughout NSW. A set of review criteria will form a framework for the assessment of various HealthOne sites across NSW and also form the basis of an interview instrument. Visits to selected sites with the strongest models to confirm interview data and to get a sense of the differences between virtual urban models and co-located non-urban models are also being proposed. Negotiations with the Ministry to refine methods and timeframes are continuing with the work set to commence in March 2014.

**Presentations**

- Gillespie, J A. Global perspectives on alternate funding models; the problem of care integration, National Primary Health Care Conference, Gold Coast, 15 November, 2013.
- Gillespie, J A. Universal health care: a political perspective. Deeble Institute Inaugural Symposium:
- McNab J., Beyond Local Evaluation: Can Local Context Be Translated to Health System, Emerging Health Policy Research Conference, Menzies Centre for Health Policy, School of Public Health, University of Sydney, 14th October 2013.
- McNab J., Bringing Health Policy into Qualitative Health Research, The Sydney Health Policy Network Early Career Researcher Special Interest Group, University of Sydney, 2nd May 2013.

**Papers**


Contact: Dr Justin McNab
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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 (MCHP) and G. Derrick (Madrid/Brunel University).

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.

Data collection and analysis have been completed. Results have been presented in several forums, with a full paper under preparation:

**Conference proceedings**


**Conference presentations**


**Invited opinion articles based on the research**


A further paper has been accepted for the European Consortium for Political Research annual conference, Glasgow, Sept 2014

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**The NHMRC Australian Prevention Partnership Centre**

The NHMRC Australian Prevention Partnership Centre is a major initiative that will identify what works and what doesn’t in helping people make lifestyle changes to prevent chronic disease.

It will be pivotal to a united Australian effort to address this major public health challenge and will conduct leading research to help us adopt the type of programs and policies that make a real difference to people's health.

The research the centre conducts will help us learn about what works in chronic disease.
prevention. It will also investigate how to get the best prevention messages out to the community and give health decision makers the best evidence on preventing chronic disease.

Funded by the NHMRC, Australian National Preventive Health Agency, NSW Ministry of Health, ACT Health, HCF and the HCF Research Foundation, the centre is managed by the Sax Institute in partnership with the Centre of Excellence in Intervention and Prevention Science (CEIPS).

The Partnership Centre has established 4 nodes: Evidence Synthesis; Evaluation; Communication and Systems; and Implementation Science. It has funded three projects: Development of National Indicators for Health Built Environment and Physical Active; The Economics of Prevention; and Modelling the Food System.

Professor Andrew Wilson is Director of the Centre.

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The NHMRC Australian Prevention Partnership Centre @ ANU

The ‘Systems Approach to Healthy and Equitable Eating’ project in the Australian Prevention Partnership Centre aims to establish the ‘HE2 – Healthy and Equitable Eating’ rating of the food system and current Australian food policy actions, and identify opportunities to align food policies that advance public health nutrition in an equitable way. The first meeting of investigators in January got the project off to a great start. The group will remain active and in communication electronically throughout the year, with the next meeting planned for mid-April, after the post-doctoral position has been filled.

Project partners: Sharon Friel (ANU), Amanda Lee, Queensland University of Technology; Alan Shiell, CEIPS; Joanne Greenfield, ACT Health; Megan Cobcroft, NSW Health; Daina Neverauskas, ANPHA; Louise Baur, University of Sydney & The Children’s Hospital Westmead; Rob Carter, Deakin University; Lucie Rychetnik, The University of Notre Dame Australia; Jane Potter, Heart Foundation

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

Angela Littleford 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 is working towards submission by thesis and therefore has developed the chapter layout and commenced work on writing the Introduction, Method and Results Chapters. Angela is continuing analysis of the data and has engaged an external consultant to assist her with the use of NVivo 10.

Angela plans to submit her thesis by December 2014.

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Partners in Recovery: improving and evaluating recovery and system integration in mental health

Partner in Recovery (PIR) is the Australian Government’s response to stakeholder concern about the lack of coordinated and integrated care available for people with severe and persistent mental illness with complex needs (PIR target group) who require a multi-agency response. PIR will get the services and supports from multiple sectors to work in a more collaborative, coordinated and integrated way.

