



Australian Government
**National Health and
Medical Research Council**



4th Annual NHMRC
Symposium on Research Translation
jointly with CIPHER

Policy and Research: Working together to improve the health of Australians

Tuesday 27 and Wednesday 28 October, 2015
Venue: Sofitel Sydney Wentworth

CONTENTS

Welcome Messages	2
Programme of Events	4
Acknowledgements	8

DAY 1

Day 1 - Opening Session	9
Plenary Session 1	12
Workshop 1A	16
Workshop 1B	18
Concurrent 1C	19
Concurrent 1D	25
Plenary Session 2	31

DAY 2

Plenary Session 3	34
Workshop 2A	38
Workshop 2B	40
Concurrent 2C	41
Concurrent 2D	47
Workshop 3A	53
Workshop 3B	55
Concurrent 3C	56
Concurrent 3D	62
Panel Discussion: The art of using evidence in a complex world	69
Poster Abstracts	72

WELCOME MESSAGE

I am delighted to welcome you to NHMRC's 4th Annual Symposium on Research Translation. As the new CEO of NHMRC, and with a background in health and medical research, I have a particular interest in this year's theme, *Policy and Research: Working together to improve the health of Australians*.

We all know that research does not automatically translate itself into health policy. It is also clear that while policy makers and health and medical researchers may approach issues from different perspectives, they are all striving to achieve the same end – that is, to improve health outcomes. Accordingly, this year's Symposium will focus on working effectively together to help put the 'evidence' into evidence-based policy making.

Given this theme, I am especially pleased that NHMRC is holding the Symposium in collaboration with the Centre for Informing Policy in Health with Evidence from Research (CIPHER). The result is a strong programme which promises to be both informative and engaging. It will encourage conversation around knowledge exchange, better engagement and integration of policy makers with researchers, and the provision of systems to allow this to happen. Participants will learn about successful partnerships that have resulted in significant health gains, as well as innovations in implementing evidence-based policy.



Professor Anne Kelso AO

Chief Executive Officer | National Health & Medical Research Council

Professor Anne Kelso AO is the Chief Executive Officer (CEO) of NHMRC. Professor Kelso was previously Director of the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne, a role she commenced in 2007.

Professor Kelso previously spent her research career at the Swiss Institute for Experimental Cancer Research, the Walter and Eliza Hall Institute of Medical Research and the Queensland Institute of Medical Research, where she earned her reputation as a leading researcher in the field of immunology.

From 2000 until 2006, she was also Director/CEO of the Cooperative Research Centre for Vaccine Technology.

She has previously served as President of the Australasian Society for Immunology, as Secretary-General of the International Union of Immunological Societies and as a member of several governing boards and advisory groups, including the Council of QUT, the Boards of the Telethon Kids Institute and the Florey Institute of Neuroscience and Mental Health, and committees advising the WHO and the Australian Government on influenza. She was appointed Officer in the Order of Australia in June 2007 for service to science.

WELCOME MESSAGE

The CIPHER Investigators are very pleased to partner with the NHMRC to co-host the 4th Annual Symposium on Research Translation and we congratulate the Council on choosing such a timely focus – *Policy and Research: Working together to improve the health of Australians*.

This theme reflects a growing international interest in understanding how researchers and policy makers can better share their expertise to improve health and health services. This is at the heart of CIPHER, our NHMRC-funded Centre of Research Excellence, which is testing approaches to help policy agencies grow their internal capacity to use research findings effectively. We would like to thank the agencies participating in the work of the Centre and look forward to sharing insights from this work at the symposium.

Professor Chris Ham, of the Kings Fund, and Professor John Lavis, from McMaster University have led thinking about policy and research internationally and will join us to share their knowledge of the field.

We hope the symposium will provide many opportunities to explore shared approaches to driving better health outcomes.



Sally Redman AO

Sax Institute CEO, on behalf of the Investigators from the Centre for Informing Policy in Health with Evidence from Research (CIPHER)

Professor Redman is Chief Executive Officer of the Sax Institute. She has extensive experience in public health research, particularly evaluation of programs designed to improve health and healthcare. Previously she was the inaugural Director of Australia's National Breast Cancer Centre. In 2013 she was appointed an Officer in the General Division of the Order of Australia for her distinguished service to public health through leadership in the care of women with breast cancer, contributions to research and higher education and the promotion of relationships between researchers, policy makers and

practitioners.

She is Chair of the Advisory Group for the Australian Women's Longitudinal Health Study, Chair of the National Heart Foundation's Research Advisory Committee, and a member of the Strategic Research Committee of the Australian Red Cross Blood Service. In 2011 she chaired the Expert Review Team for the Institute of Health Services and Policy Research, CIHR (Canadian Institutes of Health Research) International Review 2011. In 2014 she was a member of the Strategic Review Panel for the Health Research Board in Ireland.

DAY 1 - TUESDAY 27 OCTOBER 2015

Meeting opening and Welcome Professor Anne Kelso AO Melbourne and Sydney Rooms			
9.00 am	The Hon. Jillian Skinner MP (Minister for Health, NSW Government)		
	Mr Martin Bowles PSM (Secretary, Department of Health)		
	Professor Anne Kelso AO (CEO, NHMRC)		
	Professor Sally Redman AO (CEO, Sax Institute)		
	Professor Chris Ham CBE (Chief Executive, The King's Fund, UK)		
	Using evidence to shape health policy: lessons from experience in the UK		
10.30 am	Morning tea and Poster session 1		
	Plenary 1: Health research for people centred health systems Chair: Professor Sally Redman AO Melbourne and Sydney Rooms		
11.00 am	Professor Mark Harris (University of New South Wales)		
	People centred research for people centred health system		
	Professor Sandra Eades (Baker IDI Heart and Diabetes Institute)		
	Research to system level change for Aboriginal health improvement		
	Professor Stephen Jan (The George Institute for Global Health)		
	Funding evidenced based innovation - The challenge of bringing in new money and recycling old money		
	Panel discussion		
12.30 pm	Lunch		
	Parallel Session 1		
	Concurrent 1A Brisbane Room	Concurrent 1B Perth Room	Concurrent 1C Sydney Room
		Policy and partnerships for population and public health Chair: Professor Davina Ghersi	Concurrent 1D Melbourne Room
			Research policy and its impact Chair: Dr Wee-Ming Boon

DAY 1 - TUESDAY 27 OCTOBER 2015

1:30 pm	<p>Workshop: From research to policy decision-making: a multi-faceted approach – Sue West</p> <p>Workshop: From creating to 'curating' knowledge what is the role of research? – Ellen McIntyre</p>	<p>Interactive Panel Session CIPHER: Conducting interventions in the complex policy environment, what have we learnt? – Sally Redman, Anna Williamson, Louisa Jorm, John Lavis, Chris Ham, Nigel Lyons, Cynthia Lean, Sally Green, Cate D'Este</p>	<p>Facilitators and barriers in collaborative research with Indigenous health services – Anne-Marie Eades</p> <p>Towards a multi-disciplinary Australian Pollen Allergen Partnership to improve respiratory health – Janet Davies</p> <p>Supporting research translation through partnership – Margaret Lum</p> <p>A national partnership for chronic disease prevention: the realities and rewards of making it happen – Joanne Greenfield & Marge Overs</p> <p>Improving Indigenous eye health: From research to realisation in the Grampians – Uma Jatkar</p> <p>Researchers as stakeholders: including health in urban planning legislation – Patrick Harris</p>	<p>Use of evidence in Victorian injury prevention and rehabilitation regulators – Pauline Zardo</p> <p>HMRI Framework to Assess the Impact from Translational health-research (FAIT) – Chris Doran</p> <p>Facilitating health research impact through infrastructure funding: the PHHSRS Program – Danielle Campbell</p> <p>Frameworks, evidence-based clinical guidelines and national audits: Getting all the ducks aligned in stroke care – Kelvin Hill</p> <p>Adapting primary care collaboratives for diabetes prevention in high-risk women: mid-point knowledge broker analysis – Sharleen O'Reilly</p> <p>Improving the usefulness of the Australian Clinical Stroke registry as a research translation tool using data linkage – Nadine Andrew</p>
3:00 pm	<p>Afternoon tea and Poster session 1</p> <p>Plenary 2: Panel Discussion - Policy and research partnerships: the secrets to success Facilitator: Professor Chris Baggoley AO (CMO Department of Health) Melbourne and Sydney Rooms</p> <p>Professor Fran Baum (Flinders University)</p> <p>Ms Carmel Williams (SA Health)</p> <p>Professor David Currow (Cancer Institute NSW)</p> <p>Mr John Stubbs (CEO, CanSpeak)</p> <p>Dr Kerry Chant (CHO, NSW Health)</p> <p>Panel discussion</p> <p>Close of Day 1</p>			
5:30 pm – 7:00pm	<p>Networking reception</p>			

DAY 2 - WEDNESDAY 28 OCTOBER 2015

Plenary 3: Innovations in policy implementation for better health

Chair: Associate Professor Sarah Thackway (NSW Health, University of New South Wales) Melbourne and Sydney Rooms

- 9.00 am Professor John Lavis (McMaster University, Canada)
Innovations in increasing the use of research in policy
- Professor Claire Rickard (Griffith University)
Innovations in policy implementation for better health
- Professor Christopher Levi (University of Newcastle, Hunter Medical Research Institute)
Innovations in policy implementation for better health – a clinical researcher’s perspective

Panel discussion

10.30 am Morning tea and Poster session 2

Parallel Session 2

Concurrent 2A Brisbane Room	Concurrent 2B Perth Room	Concurrent 2C Sydney Room	Concurrent 2D Melbourne Room
Chair: Heather Kirk		Chair: Professor Claire Jackson	Chair: Professor Annette Dobson AO
<p>Workshop: Aboriginal heart health: Achieving local and national research impact – Judith Katzenellenbogen</p> <p>Workshop: Implementation Science 2.0 - A considered view of the current state of evidence for implementation science practice & hot topics for the decade ahead – Robyn Mildon</p>	<p>Workshop: Policy and practice impacts of NHMRC funded intervention research - implications for researchers, policy makers and funders – Adrian Bauman, Lucie Rychetnik, Andrew Milat, Lesley King</p>	<p>Translation or engagement? Establishing effective partnerships to improve policies on the social determinants of health equity – Fran Baum</p> <p>NSW Knockout Health Challenge: Moving from evaluation to performance monitoring – Erin Passmore</p> <p>Community participation: engaging with evidence to change oral health behaviour – Jane Farmer</p> <p>Reflections on achievements under the NSW Population Health Research Strategy – Erin Griffiths</p> <p>Health Outcomes from Housing First Programmes for the Chronically Homeless – Elizabeth Whittaker</p> <p>Improving nutrition evidence for nutrition policy: the Cochrane Collaboration commitment – Mark Lawrence</p>	<p>Improving implementation of NSW Healthy Canteen Policy: findings from a series of RCTs conducted by the Hunter New England Population Health Research Group – Luke Wolfenden</p> <p>Disinvestment research: Simultaneously changing practice and generating evidence – Terry Haines</p> <p>Do pragmatic trials result in research translation-a post-trial evaluation – Huei Ming Liu</p> <p>Improving implementation of evidence-based obesity prevention policies and practices in childcare services: findings from a series of RCTs conducted by the Hunter New England Population Health Research Group – Luke Wolfenden</p> <p>A checklist and standardised training program for pleural decompression in trauma – Fei Bing</p> <p>Reducing the use of sedatives in aged care homes – Juanita Westbury</p>