The Menzies Centre has contracted to conduct a three year long evaluation of the Western Sydney PIR. The contract was signed in late December 2013 and a research assistant will start work by the end of February. The evaluation will cover:

- The measurement of recovery amongst those who access the program. This will provide a key evaluation point for the rest of the study. It will draw (as far as possible) the results of the national evaluation, but use multiple dimensions of measurement at local level: measures of recovery, referrals to health professionals, ED admissions etc.

The other elements of the project will form a systems analysis of the impact and sustainability of WSPIR. This will provide an account and evaluation of the models of partnership and care developed by WSPIR, contributing to wider discussions of care integration.

- The measurement of the extent to which the mental health services operating within the Western Sydney Medicare Local region become more connected as a result of their involvement in PIR – identifying barriers and enablers, within and outside the WSPIR Consortium partners.

- A study of issues around the development of a workforce. This covers both the successful operation of the WSPIR program: what are the new demands placed on the workforce, both in quantity and quality? Where were new coordinators recruited, how effective were induction procedures? How far did the program and the partnership alter work practices? Have these changes been routinized?

- The study will identify at an early stage innovations in practice or coordination developed by members of WSPIR. These will be developed as case studies, using the process and network mapping of the program.

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Patient feedback - improving health care safety and quality?

Introduction

Deborah Schaler is undertaking a comparative study of the effectiveness of three patient feedback methods (patient complaint policy, patient surveys and collection of patient experience narrative) in facilitating improvement to health service safety or quality.

The study aims to develop and trial a method for health services to systematically analyse patient feedback data from various quantitative and qualitative sources and link it directly to service safety/quality improvement. This is especially relevant to Australian health services which are required to meet new Australian National Safety & Quality in Healthcare (NSQHC) Standards related to patient feedback.
The policy implications of the study are that (i) health services might review their level of investment and/or selection of patient feedback methods; and (ii) clinicians and health service managers have an effective method to analyse patient feedback data and link it directly to quality and safety improvement activity.

The study is mixed method and includes Grounded Theory situational analysis mapping. The case study site is the tertiary level Division of Women, Youth and Children in ACT Health, Canberra, Australia, comprising the Centenary Women and Children’s Hospital and a range of acute and community based services.

**Year 2013 in Review**

The case study site data collection and analysis was completed in 2013. This included collection of patient complaint and survey data, a small library of patient journeys, quality improvement register information and semi-structured interviews with 51 senior staff across clinical, safety and quality, and administrative (complaint management) domains.

As a result of her analysis, Deborah proposed a new model for patient feedback management that has been accepted in principle for implementation in ACT Health. The new model comprises change to (i) the complaint management process to include a tiered response to complaints based on risk assessment; (ii) change to the patient feedback data system codes to facilitate systematic analysis of patient feedback and improve the quality of the reports; and (iii) strengthened governance arrangements to strengthen the link between patient feedback and service improvement.

ACT Health was already committed to transition from patient satisfaction surveys in preference for implementing new patient experience survey methods and Deborah participated on the working group to develop a new survey method and tool.

**Year Ahead 2014**

ACT Health plans to review and refresh its consumer/patient feedback management policy and the Listening and Learning Consumer Feedback Standards in 2014. The review will occur in consultation with the ACT Health Services (complaints) Commissioner and Health Care Consumers Association ACT who support the proposed new complaint management model. Deborah will be engaged in the review process.

It is anticipated that the new patient experience survey will be implemented in 2014 providing a new source of data to include in the patient feedback analysis model.

Work will continue with the Riskman database vendor to change the complaint data codes to align with clinical incident data, NSQHC Standards and Picker patient experience domains in anticipation of implementing a new process to analyse patient feedback in the case study site in 2014.

Deborah’s thesis includes consideration of the pilot site’s readiness for service innovation and this will be explored through a small number of interviews with senior staff in 2014.

**Contact: Deborah Schaler**

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

Public patients are routinely being treated in Australian private hospitals. Some jurisdictions have large-scale, planned programs where private or not-for-profit hospitals are contracted by the public sector to treat public inpatients (for example Queensland’s Surgery Connect program). Often, however, ‘contracting’ is done on an ad hoc or short-term basis where private hospitals are asked at relatively short notice to treat public patients to relieve pressure on public hospitals.