DAY 2 - WEDNESDAY 28 OCTOBER 2015

12.30 pm		Lunch	
Parallel Session 3			
	Concurrent 3A Brisbane Room	Concurrent 3B Perth Room	Concurrent 3C Sydney Room
	Chair: Dr David Abbott	Chair: Rebecca Pitman	Chair: Professor Fran Baum
1.30 pm	<p>Workshop: Research Impact on Policy and Practice: Practical Measures and Methods – Pauline Zardo</p> <p>Workshop: Policy and Research Partnerships – impact on research uptake in the 'real world' – Claire Jackson</p>	<p>Workshop: The science and art of implementation in public health: From local innovation to global utilisation – Richard Osborne</p>	<p>How research can improve aged care – Henry Brodaty</p> <p>Improving the identification and management of absolute cardiovascular risk in the community – Mark Nelson</p> <p>Analysis of policy levers used to implement Australian mental health reform – Francesca Grace</p> <p>The NTRI Forum: Research Translation through Evidence Review and Deliberative Dialogue – Peter Bragge</p> <p>Creating healthy, equitable and engaged communities through Community Indicators Victoria – Melanie Davern</p> <p>The cardiovascular pill: can changing behaviour save money? – Tracey-Lea Laba</p>
2.15 pm			<p>South Australian state-wide approach to delivery of care for cancer survivors – policy informing research – Bogda Koczwara</p> <p>The variation of the impact of the Blood Watching program – Jack Chen</p> <p>Data driving policy for children: the Australian Early Development Index – Sharon Goldfeld</p> <p>Communicating research: Experiences of Australian Longitudinal Study on Women's Health – Annette Dobson</p> <p>A Collaborative Approach to Improve Mental Health Outcomes of People with an Intellectual Disability – Simone Reppermund</p> <p>Policy Change to Close the Gap for Vision – Mitchell Anjou</p>
3.00 pm	Afternoon tea and Poster session 2		
3.30 pm	<p>Panel discussion: The art of using evidence in a complex world Facilitator: Emeritus Professor Stephen Leeder AO (University of Sydney) Melbourne and Sydney Rooms</p> <p>Panel: Professor John Lavis (McMaster University, Canada) Dr Heather Buchan (ACSOHC) Professor Jonathon Craig (University of Sydney) Dr Jeanette Young PSM (CHO, QLD)</p>		
5.00 pm	Symposium close		

ACKNOWLEDGEMENTS

ACKNOWLEDGEMENTS

SYMPOSIUM PROGRAMME COMMITTEE

- **Prof Fran Baum**
Flinders University
- **Dr Wee-Ming Boon**
National Health & Medical Research Council
- **Prof Wendy Chaboyer**
Griffith University
- **Prof Enrico Coiera**
Macquarie University
- **Prof Annette Dobson AO**
University of Queensland
- **Prof Davina Ghersi**
National Health and Medical Research Council
- **Prof Claire Jackson**
University of Queensland
- **Mr Demos Krouskos**
Centre for Culture, Ethnicity & Health
- **A/Prof Daniel McAullay**
University of Western Australia
- **Ms Sian Rudge**
Sax Institute
- **Dr Alan Shiell**
Centre of Excellence in Intervention and Prevention Science
- **Dr Anna Williamson**
CIPHER, Sax Institute

SYMPOSIUM ABSTRACT COMMITTEE (CONSISTED OF PROGRAMME COMMITTEE PLUS THE FOLLOWING)

- Dr Therese Riley
- Dr Samantha Keogh
- Assistant Prof Natalie Strobel
- Dr Patrick Harris
- Dr David Abbott
- Dr Patricia Ridgway

DAY 1 - TUESDAY 27 OCTOBER 2015

MEETING OPENING AND WELCOME



Speaker: The Hon. Jillian Skinner MP

Jillian Skinner began her career as a journalist in Melbourne, becoming the first woman journalist on the Victorian Parliamentary Press Gallery.

She later worked as a journalist in Adelaide, Sydney and South East Asia before operating her own editorial, strategic planning and marketing consultancy.

She held the role of Director of the New South Wales Office of Youth Affairs and has served on bodies such as the New South Wales Women's Advisory Council and the New South Wales Youth Advisory Council.

In 1994, Jillian was first elected to the NSW Parliament as Member for North Shore. She has been re-elected by the electorate six times.

Jillian has more experience in the health field than any other politician in Australia, having first been appointed Shadow Minister for Health in 1995.

In 2011, she was appointed NSW Minister for Health as well as the first dedicated Minister for Medical Research in the state or nation.

She served as Deputy Leader of the NSW Parliamentary Liberal Party for six years.

Jillian's achievements as NSW Minister for Health include:

- record health spending to deliver tens of thousands more emergency department treatments, hospital admissions and elective surgeries.
- an unprecedented hospital building program which will exceed \$10 billion in two terms.
- devolving the NSW health system so Local Health Districts have responsibility for operational matters such as budgets, workforce and patient care.
- greater engagement in decision making by clinicians and staff, which has boosted morale and encourages innovation and new models of care to flourish.

DAY 1: TUESDAY 27 OCTOBER 2015



MR MARTIN BOWLES PSM

Martin Bowles PSM was appointed as Secretary of the Department of Health as of 13 October 2014. Previously Mr Bowles was the Secretary of the Department of Immigration and Border Protection, overseeing the management of migration, humanitarian, citizenship and visa policy and programmes, managing the lawful entry, stay and departure of people crossing the Australian border and managing the Immigration Detention network and regional processing centres.

Prior to this role Mr Bowles held the positions of Deputy Secretary in the Department of Climate Change and Energy Efficiency and the Department of Defence respectively. In 2012 Mr Bowles was awarded a Public Service Medal for delivering highly successful energy efficiency policies and remediation programmes for the Home Insulation and Green Loans programmes. Prior to joining the Commonwealth Mr Bowles held senior executive positions in the education and health portfolios in the Queensland and New South Wales public sector. Mr Bowles has a Bachelor of Business degree, a Graduate Certificate of Public Sector Management and is a Fellow of the Australian Society of Certified Practising Accountants.

DAY 1: TUESDAY 27 OCTOBER 2015



SPEAKER: PROFESSOR CHRIS HAM CBE

An international leader in health policy and management, Professor Chris Ham has been Chief Executive of England's The King's Fund since April 2010. He is currently Emeritus Professor at the University of Birmingham and an honorary professor at the London School of Hygiene & Tropical Medicine. He was Professor of Health Policy and Management at the University of Birmingham between 1992 and 2014 and the university's Health Services Management Centre Director from 1993 to 2000). He also worked with ministers on NHS reform as Director of the Department of Health's Strategy Unit from 2000 to 2004.

Professor Ham held governance, executive and advisory roles with the Heart of England NHS Foundation Trust between 2007 and 2010; the Canadian Health Services Research Foundation and the Health Foundation; and the Institute of Health Services and Policy Research of the Canadian Institutes of Health Research.

Professor Ham has advised the World Health Organization and the World Bank and has consulted on health care reform to numerous countries' governments. He is an honorary fellow of the Royal College of Physicians of London and the Royal College of General Practitioners, and a companion of the Institute of Healthcare Management. He is a founding fellow of the Academy of Medical Sciences.

He is the author of 20 books and numerous academic and professional journal articles about health policy and management. He was awarded a CBE in 2004 for his services to the NHS.

Abstract

Using evidence to shape health policy: lessons from experience in the UK

This session will draw on experience in the UK on how researchers seek to use evidence, mainly from health services research, to shape health policy. It will focus particularly on the role of independent foundations and think tanks who occupy a middle ground between researchers and policy makers. Drawing on the experience of The King's Fund in particular, it will describe the different channels that are used to communicate evidence to policy makers, and the different audiences involved. It will also discuss different kinds of evidence ranging from formal evaluations to 'quick and dirty' surveys and qualitative research. A key message is the need for researchers to work closely with colleagues in strategic communications and to understand the world in which policy makers at different levels work. The incentives facing researchers in university settings may sometimes act as a barrier to effective communication while the pressures facing policy makers may inhibit their ability to access evidence. Brokers of different kinds can help to break down these barriers

PLENARY SESSION 1

HEALTH RESEARCH FOR PEOPLE CENTRED HEALTH SYSTEMS



CHAIR: PROFESSOR SALLY REDMAN AO

Professor Redman is Chief Executive Officer of the Sax Institute. She has extensive experience in public health research, particularly evaluation of programs designed to improve health and healthcare. Previously she was the inaugural Director of Australia's National Breast Cancer Centre. In 2013 she was appointed an Officer in the General Division of the Order of Australia for her distinguished service to public health through leadership in the care of women with breast cancer, contributions to research and higher education and the promotion of relationships between researchers, policy makers and practitioners. She is Chair of the Advisory Group for the Australian Women's Longitudinal Health Study, Chair of the National Heart Foundation's Research Advisory Committee, and a member of the Strategic Research Committee of the Australian Red Cross Blood Service. In 2011 she chaired the Expert Review Team for the Institute of Health Services and Policy Research, CIHR (Canadian Institutes of Health Research) International Review 2011. In 2014 she was a member of the Strategic Review Panel for the Health Research Board in Ireland.

SPEAKER 1: Professor Mark Harris



Biography

Mark Harris is foundation Professor of General Practice and Executive Director of the Centre for Primary Health Care and Equity at UNSW. He has a five year NHMRC Senior Professorial Research Fellowship 2011–2015 and was appointed Scientia Professor 2013–16. He is director of COMPaRE-PHC, the Centre for Obesity Management and Prevention Research Excellence in PHC. He has substantial experience in health services research and trials on chronic illness prevention and management in primary health care. He is a member of the NHMRC Academy 2010-2013 and the Prevention and Community Health Committee 2013-2015.

He has 311 publications and 2900 citations in peer reviewed journals. He is a life fellow of the Royal Australian College of General Practice in recognition for his work for general practice on diabetes and preventive medicine including editing the RACGP Guidelines for Preventive Activities in General Practice and the SNAP Guide. He received Australian Association for Academic Primary Care “Charles Bridges-Webb Medal” in 2010. He is a member of the board of the Eastern and Inner Sydney Primary Health Network.

Abstract

People centred research for people centre health system

Aim: To explore how to use research to change primary health services to better respond to their health needs across their lifetime and ensure that necessary services reach the most vulnerable.

Rationale: Research informed change is needed in order to meet the challenges of multiple costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years. It is also needed to address health inequities that develop in fragmented vertically organised health services.

Approach: The traditional knowledge transfer pipeline into primary health care is often frustrating in its length, complexity and barriers. Researchers seeking to translate their findings into practice need to find new ways of working that do not rely on simply demonstrating their knowledge. Working in expert ways typically involves:- engaging and listening; providing information and checking understanding; supporting choice and action; reviewing these actions and encouraging reflection on what has been achieved. Two cases for change will be explored in this light. This approach is broadly consistent with the application of organisational theory especially Normalisation Process Theory. Policy approaches can enable and support rather than simply “drive” this change.

Conclusion: Primary health care is a complex environment. By working in expert ways with practitioners rather than as experts, researchers and policy makers can make a difference.

SPEAKER 2: Professor Sandra Eades



Biography

Professor Sandra Eades is Domain Head of Aboriginal Health at Baker IDI Heart and Diabetes Institute. Sandra is a Noongar woman from Mount Barker, Western Australia, and is Australia's first Aboriginal medical doctor to be awarded a Doctorate of Philosophy (2003). Sandra has recently been appointed an Initiating Fellow of the new Australian Academy of Health and Medical Sciences. Sandra's research career has focussed on the epidemiology of Indigenous child health in Australia. Over the past decade, she has made substantial contributions to the area of Aboriginal health and has provided leadership at a national level in Aboriginal research.

SPEAKER 3: Professor Stephen Jan

**Biography**

Stephen Jan is the Head of the Health Economics and Process Evaluation program at the George Institute for Global Health, Professor of Health Economics at the Sydney Medical School, University of Sydney and an NHMRC Senior Research Fellow. He is an Associate at the Menzies Centre for Health Policy, the Poche Centre for Indigenous Health and leads the economics research program within the Australian Prevention Partnership Centre.

Throughout his career Stephen has played an active role in advising governments and international agencies (e.g. Economics Subcommittee of the Pharmaceuticals Benefits Advisory Committee, the NSW Ministry of Health, the US Institute of Medicine and the World Health Organization). Currently, he is working with the NSW Treasury in developing guidelines for social impact investment.

He conducts research in many low and middle income countries, as well as Australia, with specific interests in equity, health financing, economic evaluation, implementation science, Indigenous health and the household economic burden of chronic illness. In the past year, he has been an active participant in the Australian policy debate over proposed increases in Medicare co-payments and in the future of fee-for-service medicine.

Abstract**Funding evidenced based innovation – the challenge of bringing in new money and recycling old money**

Background and rationale: Across the global policy makers are under increasing pressure to contain health sector spending. This means that decisions to make the investments needed to translate evidence into practice generally come with an accompanying imperative to cut spending elsewhere. It is the resistance to the latter - making the decisions to cut funding to existing programs - that creates an inbuilt barrier within health systems on innovation and prevents the translation of evidence to practice. In Australia, there are major initiatives underway that seek to meet the challenge of freeing-up health sector resources to enable the funding of new innovation - the issuing of Social Impact Bonds, the Choosing Wisely Campaign and the Medical Benefit Schedule review.

Aim: In this presentation I will briefly describe these recent initiatives and highlight their limitations

Approach: SIBs which are currently being introduced by NSW Treasury for funding of the health and social programs. They are a means of attracting new money into the health system and involve government working with provider agencies to finance programs through bonds issued to private investors. Dividends paid by government on these bonds is conditional on successfully achieving a set of pre-specified objectives - principally around the achievement of cost savings to government e.g. reduced hospitalisations.

The Current Medicare Benefits Schedule review and Choosing Wisely campaign both seek to recycle old money in the health system by cutting waste. They target procedures and treatments that are of low value i.e. yield minimal or no benefit to patients, or indeed are harmful. The first aims to do so through de-listing for Medicare reimbursement, and the second through a social marketing campaign.

While these programs are vitally important, they are limited in scope. They tend to focus on investing in cost saving programs and reducing waste i.e. identifying the 'no brainers' in the health system. There is a natural limit to this approach.

The emphasis simply on cost savings and waste represents a subset of things that governments can do to free up resources to enable better translation of evidence to practice. What also needs to be addressed is prioritising spending away from programs that may well be effective, but not-cost-effective i.e. represent relatively less value for money than alternatives. This requires re-orienting the whole system towards cost-effectiveness rather than picking out individual cases of waste/cost-saving.

Conclusions: In ensuring that there is money available for evidence-based innovation, explicit priority setting approaches which incorporate cost-effectiveness evidence need to be institutionalised in decision making – particularly in relation to public health and hospital procedures where there is currently very little explicit recognition of this criterion in investment decisions.

WORKSHOP 1A

FROM RESEARCH TO POLICY DECISION-MAKING: A MULTI-FACETED APPROACH

West, Sue^{1,2}, Moore, T², Goldfeld, S¹⁻³, Keyes, M^{1,2}

¹ *The Royal Children's Hospital, Melbourne, Australia*

² *Murdoch Children's Research Institute, Australia*

³ *Department of Paediatrics, University of Melbourne, Australia*

Background

The Centre for Community Child Health (CCCH) at The Royal Children's Hospital and Murdoch Children's Research Institute has been translating knowledge to inform public policy and practice for over 20 years. The journey from research to informing policy decision-making is a strategic, multi-faceted process with collaboration at its core. CCCH has developed strategies to increase the use of evidence in policy. These experiences form the basis of this workshop.

Objectives

Using real-world case studies in child health services, the aims of the workshop are to:

- extend the concept of 'research translation' from a product/products, to a multi-faceted strategic process
- demonstrate and discuss how to navigate complexities and challenges that arise along the research-to-policy journey, and what success can look like.

Target group/audience

Researchers, academics, and practitioners from peak bodies/advocacy organisations who are seeking greater influence on policy decision-making.

Workshop description

The workshop will comprise:

- a brief overview of CCCH's experience in research translation, synthesis, and policy advocacy
- an outline of key strategies developed and implemented for increasing the use of evidence in policy decision-making, illustrated by two key case studies with a focus on the Victorian maternal and child health platform
- evaluation of the key strategies; including a participatory discussion on successes, challenges and lessons learned.

Methods

Case studies will be used to illustrate the research-to-policy strategic process employed, and will address:

- the role and importance of evidence synthesis
- drawing out the implications for policy
- bringing together researchers, practitioners and policy-makers
- brokering knowledge across the sector.

FROM CREATING TO 'CURATING' KNOWLEDGE – WHAT IS THE ROLE OF RESEARCH?

McIntyre, Ellen¹, Hagger, C¹, Whitehead, E², Findlay, T²

¹ Primary Health Care Research & Information Service (PHCRIS), Flinders University, Adelaide, Australia

² Australian Primary Care Health Research Institute, (APHCRI), ANU, Canberra, Australia

Background

A Knowledge Exchange (KE) mindset appreciates that research, by itself, is only one part of the answer to complex health issues. Research is most useful, not as an isolated product, but when it is informed, produced and contextualised from multiple sources – known in the UK National Health Service as 'curating' rather than creating knowledge. Such a systems view seeks multi-level engagement between policy, management, practice, research and consumer perspectives.

Yet how well are researchers trained, supported and funded to contribute to curating, not just creating, knowledge?

This question is typical of the challenges engaging people contributing to the developing, national KERTI network. The network name acknowledges the fundamental elements of research application - knowledge exchange (KE), research translation (RT) and implementation (I) – KERTI. The network has a shared vision of advancing these fundamental elements to ensure more effective and routine application of relevant research and evidence to improve health care outcomes.

Objectives

Participants will:

- flag systems barriers to engaging with research users
- identify training and educational resources for the research workforce to develop a KERTI mindset
- flag opportunities to build capacity
- establish and nurture trans-disciplinary relationships

Target Group/Audience

Researchers and research users

Workshop description

Interactive workshop combining

- case studies to illustrate systems barriers to research utilisation
- discussion of educational resources
- contributions to an ongoing, expanding network to improve the routine utilisation of research.

Methods

Participants will contribute to discussion on systems barriers and capacity building strategies, to overcome these barriers.

WORKSHOP 1B

CIPHER: CONDUCTING INTERVENTIONS IN THE COMPLEX POLICY ENVIRONMENT, WHAT HAVE WE LEARNT?

Presenters: Sally Redman, Anna Williamson, Louisa Jorm

Panel Members: John Lavis, Chris Ham, Nigel Lyons, Cynthia Lean, Sally Green, Cate D'Este

This interactive session will use lessons learnt from implementing *Supporting Policy in Health with evidence from Research: an Intervention Trial (SPIRIT)* as the stimulus for discussing key issues involved in intervening in a policy environment. Brief presentations will serve as the jumping off point for discussion amongst our panel which will include policy and program experts whose agencies participated in SPIRIT.

CONCURRENT 1C

**POLICY AND PARTNERSHIPS FOR POPULATION AND PUBLIC HEALTH
CHAIR: PROFESSOR DAVINA GHERSI**

FACILITATORS AND BARRIERS IN COLLABORATIVE RESEARCH WITH INDIGENOUS HEALTH SERVICES

**Eades, Anne-Marie¹, Laba, T¹, Jan, S¹, Usherwood, T², Patel, A¹, Hayman, N³,
Cass, A⁴, Peiris, D¹, Liu, H¹**

¹ *The George Institute for Global Health*

² *University of Sydney*

³ *Inala Health Service*

⁴ *Menzies School of Health Research*

Rationale

There is a call for more interventional research to improve the health of Indigenous Australians in collaboration with Indigenous health services to provide 'real world' evidence; but its methodological challenges are not well understood.

Objective

We aimed to identify critical facilitators and barriers in a research partnership between research institutes and health services in the implementation of a pragmatic randomised controlled trial (PRCT) in Indigenous health services.

Methods

In-depth interview study with thematic analysis of 32 healthcare providers and 21 Aboriginal and Torres Strait Islander patients at six Indigenous health services involved in a PRCT which aimed to improve adherence to indicated drug treatments for people at high cardiovascular disease risk using a polypill based strategy.