During 2013 the project finished interviewing 26 senior health executives across Australia. Interviewees came from public and private hospital executives, and the bureaucracy, and all had experience in hospital contracting. The focus of interviews was to find out about their experiences with contracting: why and how contracting arrangements were developed, what worked, what didn’t, and what changes to policy and practice were made over time. Interviewees were also asked their views on the merits of contracting, whether it should be done more often, and if so, what needed to be done to make sure it worked well.

The research has been completed and an issues paper will be published late February or March 2014. This will be jointly published by Australian Hospitals and Healthcare Association, Catholic Health and the Menzies Centre for Health Policy.

Contact: Dr Jim Gillespie
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A randomized control trial to assess the role of volunteers in improving self-care in patients with heart failure in Iran

Summary

Objectives:

1. to develop a domestic tool for measuring self-care in patients with chronic heart failure (CHF) among patients who use the Persian language,

2. to establish the baseline of personal characteristics and use of self-care among patients with CHF living in Kermanshah, Iran and

3. to explore whether volunteers can work as effectively as paid health workers to educate chronic heart failure (CHF) patients in the principles of self-care.

The study was in four stages.

1. First, the self-care heart failure Index (SCHFI) as an instrument for evaluation self-care among patients with CHF has been translated and validated to create the Persian SCHFI (pSCHFI).

2. Second, a descriptive study was conducted to provide baseline information about patients with CHF.

3. Third, a randomized control trial has been conducted with 231 participants randomly assigned to one of three groups - a control and two intervention groups. Two months after the educational intervention participants were interviewed again.

4. Finally, data has been entered into SPSS and cleaned for analysis at the end of 2012 and early of 2013.
Accomplishments in 2013

1. Improving ability to reduce dependency on statistical help:
   - Taking and passing the course study of UBH5018 - Introductory Biostatistics, 6 credit points (semester 1 2013)
   - Taking and passing the course study of PUBH5211 - Multiple Regression and Stats Computing, 4 credit points (semester 2 2013)

2. Analysis of part of data

3. Publish / Congress:

Plan for 2014

- Complete data analysis
- Submitting three manuscripts for publication
- Submit the thesis as a thesis by publication.

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The role of communities in health policy as a social determinant of health

Health services in the Torres Strait have drawn the attention of the media in recent years due to the perceived threat of multi-drug resistant TB to Australia when patients travel from Papua New Guinea to the Torres Strait and receive treatment. This situation provides a case study to investigate how factors outside of communities can influence health policy decisions, what roles communities can play in decision making and improving health service delivery. This PhD will investigate the path from community input to the policy making process, through to when a health policy decision is made by Government in the PNG/Australia cross border region. The hypothesis of the research is that health services are improved where communities are engaged in the health policy process. The research hopes to add to the body of knowledge on political empowerment as a social determinant of health, which was identified by the Commission on the Social Determinants of Health (2008). The PhD project commenced
in July 2013, and a clear focus for the research is being developed. In 2014, activities will be focused on reviewing the literature, developing the research methodology, forming research partnerships in Australia and Papua New Guinea, and getting the appropriate approvals (institutional and ethics).

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Taxation as a tool for improving diets and preventing chronic disease

A systematic review conducted in 2012 in collaboration with colleagues at the University of Sydney and George Institute for Global Health has now been accepted for publication in the international peer-reviewed journal Nutrition Reviews. In 2014, Anne Marie has been invited to lead a review of fiscal policy interventions for the WHO, which will build on her current University of Sydney collaboration on the implementation of the fiscal policy measure recommendation in the WHO Global Action Plan on NCDs.

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Towards a broader economic and social perspective on chronic disease evaluation


Overview

Supervision

The first 2 years of this fellowship will be spent at McMaster University, Canada, working with Prof Birch. Beverley will then return to Australia for the final 2 years and work with Prof Andrew Wilson at the Menzies Centre for Health Policy, Australia.

Aims and Methods

1. Identify the markers, determinants and quantify the impact of, the economic and social consequences of living with chronic disease in Canada and Australia through analyses of large population-based datasets in both countries

2. Systematically review commonly used, published methods to assess economic and social consequences of people with chronic disease.