Results

A fundamental enabler was that participants considered the research to be governed by the local health service. That the research addressed a health priority for communities was highly motivating for participants. The major implementation barrier for staff was balancing their service delivery roles with highly demanding trial-related procedures. This was partially alleviated by the research team's provision of onsite support and attempts to make trial processes more streamlined. Although more intensive support was highly desired, there were usually insufficient resources to provide this.

Conclusion

Despite strong community and health service support, major investments in time and resources are required to ensure successful PRCT implementation and minimal disruption to already overstretched, routine services. Researchers and funding agencies need to consider these additional resource demands in collaborative research with Aboriginal health services.

TOWARDS A MULTI-DISCIPLINARY AUSTRALIAN POLLEN ALLERGEN PARTNERSHIP TO IMPROVE RESPIRATORY HEALTH

Davies, Janet¹, Katelaris, CH², Medek, DE³, Beggs, PJ⁴, Erbas, B⁵, Johnston, FH⁶, Godwin, I¹, Huete, AR⁷, Haberle, SG⁸, Newbigin, E⁸

¹ *University of Queensland, Brisbane, Australia*

² *University of Western Sydney and Campbelltown Hospital, Sydney, Australia*

³ *Canberra Hospital, Canberra, Australia*

⁴ *Macquarie University, Sydney, Australia*

⁵ *LaTrobe University, Melbourne, Australia*

⁶ *Menzies Institute, Hobart, Tasmania, Australia*

⁷ *University of Technology Sydney, Sydney, Australia*

⁸ *Australian National University, Canberra, Australia*

⁹ *The University of Melbourne, Melbourne, Australia*

Background

Grass pollens are the major outdoor aeroallergen globally, yet little is known about the timing and levels of airborne grass pollen exposure across Australasia. Despite the high medical burden of allergic rhinitis and asthma, Australia is one of few developed countries without a national pollen monitoring program.

Objectives and Method

To address this need, a multi-disciplinary Australian Aerobiology working group was assembled with researchers and clinicians with expertise in pollen allergy, public health, clinical immunology, ecology, to collate pollen count datasets from 17 sites across Australia and New Zealand. Three sites in France served as comparators.

Results

Regional and seasonal differences in the timing and level of grass pollen were observed. A latitudinal gradient in grass pollen season characteristics and multiple peaks, likely due to summer flowering of subtropical grasses, were apparent. Significant deficiencies in the capabilities for airborne pollen monitoring in Australia and inconsistencies in the collection and count methodologies were evident highlighting the need for a standardized national pollen monitoring and short-term forecasting program.

Significance

Working relationships between academic institutes, peak professional bodies, non-government organisations and relevant government departments are being forged to enable provision of valuable pollen count data, cutting-edge forecasting technologies, smart phone symptom survey apps and information webpages. The Australian Pollen Allergen Partnership aims to build a platform for integration of environmental and health data and to develop systems to disseminate information on pollen exposure risks. This initiative will assist in patient self-management form a basis for clinical guidelines on pollen exposure across Australia to benefit patients with allergic rhinitis and asthma.

SUPPORTING RESEARCH TRANSLATION THROUGH PARTNERSHIP

Lum, Margaret¹, Todd, AL¹, Matha, D²

¹ *The Kolling Institute, University of Sydney, NSW*

² *NSW Kids and Families*

Background

It is widely accepted that impacting the quality of healthcare in Australia depends upon the system's capacity to use evidence to inform health policy and practice. A more integrated model including knowledge brokers and supportive social processes allows the potential for research translation efforts to go beyond research being 'pushed' by researchers onto policy makers.

Objectives

To present an example of a research-policy partnership and the different strategies used to support research translation into policy and practice.

Methods

This presentation focuses on a case study of a partnership between Clinical and Population Perinatal Health Research (CPPHR) and NSW Kids and Families, a pillar of the NSW health system responsible for maternal, child and family health.

Results

For the past year, CPPHR and Kids and Families have shared a joint *Research Implementation Officer* who facilitates access to, and use of, research evidence. Co-location has allowed this person to participate in formal and informal discussions and processes, and to identify opportunities to present research evidence of relevance to policy makers. Over time mutual trust has developed, facilitating other research translation processes including productive interactions (evaluating context, exchanging relevant information, networking and brokering meetings between internal and external stakeholders). The *Research Implementation Officer* has provided fit-for-purpose summaries and an issues paper (evidence summary including international peer reviewed and grey literature). Each of the partners is committed to improving knowledge integration, including uptake of existing and creation of new evidence, to inform policy priorities in NSW.

A NATIONAL PARTNERSHIP FOR CHRONIC DISEASE PREVENTION: THE REALITIES AND REWARDS OF MAKING IT HAPPEN

Overs, Marge¹, Stephenson, J¹, Greenfield, Joanne³

¹ *The Australian Prevention Partnership Centre, Sydney, Australia*

² *ACT Health, Canberra, Australia*

Background

The Australian Prevention Partnership Centre is researching and developing systems perspectives to prevent lifestyle-related chronic health problems. The partnership brings together 31 chief investigators and their teams, five funding bodies, state and territory health departments, two research institutes, four standing capacities and a coordinating team.

Objectives

This presentation explores the challenges of working in partnership to build an effective, efficient and equitable system to prevent chronic disease in Australia. It is the model of interaction and the ability to enable relevant policy process through practical and useable research that is being tested as much as the specific projects.

Method

The Centre's work to build partnership between researchers, policy makers and practitioners includes:

- Push strategies such as the website, newsletters, social media, evidence summaries, conferences, intranet, guest speakers and webinars
- Pull strategies such as policy maker involvement in research, in setting research priorities, support to build capacity in evaluation and systems approaches, evidence reviews, and forums on policy challenges in prevention.
- Incidental and formal opportunities for relationships and networks, such as regular events and meetings and a network of early career researchers.

Results

The Prevention Centre aims to build a model of partnership that is more than the sum of its parts – more than 31 individually funded projects. However, it has taken time to develop momentum. Making the initiative work requires strategies, processes and a commitment to a new way of working. Our learnings from testing the model of interaction and issues in putting it into practice will inform future partnership centres.

IMPROVING INDIGENOUS EYE HEALTH: FROM RESEARCH TO REALISATION IN THE GRAMPPIANS

Jatkar, Uma¹, Anjou, M¹, Taylor, HR²

¹ *Indigenous Eye Health Group, Center for Health Equity, University of Melbourne*

² *Professor & Harold Mitchell Chair of Indigenous Eye Health, Center for Health Equity, University of Melbourne*

Objectives and Background

A measure of success of translational research is the level of adoption, support and integration into policy-making and the delivery of health care by federal and state governments and the wider sector.

The Roadmap to Close the Gap for Vision, an evidence-based, sector-supported framework of 42 recommendations to improve Indigenous eye health and provide equity in eye care, is a positive example of a widely-endorsed strategy supported by the Commonwealth, jurisdictions, community and other stakeholders. The Roadmap is being implemented across 12 regions in Australia, covering an estimated 35% of the Indigenous population.

Method

In Victoria, the Roadmap underpins eye health projects being implemented in four regions under the statewide Koolin Balit: Strategic Directions for Aboriginal health.

The Grampians region of Victoria provides an excellent case study of Roadmap implementation resulting in tangible improvements in services, funding, capital equipment and systems change. Key to this has been the active support and engagement of the regional Department of Health (DH) together with the Aboriginal health services. In addition, the project has brought together key regional stakeholders, including the Medicare Local, Grampians DH, Aboriginal health services, hospitals, optometrists and ophthalmologists. All participants are actively engaged and share information, promote evidence-based strategies to facilitate improvements in service delivery and improve eye health outcomes for Indigenous people.

Results

The Grampians successes provide a model for promoting evidence-based systems improvement, information exchange and stakeholder linkages in Indigenous health. The tangible improvements in the Grampians reflect the success of the evidence-based recommendations of the Roadmap that could be implemented in other regions of Australia.

RESEARCHERS AS STAKEHOLDERS: INCLUDING HEALTH IN URBAN PLANNING LEGISLATION

Harris, Patrick¹, Sainsbury, P^{1,3}, Kent, J¹, Daley, M², Klarenaar, P³, Thow, AM¹, Mitchell, JA², McCue, P⁴, Thompson, S⁵, Shankie-Williams, N⁶, Baum, F⁷, Friel, S⁸

¹ *The University of Sydney, NSW*

² *The Heart foundation, NSW*

³ *NSW Health*

⁴ *The NSW Premiers Council for Active Living*

⁵ *The University of NSW*

⁶ *AECOM*

⁷ *Flinders University*

⁸ *The Australian National University*

Background

Positioning 'health' as a policy issue for another sector is complex and not well understood. To influence the 2011-2013 legislative review of the NSW land-use planning system, a network of interagency organisations and individuals was formed. The principal aim was including health as an objective in the draft legislation. In 2013 'health' appeared in two of 11 objectives tabled to parliament.

Objectives

The group subsequently agreed the value of conducting research to understand why this occurred. A core research group and broader reference group were established. Both reflected the intersectoral and multi-disciplinary make-up of the network, representative of health and planning from government, academia, private sector and NGOs.

Method

We combined realist and political science approaches to unpack 'what happened under what conditions'. To understand how ideas were framed by different stakeholders a purposive sample of submissions to the review were analysed. Interviews with a range of review stakeholders and an internal reflective focus group were conducted. All data were then re-analysed using political science theories. We refined our ideas and approach throughout via regular meetings and collaborative writing for peer review, conferences, and policy outputs.

Results

This paper describes a collaborative advocacy network that led to the creation of a research enterprise to unpack and learn about a real world policy problem in which the researchers were stakeholders. The advocates-researchers wished to learn from their own experiences to help them and others maximize future opportunities to influence legislative change in other sectors.

CONCURRENT 1D

RESEARCH POLICY AND ITS IMPACT CHAIR: DR WEE-MING BOON

USE OF EVIDENCE IN VICTORIAN INJURY PREVENTION AND REHABILITATION REGULATORS

Zardo, Pauline², Collie, A¹

¹ Monash University, Melbourne, Australia

² University of Queensland, Brisbane, Australia

Background

In Victoria the Transport Accident Commission (TAC) and Worksafe Victoria (WSV) are the statutory authorities that regulate work injury prevention and transport and work injury compensation. The authorities fund the provision of healthcare, treatment, income replacement and lifetime care for those injured. The authorities thus have an important public health role amongst injured Victorians.

Objectives

To determine the use of research evidence, and factors influencing use of research evidence, by the staff of Victorian government injury prevention and rehabilitation regulatory authorities.

Method

The study adopted a mixed methods approach involving content analysis of policy documentation, qualitative interviews (n=33) with authority staff and a web-based survey (N=372 respondents) of authority staff.

Results

Content analysis of TAC healthcare treatment policy documentation demonstrated that research evidence was the least cited source of evidence. Analysis of qualitative data identified factors external to the authorities, and within the authorities that had a substantial impact on the use of research evidence. Quantitative analysis of survey results demonstrated that research evidence was used less often in policy decision making than other forms of information, and that research evidence was more likely to be used to inform thinking rather than directly translated to policy positions. The study provides a comprehensive overview of the use of research evidence within two major public health policy agencies in Victoria. Findings are broadly consistent with studies published in other public health policy setting. Findings have been used to inform the research-policy partnership between the two authorities and Monash University.

HMRI FRAMEWORK TO ASSESS THE IMPACT FROM TRANSLATIONAL HEALTH-RESEARCH (FAIT)

Doran, Christopher^{1,2}, Searles, A^{1,2}, Nilsson, M^{1,2}, Webb, B¹, Deeming, S¹

¹ Hunter Medical Research Institute (HMRI), Newcastle NSW

² University of Newcastle, Newcastle NSW, Australia

Background

The entire community stands to benefit when effective and cost-effective knowledge is applied to real-world situations. However, there is evidence of a gap between the generation of new research findings and the use of that knowledge to improve patient outcomes. Measuring research impact is a means to encourage the application of new research-generated knowledge.

Objectives

- Identify attitudes, barriers, and drivers that could influence the routine measurement of research impact.
- Outline a framework for measuring research impact.

Method

- A review of published measurement frameworks.
- Semi-structured interviews with stakeholders to identify attitudes, barriers and drivers that could influence the routine measurement of research impact.
- Development of a mixed methods framework to measure research impact.

Results

There was strong stakeholder support for measuring research impact. Concerns raised related to administrative burden, the measurement of basic science achievements, and the interpretation of results by funding bodies. The main driver to encourage measurement was demonstration of research impact – an outcome that could help attract additional funding.

Based on outcomes from the literature and stakeholder interviews, HMRI developed a mixed methods approach to measuring research impact. This approach is referred to as a Framework to Assess the Impact of Translational health-research (HMRI FAIT).

FACILITATING HEALTH RESEARCH IMPACT THROUGH INFRASTRUCTURE FUNDING: THE NSW POPULATION HEALTH AND HEALTH SERVICES RESEARCH SUPPORT (PHHSRS) PROGRAM

Campbell, Danielle¹, Stickney, B¹, Milat, A¹, Thackway, S¹

¹ *NSW Ministry of Health, Sydney, Australia*

Background

There is increasing recognition that health research investment should lead to improved policy, practice, resource allocation and, ultimately, better health. The Population Health and Health Services Research Support (PHHSRS) Program is a competitive funding scheme administered by NSW Health that aims to build capacity and strengthen population health and health services research that is important to NSW Health and leads to changes in the health of the population and health services in NSW.

Objectives

An independent review of the PHHSRS Program was conducted to:

- Determine the extent to which the Program is achieving its objectives
- Identify potential future directions for the Program to optimise the generation of high quality research and its adoption in health policies, programs and services

Method

- Review and analysis of PHHSRS documents including annual reports of funding recipients
- Interviews with stakeholders, including researchers from organisations in receipt of PHHSRS funding and representatives from relevant policy/service branches of NSW Health

Results

PHHSRS funding recipients have demonstrated considerable increases in traditional indicators of research quality (e.g. peer-reviewed journal publications, research income) since the commencement of funding. Instances of research translation have also increased over time, including both service/practice impacts (e.g. surveillance, identification and management of diseases; models of care) and policy impacts (e.g. NSW Breastfeeding Policy; mass vaccinations in severe pandemics). Factors identified as particularly important to support the generation of policy-relevant research and its translation include a strong, longstanding relationship with a policy partner and an 'embedded' research model that enables deep relationships with service partners.

FRAMEWORKS, EVIDENCE-BASED CLINICAL GUIDELINES AND NATIONAL AUDITS: GETTING ALL THE DUCKS ALIGNED IN STROKE CARE

Hill, Kelvin¹, Wright, L¹, Aslett, T¹, Lalor, E¹

¹ National Stroke Foundation, Melbourne, Victoria, Australia

Background

The National Acute Stroke Service Framework linked to evidence-based guidelines have been used in Australia over the last 13 years. The Framework describes key features of high quality stroke services, enables the monitoring of provision of these features and is used to advocate for policy and system changes within stroke care. There have been significant changes within hospital based stroke systems of care (e.g. stroke units) over this time. Changes with evidence, emerging models of care, new Stroke Standards and better accessibility to basic resources have necessitated regular review of the Framework to ensure that recommended models of care are consistent with best practice guidelines.

Objectives

To describe the methodology for updating the Framework, the new features and the impact of the Framework.

Methods

National and international literature was reviewed and a sub-analysis of the 2013 National Acute Stroke Audit was undertaken. Review of other national activities including the draft Stroke Standards was also undertaken. Targeted consultation within the stroke community to determine the scope of the review, and on proposed changes was conducted. The impact of the Framework was assessed by reviewing changes over time for the National Stroke Audit Organisational Survey.

Results

While robust service configurations for delivering acute stroke care have existed in Australia for some time, audit results continue to show that access to these services is not optimum. The updated Framework provides an opportunity for health services and policy makers to review current systems to ensure that stroke patients get access to recommended acute stroke services.

ADAPTING PRIMARY CARE COLLABORATIVES FOR DIABETES PREVENTION IN HIGH-RISK WOMEN: MID-POINT KNOWLEDGE BROKER ANALYSIS

O'Reilly, Sharleen¹, Ford, D², Phillips, S³, Dunbar, J¹

¹ Deakin University, Melbourne, Australia

² Improvement Foundation, Adelaide, Australia

³ Therapeutic Guidelines Ltd., Melbourne, Australia

Background

Having gestational diabetes (GDM) is the single strongest population risk predictor for Type 2 Diabetes (T2DM). GDM and T2DM pose tremendous potential health and economic burdens with increasing incidence worldwide. Primary care-based systematic screening and lifestyle modification programs are needed for effective diabetes prevention. Australian Primary Care Collaboratives are effective in improving quality of care. Nearly a quarter of GPs nationally have been involved in collaboratives.

Objectives

To evaluate the mid-point delivery of a pilot primary care collaborative for diabetes prevention in women with a history of GDM (GooD4Mum) from a knowledge broker perspective.

Method

Five Victorian Medicare Locals (MLs) from rural and metro areas participate in GooD4Mum. Within each ML, five GP practices were recruited. GooD4Mum is a 12month collaborative to improve screening and lifestyle modification practices. Practice audits, learning workshops, Plan-Do-Study-Act cycles and collaborative support are the key project activities. Diabetes guideline implementation will be assessed using a concurrent mixed method approach (quantitative audit measures and qualitative semi-structured interviews and focus groups).

Results

Creating practice GDM registers is problematic and software optimisation is needed. GooD4Mum midpoint audit data shows improved screening (28% baseline mean rate, increased to 46%) and BMI recording (52% at baseline, increased to 64%). Critical knowledge exchange activities have been: local champions and relationship building; arranging design and delivery of templates, pathways and information sharing forums; and managing the effects of MLs transitioning to Primary Health Networks. GooD4Mum will give important insights into barriers, enablers and possible solutions for scale-up into primary care systems.

IMPROVING THE USEFULNESS OF THE AUSTRALIAN CLINICAL STROKE REGISTRY AS A RESEARCH TRANSLATION TOOL USING DATA LINKAGE

Andrew, Nadine¹, Sundararajan, V², Kim, J^{1,3}, Kilkenny, M^{1,3}, Katzenellenbogen, J⁴, Gattellari, M⁵, Thrift, AG¹, Boyd, JH⁶, Flack, F⁷, Anderson, P⁸, Grabsch, B³, Cadilhac, D^{1,3}

On behalf of the Stroke123 investigators, AuSCR Management Committee and the Stroke123 Data Linkage Sub-committee

¹ Stroke & Ageing Research, School of Clinical Sciences at Monash Health, Monash University, Clayton, VIC Australia

² Department of Medicine, St. Vincent's Hospital, Melbourne University, Melbourne, VIC Australia

³ Florey Institute of Neuroscience and Mental Health, Heidelberg, VIC Australia

⁴ Western Australian Centre for Rural Health, University of Western Australia, Perth, WA Australia

⁵ School of Public Health and Community Medicine, University of New South Wales, Sydney, NSW Australia and Ingham Institute for Applied Medical Research, Liverpool, NSW Australia

⁶ Population Health Research Network Centre for Data Linkage, Centre for Population Health Research, Curtin University, Perth, WA Australia

⁷ Population Health Research Network Telethon Kids Institute, University of Western Australia, WA Australia

⁸ Data Linkage Unit, Australian Institute of Health and Welfare, Canberra, Australia and Faculty of Health, University of Canberra, Canberra, Australia

Background

The Australian Stroke Clinical Registry (AuSCR) is an important research translation tool for monitoring the quality of stroke care and evaluating changes in policy and service provision. To improve the usefulness of AuSCR we sought to link this registry to patient-level data held by government organisations. Variability in privacy legislation and data custodian policies meant that many barriers were negotiated during this process.

Objectives

To describe the experience of linking an externally-managed national clinical quality registry to government-owned state and national health data.

Methods

Approval was sought for linkage between AuSCR, the National Death Index, and state-level hospital emergency department and admission data. Multiple approvals (≤6 per jurisdiction) were required for this project. For state linkages complex models for merging of de-identified data across states were developed to provide individualised data on hospital contacts across states.

Results

To date, 16,945 episodes of care registered in AuSCR (2009-2013), from 41 hospitals, have been submitted to data linkage units at the Australian Institute of Health and Welfare, Queensland, NSW and Victoria. Our models for merging cross-jurisdictional data with AuSCR data were acceptable to state health departments. So far, person-level linkages with AuSCR have achieved >98% linkage quality. The successful approvals, following 2.5 years of negotiations, and excellent linkage results support the feasibility of our methods. When merged, the final dataset will provide a better understanding of the relationship between patterns of pre-stroke presentations, quality of hospital care and long-term patient outcomes; such outcomes are not achievable using a single data set.

PLENARY SESSION 2

PANEL DISCUSSION – POLICY AND RESEARCH PARTNERSHIPS: THE SECRETS TO SUCCESS



FACILITATOR - PROFESSOR CHRIS BAGGOLEY AO

Professor Chris Baggoley is Chief Medical Officer for the Australian Government and is the principal medical adviser to the Minister and the Department of Health. He also holds direct responsibility for the Department of Health's Office of Health Protection. Prior to his appointment Professor Baggoley was the Chief Executive of the Australian Commission on Safety and Quality in Health Care. He was a former Chief Medical Officer with the South Australian Department of Health. His clinical career has been in emergency medicine.