3. Develop, validate and test a measure of individual-level economic and social consequences of chronic disease using the following methods: i) Delphi methods to reach stakeholder consensus on the face and content validity of the measure; ii) qualitative and quantitative methods in a sample of individuals with chronic disease to test the measure’s validity (face, content and construct), reliability and internal consistency; and iii) observational and intervention research to measure the economic and social consequences of chronic disease in Canadian and Australian populations.
4. Influence health care system policy, practice and research by applying a broader economic and social perspective on chronic disease evaluation. A comparative analysis of the economic and social consequences of chronic disease between Canada and Australia will be conducted using case-study methods and the results will be translated using: i) policy briefs; and ii) policy forums in both countries.

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Trade policy: maximising benefits for nutrition, food security, human health and the economy

This three year ARC Discovery Project is examining the implications of emerging 21st century regional trade agreements (RTAs) for food security, nutrition and health, and assessing governance capacities to deliver trade agreements that integrate economic, social and health goals. It is focused on the Trans Pacific Partnership Agreement, a major RTA which is been under negotiation since 2010 and currently involves Australia, Brunei, Canada, Chile, Japan, Malaysia, Mexico, New Zealand, Peru, Singapore, the United States, and Vietnam.

Project partners: Sharon Friel (ANU), Gabriele Bammer (ANU), Libby Hattersley (ANU), Adrian Kay (ANU), Deborah Gleeson (La Trobe University), Ann-Marie Thow (University of Sydney), Wendy Snowdon (Deakin University, Fiji), Ron Labonte (University of Ottawa), David Stuckler (Oxford University).

Publications


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Trade, food and health in the Southern African Development Community

Data analysis is complete for a manuscript titled: Importing obesity: policy implications of regional trade in processed food and beverages for the Southern African Development Community, co-authored with colleagues at the University of Sydney and University of the Western Cape (South Africa). This manuscript will be submitted to an international peer-reviewed journal in 2014. Data analysis has also begun for a second paper focussing on the effect of regional trade policy on staple foods.

Contact: Dr Anne Marie Thow
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Understanding and ameliorating the human health effects of exposure to air pollution from knowledge to policy and public health practice (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. During 2012 several research projects have begun in NSW and Victoria under the auspices of several of the chief investigators and new PhD students recruited to the study.

The Centre has progressed well under the direction of Prof Guy Marks. Policy and advocacy are important activities that accompany a wide range of epidemiological and environmental research.

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Value in Healthcare

The ‘Value in Healthcare’ stream was fortified with the arrival in September 2013 of Associate Professor Adam Elshaug to the MCHP Sydney node. A/Prof Elshaug carries with him an established national and international program of work in this area, from which he – and other MCHP staff – are already building upon.

Year 2013 in Review

Between September 2013 and February 2014 Adam Elshaug has joined (or renewed his role with) the following Committees which carry a Value in Healthcare agenda:

- Member: Strategic Evaluation Advisory Group. National Prescribing Service [NPS MedicineWise], Australia
- Member: Executive Committee. Health Services Research Association of Australia and New Zealand (HSRAANZ)
- Member: Planning Committee. Choosing Wisely International. The US Choosing Wisely campaign hailed a revatilization of clinicians taking a stewardship role in reducing waste in health care by calling out practices of low-value. This campaign has now moved to the international stage and Adam Elshaug was invited to join the Planning Committee.
- (Continuing) Member: Safety, Quality and Sustainability Forum. Medical Benefits Division, Australian Government Department of Health. This Committee advises the Comprehensive Management Framework of the Medicare benefits Schedule (MBS) process, which is a review of existing MBS items that demonstrate questionable safety, effectiveness and/or cost-effectiveness.
Publications (Published)

Publications (Accepted as at Feb 2014)
- Schwartz AL, Landon BE, Elshaug AG, Chernew ME, McWilliams JM. Measuring low-value care in Medicare. JAMA Internal Medicine, accepted February 7 2014.

Invited addresses (to February 2014)
- Elshaug AG. From Avoidable Care to Right Care: Research Agenda Working Group. {Workshop Presenter and Facilitator} 2nd Lown Conference: From Avoidable Care to Right Care. Boston, USA, December 5, 2013.