Professor Baggoley was the President of the Australasian College for Emergency Medicine, Chair of the national Committee of Presidents of Medical Colleges and Chair of the Board of the National Institute of Clinical Studies and his previous medical positions include Professor-Director of Emergency Medicine at the University of Adelaide and Royal Adelaide Hospital; Director of Emergency Medicine at Flinders Medical Centre; the inaugural Director of Emergency Services at the Ashford Community Hospital.

In addition to his Flinders University Degree in Medicine, Professor Baggoley holds a Flinders University Bachelor in Social Administration and an Honours degree in Veterinary Science from the University of Melbourne. In the Queen's Birthday honours for 2013, Professor Baggoley was made an Officer of the Order of Australia (AO).

Professor Fran Baum



Professor Fran Baum is Matthew Flinders Distinguished Professor of Public Health and Foundation Director of the Southgate Institute for Health, Society and Equity at Flinders University, Adelaide, Australia. From 2009-2014 she held a prestigious Australia Research Council Federation Fellowship. She is a member and past Chair of the Global Steering Council of the People's Health Movement – a global network of health activists (www.phmovement.org). She also served as a Commissioner on the World Health Organisation's Commission on the Social Determinants of Health from 2005-08.

She is a Fellow of the Academy of the Social Sciences in Australia and of the Australian Health Promotion Association. She is a past National President and Life Member of the Public Health Association of Australia. Her book, *The New Public Health* (3rd edition 2008 4th Edition 2015 Oxford University Press), is widely cited and used as a public health text in many public health courses.

Ms Carmel Williams



Ms Carmel Williams is the Manager of the Strategic Partnerships Unit, South Australian Department for Health and Ageing, which incorporates the work she led as Manager of the former Health in All Policies Unit. Carmel has overseen the development, implementation and evaluation of South Australia's Health in All Policies approach, and each Health Lens Analysis project. Carmel has worked extensively with the World Health Organization including, most recently, a review on inter-sectoral action on health through the WHO Kobe Centre.

Carmel has a long and extensive experience in the field of health promotion and public health. She is recognised as a leader in the health promotion arena, working at national and international levels. In 2008, she was awarded the Leadership in Health Promotion Award by the Australian Health Promotion Association. She has substantial expertise in health promotion policy development and practice, with a particular emphasis on the inter-sectoral approaches which have been instrumental in moving South Australia's Health in All Policies approach from conceptual development to practical implementation.

Carmel has background in education and holds a Master of Public Health from the University of Adelaide.

Dr Kerry Chant



Deputy Secretary, Population and Public Health and Chief Health Officer NSW. Dr Kerry Chant leads the Population and Public Health Division which has accountabilities for a broad portfolio of issues, including tobacco control, reduction of risk drinking and obesity, the promotion of physical activity, end of life care and organ donation. She has a particular interest in the response to HIV, hepatitis C and hepatitis B and Aboriginal Health.

Professor David Currow



Professor David Currow is the Chief Cancer Officer, NSW and Chief Executive Officer, Cancer Institute NSW, the NSW Government's cancer control agency. He was appointed to the position in March 2010. Before that he was the foundation Chief Executive Officer of Cancer Australia, the Commonwealth's cancer control agency. He leads a team of 200 people whose expertise and remit include prevention (tobacco control, ultraviolet light protection), screening (BreastScreen, Cervical Screening and Bowel Screening), service performance and development (including the population based cancer registry, Australia's only population-based clinical cancer registry, eviQ – the world's major evidence-based protocol website in oncology, and Canrefer, linking general practitioners and consumers with multidisciplinary teams in two clicks of a button), and strategic research and investment. The role of the Cancer Institute NSW is to decrease the incidence of cancer, increase the survival for people who are diagnosed with cancer and improve the quality of care for people with cancer.

Mr John Stubbs



Sixteen years ago John was diagnosed with Chronic Myeloid Leukaemia and now is a committed and passionate advocate for people affected by cancer. He holds degrees in Accounting and Arts and is a regular speaker at medical conferences and seminars. John was awarded an Honorary Associate of the University of Sydney – School of Medicine in 2009 for his work in the promotion of Clinical Trials in this country and a Recognition Award from the Federal Department of Health in 2011 for – “long standing commitment to advancing the quality of radiation oncology services in this country”.

He is a member of over 25 boards and committees dealing with cancer policy, advocacy, clinical trials/research and related health issues at State and

National levels.

John has contributed to over 42 research papers as an Associate Investigator and edited consumer booklets for the Cancer Council and Cancer Australia. He is a Consumer Advisory Panel Member for research organisations WEHI, The Centenary Institute, Sydney Catalyst, and ANZUP and ALLG Clinical Trials Groups.

In addition, John was a member of AHEC, is a member of the NHMRC's Community Advisory Committee and on the current panel of observers of the NHMRC's annual GRP process.

PLENARY SESSION 3

DAY 2 - WEDNESDAY 28 OCTOBER 2015

INNOVATIONS IN POLICY IMPLEMENTATION FOR BETTER HEALTH



CHAIR: ASSOCIATE PROFESSOR SARAH THACKWAY

Associate Professor Sarah Thackway is the Executive Director of the Centre for Epidemiology and Evidence, NSW Ministry of Health and holds a conjoint position at the School of Public Health and Community Medicine, University of NSW. Sarah has over 25 years' experience in population and public health working across the policy, front-line and research sectors. Sarah's current responsibilities are: Leading the strategic, population health research agenda for NSW, including a program of work around knowledge translation exchange; Implementing state-wide data linkage for population health and

health services research; Leading a team undertaking a program of work on the statistical analysis of large data sets; Transforming complex statistical concepts into timely reports on the health of the population of NSW; Leading the development and implementation of state-wide risk factor surveys; Operating near real-time syndromic surveillance, and Providing strategic directions for the NSW public health and biostatistics training programs.

Her recent interests include optimising the NSW investment in data assets through increased accessibility and use and developing innovative ways to improve the use of research in the policy process.

SPEAKER 1: Professor John Lavis

Innovations in increasing the use of research in policy



Biography

John N. Lavis, MD (Queen's), MSc (LSE), PhD (Harvard), is the Canada Research Chair in Evidence-Informed Health Systems, Director of the McMaster Health Forum (www.mcmasterhealthforum.org), Associate Director of the Centre for Health Economics and Policy Analysis, and a Professor (in both the Department of Clinical Epidemiology and Biostatistics and the Department of Political Science) at McMaster University. He is also Adjunct Professor of Global Health, Department of Global Health and Population, Harvard School of Public Health.

He led the creation and oversees the continuous updating of Health Systems Evidence (www.healthsystemsevidence.org), the world's most comprehensive, free access point for high-quality evidence about how to strengthen or reform health systems, or how to get cost-effective programs, services and drugs to those who need them. He has pioneered the use of evidence briefs and stakeholder (deliberative) dialogues to support evidence-informed decision-making in health systems and he has trained thousands of health system policymakers and stakeholders around the world in how to find and use research evidence efficiently. He is now experimenting with citizen panels as a way to elicit citizens' values about how to address key health system challenges and a rapid-response program to meet health system policymakers' and stakeholders' urgent needs for research evidence.

Abstract

John Lavis will describe three 'levels' of policymaking (provider, organization and government) and three 'targets' of policymaking (clinical care, public health and health system) that symposium participants may be trying to inform. He will also describe the types of questions – about the problem and its causes, options to address the problem, and implementation considerations – for which an experienced policymaker may seek evidence from participants. He will then describe examples of innovations in supporting evidence-informed policymaking by government about the health system, both innovations on the evidence-supply (researcher) side and innovations on the evidence-demand (policymaker) side, and what we're learning from evaluations of these innovations.

SPEAKER 2: Professor Claire Rickard

Innovations in policy implementation for better health



Biography

Professor Claire Rickard RN PhD, is the founder and Director of the Alliance for Vascular Access Teaching and Research (AVATAR Group). She works out of the NHMRC Centre for Research Excellence in Nursing Interventions at Griffith University in Brisbane, Australia. She is an Honorary Fellow at the Royal Brisbane and Women's, Prince Charles, Princess Alexandra and Lady Cilento Children's Hospitals. Prof Rickard believes a randomized controlled trial is a thing of beauty and its joys last forever. She attempts to apply that beauty and joy to improve the care of almost all hospital patients, and many community patients who need intravascular access for treatment.

With over 100 publications, including a 1st authored paper in *The Lancet*, her work has significantly advanced global recommendations such as the safety of removing peripheral intravenous catheters based on clinical rather than time-based criteria. A mum of 2 rambunctious boys, Prof Rickard was inducted into the prestigious STTI International Nurse Researcher Hall of Fame in 2012.

Abstract

Traditionally, researchers anticipated passive implementation of their results – a “publish it and they will come (act/change/implement)” approach. Modern day researchers must think far before and beyond publication to accelerate implementation of their results. Professor Claire Rickard led the largest RCT ever undertaken on peripheral IV removal policies, confirming that a policy of clinical rather than time based criteria for IV removal, resulted in significant monetary and procedural reductions for the health system, with no change in clinical complications. Despite publication in the *Lancet*, findings corroborated by a Cochrane Collaboration review, and a Health Technology Brief by a sub-committee of the Australian Health Ministers' Advisory Council endorsing disinvestment in routine PIVC removal, implementation has remained limited into Australian health policy. With learnings from this experience, Professor Rickard will overview the journey of the Alliance for Vascular Access Teaching and Research (AVATaR) Group in changing from a passive to active approach to implementation, using Graham's Knowledge to Action Cycle, to ensure future RCT results are accelerated into policy uptake.

SPEAKER 3: Professor Christopher Levi



Biography

Professor Christopher Levi is a stroke neurologist, NHMRC practitioner fellow and Director of Clinical Research and Translation for the Hunter New England Local Health District. Professor Christopher Levi established acute stroke services in Hunter New England, which is now one of the leading stroke services nationally and has a broad research portfolio covering acute stroke trials, health systems, clinical trials across pre-hospital, acute and stroke recovery, biomarkers and genetics stroke and stroke imaging. He oversees all research in Hunter New England in partnership with the Hunter Medical

Research Institute and the University of Newcastle's Health and Medical Research management.