Media
- Elshaug AG. Interview regarding comparative effectiveness research in radiology: Health Imaging (USA) – forthcoming

Events
- On January 30th 2014 The Menzies Centre for Health Policy, in association with the AHHA and Deeble Institute co-hosted an event entitled: “30th anniversary of Medicare roundtable: is Medicare sustainable?” at Old Parliament House, Canberra. Presentations were delivered by: Dr Anne-marie Boxall, director of the AHHA’s Deeble Institute; Catherine King, Shadow Minister for Health; Prof Stephen Duckett, Director of the Health Program at the Grattan Institute; Dr Steve Hambleton President of the Australian Medicare Association, among others (including Adam Elshaug, MCHP).

Year ahead 2014

2014 Collaborations and Publications
Adam Elshaug has established a collaborative working arrangement with the private insurer HCF (the major funder of his position at MCHP) to examine opportunities within their database that will lead to a reduction in inappropriate or sub-optimal patient care.

Adam Elshaug has accepted an offer to be Honorary Senior Fellow with the Lown Institute in Boston. In this role he will play a senior role in their ‘From avoidable care to right care’ initiative. As apart of this, Adam Elshaug is co-leading (with Dr. Vikas Saini, Director, Lown Institute) a 3-paper series on low-value care following a formal invitation from The Lancet, due for publication in early 2015.

Adam Elshaug continues to work with the following international collaborators on discrete Value in Healthcare projects: Harvard Medical School, Lown Institute, The Commonwealth Fund (US); NICE (UK); Karolinska Instutet (Sweden); The University of Birmingham (UK); University of Calgary (Canada), among others. As at February 2014 this work saw 6 manuscripts and one book chapter under late-stage development or review.

2014 Projects

- Alternative payment models in Australia: Increasingly, questions are being raised about the efficiency of Australia’s fee-for-service Medicare payment model. As with all fee-based payment models around the world they are seen as rewarding quantity of service rather than quality (however defined). In addition, they present structural barriers to coordinating effective care across multiple providers, over multiple care settings, and over time. A number of alternative payment models (e.g. bundled payments, shared savings, pay-for-performance and patient-centred medical home payments) have been considered and piloted in international jurisdictions. Some of these international systems have traits that overlap with Australia’s system traits. MCHP’s Adam Elshaug and Andrew Wilson have commenced a formal program of research focusing in this area, commencing with the appointment of a new PhD candidate, Elizabeth Seil. Elizabeth will commence on a part-time basis and look to move up to full-time pending scholarship success. Her doctoral work seeks, therefore, to consider the feasibility of certain alternative payment models for Australian health care. As a starting point, her research will develop models to assess the feasibility of bundled payment methods in the Australian context.

- Choosing Wisely Australia: The U.S. Choosing Wisely campaign hailed a revatilization of clinicians taking a stewardship role in reducing waste in health care by calling out practices of low-value. This campaign has now moved to the international stage and Adam Elshaug was invited to join the Planning Committee. Adam has been asked to advise a local authority (to be announced) who will lead the campaign in Australia, commencing in early 2014.

- Measuring low-value care in Medicare (Australia): Adam Elshaug worked with colleagues at Harvard to measure 26 low-value services in US Medicare. This work was accepted for publication in JAMA Intern Med in Feb 2014. In February 2014 Adam submitted a NHMRC project grant application in the 2014 round (for 2015- funding) looking to replicate this method within various Australian datasets. Adam is CIA, Sallie Pearson (MCHP Affiliate) is CIB and Andrew Wilson is a named AI.

Contact: Associate Professor Adam Elshaug
Email: elshaug@sydney.edu.au
Concluding Research Projects

Health care in Thailand
This project was completed at the end of December 2013.

Contact: Vassontara Yiengprugsawan
Email: vasoontara.yieng@anu.edu.au

Health Economics Research, Modelling, Evaluation and Strategy (HERMES)

National Health and Medical Research Council of Australia, Capacity Building Grant (#571372)
Chief Investigators: Stephen Jan, Glenn Salkeld, Phillip Clarke, Kirsten Howard, John Chalmers, Stephen Leeder. AU$1.8 million.
Team Investigators: Joel Negin, Beverley Essue, Rachael Morton, Alison Hayes, Tracey Laba, Germaine Wong, Martin Howell, Tom Lung, Rachel Knott, Merel Kimman

Overview
This project 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?

Grant in review (2009-2013)
As evidence of the quality of this capacity development program in health economics and health policy, between 2009 and 2013 HERMES trainees published over 200 papers including 85 in ERA A or A* journals. This output from the trainees compares well with that of health economics groups in Australia. Furthermore, the trainees have in this period leveraged over $2.5 million in grant funding, mostly from NHMRC. Of the ten HERMES trainees, four are now taking on PhD supervisory roles (and three more taking on supervisions of Masters and honours students).

The grant was completed in December 2013.

Contact: Dr Beverley Essue
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Starting from scratch – patient-reported outcome questionnaires & their role in an integrative medicine primary care minimum-dataset

**Aim**
This research explored the use of patient questionnaires for evaluating integrative medicine (IM) clinics in the primary care setting.

**Background**
Integrative medicine (IM) combines traditional, complementary, and alternative medicine with conventional biomedicine. With more clinics in Australia offering IM, it is important to evaluate outcomes.

**Methods**
Mixed methods were used. This included a case study of an IM clinic in Sydney, Australia; interviews with 20 patients and 13 staff at the clinic; and a systematic literature review of patient questionnaires.

**Results**
Challenges for measuring IM outcomes limitations with routine clinical data collection, selecting appropriate questionnaires able to measure the wide range of IM outcomes whilst minimizing responder burden, patient recruitment and practitioner support. Electronic questionnaires have many advantages. Alternative formats such as paper are still needed. Not all interviewees were interested in cohort results or research and instead wanted to access their individual patient results.

**Discussion**
The results from the studies were synthesised and a set of recommendations are offered.

**Conclusions**
Patient questionnaires could be used to establish a minimum dataset for use in research, health service development, and informing and improving individual patient care. A bottom-up approach that addresses stakeholders’ needs for a dataset is essential.

**Contact: Dr Jennifer Hunter**
Email: jennifer.hunter@sydney.edu.au

**Vision-Hearing Project**
The Vision-Hearing project is a NHMRC Partnership grant that piloted 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.

**2013 in Review**
Results were analysed and synthesised from January to July 2013. The project and funding was completed with NHMRC at the end of June 2013. We were unsuccessful in submission of an IRT Foundation grant application, which would have supported an extension of the
qualitative work of the project. From July to December 2013 activity was minimal with no active staff employed on the project. We focused on dissemination activities, distributing summaries to participants, preparing project reports for the partner organisations, and submitting conference abstracts and articles for peer-review.

**Presentations completed 2013**

- Schneider, J. Screening for hearing loss among older Australians with vision impairment: The Vision-Hearing Research Project. Menzies Centre for Health Policy, University of Sydney, 30th July, 2013.

**Publications accepted 2013**


**Year Ahead 2014**

In the year ahead we will continue to look for opportunities to disseminate the results of the study and build partnerships and interest in the area. We have obtained Ethics approval to conduct a small professional survey and this will be conducted in 2014 to help identify gaps in professional knowledge in relation to dual sensory impairment (or to identify examples of current best practice), provided partner organisations agree to distribute this.

**Presentations forthcoming 2014**

Former Project Manager, Julie Schneider, has been invited to Co-Chair a Dual Sensory Loss Symposium at the International Conference on Low Vision, where the following papers from the project will also be presented:


**Publications accepted 2014**


**Contact: Dr Julie Schneider**

**Email: julie.schneider@sydney.edu.au**
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 University of Sydney

Enrolments for the postgraduate health policy courses for first semester are now complete. Final enrolments in the program are not yet available, but enrolments in individual units remain healthy.

HPOL5000 Introduction to Health Policy - 55 students enrolled.

Guest lecturers include Dr Mary Foley (DG of NSW Health), A/Prof Michael Moore (CEO PHAA), Prof Shane Houston, Prof Mick Reid, Prof Stephen Leeder, Dr Anne Marie Boxall, Prof Kate Conigrave and A/Prof Stacy Carter.

The unit is designed to be very accessible to students with interests in public health, and it gives an overview of health policy - both related to the health system in Australia and more generally. The structure of the unit is an introductory online lecture, which provides an overview of the Australian health system and major current issues, then a workshop focussed on 'what is health policy?'. This is followed by an online discussion designed to allow students to explore the intersection between policy processes and politics. The second workshop is more focussed on priority setting. The two essays are based on the policy theories and content covered in the workshops and online discussions.