Abstract

Innovations in policy implementation for better health – a clinical researcher's perspective

Clinical researchers often regard their primary role as generation of new knowledge and implementation of local "micro-system" change with a focus on local or regional health care improvement. Many see limited roles and opportunity in guideline development, dissemination, implementation or policy development. It is likely, however, that clinical researchers can supplement and support evidence-based health policy development in their areas of content expertise. Reasons for limited engagement by clinical researchers in health policy development need further exploration but may relate to barriers such as training, interest, communication barriers and opportunity to engage. A number of case studies will be presented in the area of health systems stroke research where both smaller scale observational data and larger randomised trial data have been either successfully and unsuccessfully embedded in local, state and national health policy. Barriers and enablers will be explored including the problems such as a lack of national care standards and national quality of care measurement systems.

WORKSHOP 2A

ABORIGINAL HEART HEALTH: ACHIEVING LOCAL AND NATIONAL RESEARCH IMPACT

Katzenellenbogen, Judith^{1,2}, Wyber R², Dimer L³, Haynes E¹, Shilton T³, Bessarab D⁴, Carapetis J², Thompson SC¹

¹ *Western Australian Centre for Rural Health (University of Western Australia), Geraldton, Australia*

² *Telethon Kids Institute (University of Western Australia), Perth, Australia*

³ *Heart Foundation (Western Australia), Perth, Australia*

⁴ *Centre for Aboriginal Medical and Dental Health (University of Western Australia), Perth, Australia*

Background

Cardiovascular diseases contribute 23% to the gap in disease burden between Aboriginal and Torres Strait Islanders* and non-Aboriginal Australians. Rheumatic heart disease, now rare in high resource settings remains endemic among Aboriginal Australians. Ischaemic and related heart diseases are similarly over-represented in Aboriginal Australians with the greatest disparity in young adults. Translation of research outcomes to address community, clinical and policy priorities is a shared challenge in improving Aboriginal Heart Health.

Objectives

- To consider as three case studies efforts around research translation for RHD and adult heart disease in achieving local and national impact among Aboriginal Australians.
- To explore knowledge translation barriers and facilitators, common to RHD and adult Aboriginal cardiovascular disease, to expedite more effective responses

Target group/ audience

Researchers, Aboriginal health advocates, policy makers, clinicians, consumers, developers of technology (vaccines, IT solutions)

Workshop description

Researchers and advocates will present their experience and vision for translating their research into actions to expedite improvements in Aboriginal heart health. Emphasis will be on common challenges, synthesis of potential solutions, lessons learned, partnerships and possibilities for working more effectively.

Methods

The masterclass format is a combination of presentations and group discussion to allow critical reflection. Issues covered will include:

- Common issues across different contexts/silos in Aboriginal health
- Barriers to knowledge translation in primary care and community settings
- Strategies to encourage partnerships, knowledge exchange and translation into policy/practice

*Hereafter Aboriginal

IMPLEMENTATION SCIENCE 2.0 - A CONSIDERED VIEW OF THE CURRENT STATE OF EVIDENCE FOR IMPLEMENTATION SCIENCE AND PRACTICE & HOT TOPICS FOR THE DECADE AHEAD

Mildon, Robyn¹, Albers, B^{1,2}

¹ Parenting Research Centre, Melbourne, Australia

² University of Melbourne, Melbourne, Australia

Background

Implementation science has emerged from the trend in health and human services towards improving outcomes for the people we serve by improving the use of research in practice and policy. The development of conceptual theories and frameworks of the implementation process and frameworks to guide implementation practice has increased enormously in the last decade. For example, a recent review published in the American Journal of Preventive Medicine identified a total of sixty-one theories and frameworks currently in use (Tabak, et al. 2012). Although these theories and models are helpful ways to frame implementation research studies, what is the evidence behind the effectiveness of applying these models in implementation practice? In what ways the field of implementation science and practice need to be developed in the coming years?

Objectives

- Provide a brief overview of the field of implementation science, focusing on a contemporary review of conceptual theories and frameworks, and how it is applicable health and human service organizations
- Discuss the evidence behind the application implementation theories and frameworks
- Discuss the selection and use of implementation theories and frameworks through project examples
- Share methods for the development and testing of implementation strategies within these models

Target group/ audience

Researchers, Knowledge Brokers, Organisational Leaders and Practitioners

Workshop description

This Master Class will provide a considered view on progress made and lessons learned in the development of theories and frameworks in implementation science. Participants will be introduced to and discuss the current evidence base and identify the 'hot topics', which represent some of the key development and action areas for the coming years of science and practice development.

Methods

The results of a recent systematic scoping review of implementation theories and frameworks will be presented and discussed.

WORKSHOP 2B

POLICY AND PRACTICE IMPACTS OF NHMRC FUNDED INTERVENTION RESEARCH – IMPLICATIONS FOR RESEARCHERS, POLICY MAKERS AND FUNDERS

Bauman, Adrian², Chapman, S¹, Rychetnik, L^{3,5}, Milat, AJ^{1,4}, King, L², Redman, S⁵, Newson, R²

¹ School of Public Health University of Sydney, NSW 2006, Australia

² Prevention Research Collaboration, School of Public Health, University of Sydney, NSW 2006, Australia

³ School of Medicine, University of Notre Dame, Australia

⁴ Centre for Epidemiology and Evidence, NSW Ministry of Health, North Sydney NSW 2059, Australia

⁵ Sax Institute, Haymarket, NSW 2000, Australia

Background

There are increasing expectations that health research will have 'real world' benefits. Measuring the impacts of health research and understanding the processes and factors that facilitate impact are therefore important. Research impact assessment is a relatively new field of research. Conceptual frameworks and methods of assessment are still being developed and refined.

Objectives

Provide a comprehensive overview of the findings and lessons from our recent NHMRC funded research project on "Real-world impact of intervention research".

- Facilitate multi-perspective discussions on issues related to methods for assessing impacts and factors influencing impacts.
- Identify the implications in terms of research funding, researchers' dissemination efforts and policymakers' requirements for quality evidence.

Target group/ audience

- Researchers interested in research impact assessment and improving their research impacts.
- Research funding decision-makers interested in introducing impact assessment systems.
- Policy-makers/practitioners interested in research impact assessment methods and approaches that increase the impacts of research.

Workshop description

The workshop will utilise a combination of presentations and facilitated small group discussions to consider impact assessment methods, factors that influence research impact and implications.

Methods

- Series of short presentations with time for questions and comment covering: research impact assessment models and methods; overview of factors that influence impact; case studies.
- General discussion with participants: sharing other examples, promises/pitfalls, strengths/limitations of impact assessment.
- Small group discussion: Consider factors and their implications, including how researchers, funders and policy-makers can manage these issues and facilitate knowledge translation and impacts.
- Concluding remarks

CONCURRENT 2C

EVIDENCE-BASED POLICY FOR POPULATION HEALTH CHAIR: PROFESSOR CLAIRE JACKSON

TRANSLATION OR ENGAGEMENT? ESTABLISHING EFFECTIVE PARTNERSHIPS TO IMPROVE POLICIES ON THE SOCIAL DETERMINANTS OF HEALTH EQUITY

Baum, Fran¹, Friel, S², Kay, A², McDermott, D¹, Labonté, R^{1,3}, Ziersch, A¹, Strazdins, L², Harris, P⁴, Mackean, T¹, Newman, L¹

¹ Southgate Institute for Health, Society and Equity, Flinders University, Adelaide, Australia

² Regulatory Institutions Network, Australian National University, Canberra, Australia

³ School of Epidemiology, Public Health and Preventative Medicine, University of Ottawa, Canada,

⁴ School of Public Health, Sydney Medical School, University of Sydney, Australia

Background

The evidence is clear that most of the impact on our health comes from the social determinants of health and health equity (SDH&HE) rather than health service interventions. However the translation of this evidence into equity-focused multi-sectoral policy implementation has been slow. This is because a SDH&HE focus raises many political and policy challenges, and we lack good evidence on how to address them.

Objectives

Describe the conception of a 5-year NHMRC Centre of Research Excellence designed to enhance methods for studying how policies in a range of sectors including health can contribute to fair health outcomes and which involves partnerships between policy makers and researchers.

Method

The CRE is studying how social and health equity came to be included or not in key economic, social and health policies such as Medicare and Paid Parental Leave and the implementation of “real time” policies including the Closing the Gap strategy. We conceive of policy through a complex systems lens and examine the way in which interaction between many factors affect policy outcomes. A vital component of the CRE’s research engagement is a Critical Policy Reference Group.

Results

The CRE began in March 2015. The paper will report progress which will ensure that after 5 years we will have provided evidence on all aspects of the policy cycle, the systems which influence policy development and the ways in which policies interact to affect health equity. Our intention is that policy makers will be using our research to inform fairer policy development.

NSW KNOCKOUT HEALTH CHALLENGE: MOVING FROM EVALUATION TO PERFORMANCE MONITORING

Passmore, Erin¹, Milat, A¹, Maxwell, M², Hennessey, K³

¹ NSW Ministry of Health, Sydney, Australia

² NSW Office of Preventive Health, Sydney, Australia

³ NSW Agency for Clinical Innovation, Sydney, Australia

Background

The NSW Knockout Health Challenge is an annual community-led weight loss and healthy lifestyle challenge for Aboriginal people. The Challenge is part of the Culture Health Communities strategy, which aims to strengthen community capacity to improve the health and wellbeing of Aboriginal people in NSW. The main element of the Knockout Health Challenge is two 12-week weight loss challenges, in which community teams of up to 30 members compete to achieve the greatest weight loss. The Challenge is implemented by NSW Health in partnership with NSW Rugby League. The Challenge has been implemented annually since 2012. Large scale evaluations of the Challenge were conducted in 2012 and 2013.

Objectives

This presentation will describe the findings of the 2012 and 2013 evaluations, and apply Nutbeam and Bauman's Stages of Research and Evaluation model to describe the evaluation approach.

Method

The 2012 and 2013 evaluations included participant surveys, qualitative interviews with key informants, and analysis of quantitative data on participants' weight and health behaviours.

Results

The evaluation of the 2012 pilot found the Challenge model was feasible to implement and acceptable to communities, and that the Challenge was achieving its objectives, with participants losing weight (on average 4.9kg) and making healthy lifestyle changes during the Challenge. The 2013 evaluation replicated the 2012 findings on a larger scale, and found that weight loss and health behavior changes were maintained up to 9 months after the Challenge. Following the 2012 and 2013 evaluations, an ongoing system to support the implementation, monitoring and evaluation of the Challenge is currently being developed.

COMMUNITY PARTICIPATION: ENGAGING WITH EVIDENCE TO CHANGE ORAL HEALTH BEHAVIOUR

Farmer, Jane¹, Kenny, A¹, Dickson-Swift, V¹, Larkins, S², Carlisle, K²

¹ *La Trobe University*

² *James Cook University*

Background

This paper provides findings from the NHMRC funded Partnership project “Community Participation Method for Rural Medicare Local Population Health Planning” (2014-17). The first phase invited community members into evidence-based deliberative decision-making to produce oral health improvement plans in six rural communities in Queensland and Victoria.