HPOL5001 Economics and Politics for Health Policy – 32 students enrolled

The health economics component of this unit is taught by Prof Stephen Jan of the George Institute, drawing largely on staff from the George and the School of Public Health. The finance element is convened by A/Profs Jim Gillespie and Christine Giles. The unit introduces the main concepts of each area and then uses case studies to explore their use in policy analysis.

HPOL5008 Evidence into Policy and Practice - 16 students enrolled.

The aim of this module is to increase students’ understanding about the links between evidence and policy and practice and to teach them, using academic and real-world examples, how evidence from research is used in policy and practice. This year the unit will incorporate additional skills based elements including systematic literature searches and using the GRADE system to make recommendations for policy from evidence. The unit serves to develop the necessary understanding and skills to undertake HPOL 5009, Health Policy Project in Semester 2. Guest lecturers include Kim Browne (BHI), Mary Haines (Cancer Institute and Sax Institute), Anne-marie Boxall (Deeble Institute) Louise Baur (CHW) and Lesley Russel (MCHP).

HPOL5009 Health Policy Project – 6 students enrolled

This capstone unit requires student to present a costed, evidence-based and fully justified policy proposal. It is now being taught in both semesters as some full-time students, including AusAid, are starting in the middle of the year and need to complete their degrees in first semester.

Contact: Dr Jim Gillespie
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Publications
October 2013 - March 2014

Books

Research Publications


• Downs SM, Marie Thow A, Ghosh-Jerath S, Leeder SR. Aligning food-processing policies to promote healthier fat consumption in India. Health Promot Int. 2014 Jan 7. [Epub ahead of print]


• Russell L. Reports indicate that changes are needed to close the gap for Indigenous health, Med J Aust 2013; 199 (11): 1-2.


Media & Industry


• Hall E. Health Minister gearing up for attack on Medicare, says analyst, The World Today, Australian Broadcasting Corporation, 20 February 2014. Associate Professor Jim Gillespie is interviewed.

• Gilmore N. Tony Abbott says Coalition will be Medicare’s ‘best friend’ amid talk of overhaul, co-payments, Australian Broadcasting Corporation (ABC) News, 20 February 2014. Associate Professor Jim Gillespie is quoted.

• Russell L. Medicare needs a decent check-up, Canberra Times, 10 February 2014.

• Boxall AM. Medicare turns 30 and begins to show signs of ageing, The Conversation, 31 January 2014.

• Harrison D. GPs oppose insurers covering cost of visits for fear of switching, Canberra Times, 13 January 2014. Associate Professor Jim Gillespie is quoted.

• Gillespie J. Mind the gap: $6 GP visit proposal ignores the evidence, The Conversation, 9 January 2014.

• Russell L. Obamacare’s testing year ahead, Inside Story, 7 January 2014.

• Swan J. PM Tony Abbott under fire over looming health bill surge, Canberra Times, 2 January 2014. A report by Associate Professor Adam Elshaug is referenced.

• Russell L. Health plan the cruellest cut, The Sydney Morning Herald, 31 December 2013.

• Gillespie, J. Securing Australia’s Future: health care The Conversation, 16 December 2013

• Russell L. A call for health checks to help those in need, rather than the “worried well”, Croakey, 7 November 2013.

• Russell L. Social gap: economic decisions can be fatal, Canberra Times, 24 October 2013.

• Russell L. Right holds Obama hostage, Canberra Times, 7 October 2013.
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.

Upcoming Events

Emeritus Professor Stephen Leeder - A Celebration

Thursday, 1 May 2014, University of Sydney

An event celebrating the remarkable career of Emeritus Professor Stephen Leeder AO.

Keynote presentations and discussion will focus on the following themes: Chronic Disease: An international epidemic; Medical Education; Public Health Education and Training for the 21st Century; and Health Policy.


Past Events (October 2013 - March 2014)

Medicare 30th Anniversary Roundtable

30 January 2014

The Medicare 30th Anniversary Roundtable, hosted by the Australian Healthcare and Hospitals Association and the Menzies Centre for Health Policy brought together expert speakers and stakeholders to discuss the question: Is Medicare sustainable in its current form?

Medicare is central to the principle of affordable access for all Australians to good health care. While we celebrate its success we need to examine the economic and political threats to its continuation and be prepared to question whether it is still achieving its objectives effectively and efficiently given the changes in health care since its commencement.


Emerging Health Policy Research Conference

Monday, 14 October 2013, University of Sydney

The Menzies Centre for Health Policy held its 8th annual Emerging Health Policy Research Conference in October 2013.

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

Staff List

Directors
- Professor Andrew Wilson, The University of Sydney
- Professor Sharon Friel, The Australian National University

University of Sydney
- Associate Professor Jim Gillespie, Deputy Director
- Professor Stephen Leeder, Professor of Public Health and Community Medicine
- Associate Professor Adam Elshaug, HCF Research Foundation Principal Research Fellow
- Emma Dupal, Manager
- Diana Freeman, Project Officer (MCHP and SHPN)
- Dr Anne Marie Thow, Lecturer
- Dr Carmen Huckel-Schneider, Lecturer
- Dr Beverley Essue, Ian Potter Foundation Fellow
- Dr Justin McNab, Research Fellow
- Sandie Tolliday, Executive Assistant to Professor Stephen Leeder

Honorary Appointments
- Honorary Professor Peter Heywood
- Honorary Professor Farhat Yusuf
- Honorary Associate Professor Paul Lancaster
- Honorary Senior Research Fellow, Dr Milton Lewis
- Honorary Clinical Senior Lecturer, Dr Cathie Hull
- Honorary Associate, Dr Anne-marie Boxall
- Honorary Associate, Moira Dunsmore
- Honorary Associate, Dr Kathy Flitcroft
- Honorary Associate, Dr Fred Hersch
- Honorary Associate Kylie-Anne Mallitt
- Honorary Associate, Dr Lesley Russell
- Honorary Associate, Dr Julie Schneider

Adjunct Appointments
- Adjunct Professor Abby Bloom
- Associate Professor Christine Giles
- Associate Professor John Eastwood
- Adjunct Professor George Rubin, Director, Centre for Health Services & Workforce Research
- Adjunct Associate Professor Annette Schmiede

Health & Sustainability Unit
- Associate Professor Ruth Colagiuri, Director
- Dr Si Win Tin, Research Fellow
- Emily Morrice, Research Assistant

Care Navigation (RCT)
- Natalie Plant, Research Officer
- Mario D'Souza, Research Officer (Statistics)

Research Students
- Adam Capon
- Shauna Downs
- John Hall
- Jennifer Hunter
- Angela Littleford
- Ashley McAllister
- Deborah Schaler
- Soraya Siabani
- Ghazal Torkfar
- Andrey Zheluk
Research Associates

- Phillip Baker, National Centre for Epidemiology & Population Health, ANU College of Medicine, Biology & Environment
- Dr Angela Beaton, Team Manager (Science and Animal Technology), Centre for Health and Social Practice, Wintec, New Zealand
- Kate Corcoran, Project Officer, The George Institute for Global Health
- Gemma Derrick, Instituto de Políticas y Bienes Públicos, Centro de Ciencias Humanas y Sociales, Spain
- Amanda Dominello, Senior Research Manager, Sax Institute
- Eliza Drury, Research Affiliate, Menzies Centre for Health Policy
- Dr Oliver Herbert, Research Associate
- Tony Ireland, PhD Candidate, Sydney School of Public Health
- Associate Professor Stephen Jan, The George Institute for Global Health
- Associate Professor Alexandra Martiniuk, University of Sydney Postdoctoral Fellow
- Associate Professor Sallie Pearson, Head, Pharcacoepidemiology and Pharmaceutical Policy Research Group
- Belinda Reeve, PhD Candidate, Sydney Law School
- Sebastian Rosenberg, Senior Lecturer in Mental Health Policy, Brain & Mind Research Institute
- Dr Jennifer Smith-Merry, Senior Lecturer in Qualitative Health Research
- Professor Stephen Simpson, Academic Director, Charles Perkins Centre
- Professor Tim Usherwood, Westmead Clinical School

Australian National University

- Peter Ward, School Manager, National Centre for Epidemiology & Population Health
- Laura Ford, Research Assistant
Directors’ Report

The Menzies Centre for Health Policy (MCHP) is the leading independent scholarly voice on health policy in Australia. It brings together scholars and practitioners with broad expertise in health policy, economics and health services research to produce high-quality analyses of current health policy issues, deliver annual public seminars, education programs and undertake comprehensive research projects. MCHP’s research program addresses four themes that include policies for health futures, serious and continuing illness, equity and governance.

For more information

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