Objectives

The paper shows how engaging communities in evidence-based design decision-making changes knowledge, behaviour and develops policy and practice critique.

Method

Included communities represent a range of size (1000-10000people) and distance from a major city (1.5-4.5hours). The Remote Service Futures community participation process, developed in Scotland, was applied. It involves 4 theme workshops (around engaging with and applying evidence about health status and what works to improve health) and other inclusive methods, adapted by community. The output is a no/ low cost, sustainable health improvement plan. Satisfaction, participation and changes to oral health literacy were measured.

Results

Workshops had up to 23 participants. An additional 75 diverse community groups were involved. Communities produced service improvement plans, with measures including oral health literacy programs, infographics, posters and leaflets, oral health training for health practitioners and teachers. Using quantitative measures, we found oral health literacy change. Additional qualitative evidence showed change in oral health knowledge, behaviour and service use. Evidence shows diffusion of knowledge beyond direct participants and participants’ questioning current practice and policy. We conclude that community participation can change health literacy and behaviour, not just of direct participants, but diffusing via a network effect.

REFLECTIONS ON ACHIEVEMENTS UNDER THE NSW POPULATION HEALTH RESEARCH STRATEGY

Griffiths, Erin¹, Edwards, B¹, Neill, S¹, Stickney, B¹, Campbell, D¹, Milat, A¹, Thackway, S¹

¹ NSW Ministry of Health, Sydney, Australia

Background

The Strategy *Promoting the generation and effective use of population health research in NSW: A strategy for NSW Health 2011-2015* supports the development of high quality, relevant research and its use in improving policy and program effectiveness, leading to better population health. The Strategy ends in December 2015 and NSW Health is currently reviewing its impact.

Objectives

To report against the progress of the Strategy and determine the extent to which the key objectives and strategies have been achieved.

Method

Three data sources are being used to review progress:

- Online survey of population health research activities
- Monitoring of publications
- Consultations with key stakeholders.

Results

The Strategy has facilitated progress towards its aim of generation and use of relevant research, with an increased number of both research and translation activities over the period of the Strategy. The online survey identified that in 2013/14 the Population and Public Health Division supported: five research centres, three research assets, two research funding schemes, 30 commissioned research projects and 22 staff projects. Most staff projects (82%) and commissioned projects (60%) incorporated strategies to encourage research translation (such as involving users in the conduct of research), and all five funded research centres were required to produce summaries of evidence for policy makers and practitioners.

Over the period of the Strategy, the Division has also built population health and biostatistics research capacity and published research findings. Reflections from key stakeholders in regards to the perceived impact of the Strategy will also be presented.

HEALTH OUTCOMES FROM HOUSING FIRST PROGRAMMES FOR THE CHRONICALLY HOMELESS

Whittaker, Elizabeth¹, Burns, L¹

¹ *National Drug and Alcohol Research Centre, University of New South Wales, Sydney, New South Wales, Australia*

Background

Adaptations of the Housing First initiative, which prioritises housing individuals who are homeless in standard lease agreement tenancies as rapidly as possible to lock in the benefits from long-term accommodation, even where the person may not be seen as 'housing ready', have recently been implemented across Australia. Although research suggests that these programs can be cost-effective, there is limited Australian evidence on the effect that these initiatives have on clients' health outcomes and substance use patterns.

Objectives

This presentation compares client outcomes from two Housing First programs: Platform 70 and Common Ground Sydney. Although both programs are based on Housing First principles, Platform 70 places clients into privately rented scatter-site dwellings, whereas Common Ground Sydney provides high-density supportive housing with 24-hour on-site staffing.

Method

Given the nature of entry criteria to the programs, the number of program recipients was small. A survey was administered to Platform 70 (n=47) and Common Ground Sydney (n=35) clients at baseline and 12-months post-baseline, that examined clients' homelessness history, substance use patterns, mental health and service utilisation.

Results

Key findings were that significantly higher inpatient admissions for mental health reasons and justice system contact rates, as well as higher rates of injecting behaviours, were found for Common Ground (congregated site) participants. Substance use patterns remained stable among individuals in the two Housing First models over the evaluation period. Further research on what specific housing model is best for certain individuals is warranted to inform future housing and health policy decision making.

IMPROVING NUTRITION EVIDENCE FOR NUTRITION POLICY: THE COCHRANE COLLABORATION COMMITMENT

Waters, E¹, Lawrence, Mark²

¹ *University of Melbourne, Melbourne, Australia*

² *Deakin University, Burwood, Australia*

Background

Globally, poor diet is the leading cause of death and disease. Dietary imbalances are recognized for their role in the rising prevalence of obesity and NCDs. However, there is a lack of transparent high quality models to assess trends in dietary patterns and changes in food systems driving dietary imbalances. Current models of evidence synthesis have been found to be inadequate in supporting evidence-informed nutrition policy. In response to the need to increase alignment between evidence synthesis and demand, the 2015 Cochrane Colloquium will hold a Nutrition Symposium with the aim of developing a strategic framework to improve evidence use for nutrition policy.

Objectives

The objective of this investigation is to report on the main findings from the 2015 Cochrane Colloquium Nutrition symposium, and the plans for the preparation of a strategic framework to inform the use of evidence in nutrition policy.

Method

The 2015 Cochrane Colloquium Nutrition Symposium provides presentations from an international group of nutrition and evidence synthesis experts. The 150 participants were drawn from UN agencies, academic institutions and non-government organisations engaged in a series of interactive round table discussions.

Results

The outcomes that will emerge from the interactive discussions focus on the landscape of evidence related issues for nutrition, priorities for nutrition evidence content and methods development, international governance and consideration of multiple perspectives and paradigms. The preparation process for developing a new international nutrition alliance and the strategic framework for reforming how Cochrane Systematic Reviews address evidence use in nutrition policy will be presented.

CONCURRENT 2D

HEALTH INTERVENTIONS

CHAIR: PROFESSOR ANNETTE DOBSON AO

IMPROVING IMPLEMENTATION OF NSW HEALTHY CANTEEN POLICY: FINDINGS FROM A SERIES OF RCTS CONDUCTED BY THE HUNTER NEW ENGLAND POPULATION HEALTH RESEARCH GROUP

Wolfenden, Luke¹⁻⁴, Nathan, NR¹⁻⁴, Yoong S¹⁻⁴, Rose, B^{2,3}, Aikman, V^{2,3}, Williams, C¹⁻⁴, Wyse, R¹⁻⁴, Gillham, K²⁻³, Wiggers, J¹⁻⁴

¹ *University of Newcastle, Callaghan, Australia*

² *Hunter New England Population Health, Wallsend, Australia*

³ *Hunter Medical Research Institute, Newcastle, Australia*

⁴ *Priority Research Centre for Health Behaviour, Callaghan, Australia*

Background

The implementation of policies supporting healthy eating in schools has been recommended internationally. In Australia, most States and Territories have introduced policies to restrict the availability of less healthy foods ('red foods) for sale in school canteens and to promote the sale of healthy foods. National surveys suggest that between 5-30% of schools in most jurisdictions adhere to such policies, limiting the potential benefits to public health nutrition.

Objectives

This presentation will describe the findings and key learning of a series of randomised controlled trials of interventions to support the implementation of the NSW Healthy Canteen policy.

Method

Three RCTs were conducted in the Hunter New England region of NSW, Australia, between 2013 and 2015. The interventions varied according to their intervention intensity and componentry. All interventions were delivered over a 6-12 month period. The highest intensity intervention included multiple-components such as audit and feedback, training, resource provision, consensus processes, and marketing. The lowest intervention comprised of 2-4 audit and feedback (of menus for compliance) cycles only. Data on policy implementation was assessed by comprehensive menu audit and compliance assessment by two dietitians blind to group allocation.

Results

All three of the intervention strategies were effective in improving compliance of school canteens with the policy. There was a dose response relationship between intervention intensity and intervention effect. For the highest intensity intervention, there was an absolute improvement in compliance of over 60%. Costs per compliant school canteen were comparable across intervention strategies tested.

DISINVESTMENT RESEARCH: SIMULTANEOUSLY CHANGING PRACTICE AND GENERATING EVIDENCE

Haines, Terry^{1,2}, Mitchell, D², Bowles, K¹, May, K², Markham, D², Chiu, T³, Philip, K⁴, O'Brien, L¹, Plumb, S⁵, Sarkies, M², Ghaly, M³, Juj, G⁵, McDermott, F^{1,2}, Skinner, E³

¹ Monash University, Clayton, Australia

² Monash Health, Clayton, Australia

³ Western Health Service, Footscray, Australia

⁴ Department of Health and Human Services, Melbourne, Australia

⁵ Melbourne Health, Melbourne, Australia

Background

This study describes the world's first application of a novel "disinvestment randomised trial" design that allows health managers to safely remove health services that have an absence of evidence of effectiveness or cost effectiveness while simultaneously developing the evidence that was missing.

Objectives

To establish the effectiveness and cost-effectiveness of allied health services delivered on the weekend to acute medical and surgical wards.

Method

Design: A "Roll-in" stepped-wedge cluster randomised trials undertaken under a non-inferiority research paradigm followed by a "roll-out" stepped-wedge cluster randomised trials undertaken under a superiority research paradigm.

Participants & setting: Admissions to 12 acute medical and surgical wards across two metropolitan teaching hospitals in Melbourne, Victoria over a 14 month period across 2014/2015.

Intervention: 1. Existing weekend allied health services examined during the roll-in trials. 2. A new, stakeholder-driven model of weekend service designed to be tailored to the individual needs of wards in the trial. This was examined during the roll-out trials.

Control: No weekend allied health service

Primary outcomes: Proportion of patients staying longer than expected length of stay, rate of adverse events (eg. falls, ICU transfers), rate of readmission within 28 days.

Results

The roll-in trial has been completed with over 13,000 patients involved. Interim safety analyses have demonstrated no adverse impact of removing the weekend allied health service on patient length of stay, readmission or adverse event outcomes (all multi-level, generalised linear models p-values >0.05). These resources may be suitable for re-allocation.

DO PRAGMATIC TRIALS RESULT IN RESEARCH TRANSLATION- A POST-TRIAL EVALUATION

Liu, Huei Ming¹, Laba, TL¹, Jan, S¹

¹ *The George Institute for Global Health, NSW*

Rationale

Pragmatic trials aim to provide real world evidence of intervention effectiveness in routine practice and thus be more applicable to practice and policy.

Objective

To evaluate the extent to which translation of evidence to policy following the Kanyini GAP trial occurred.

Methods

We used the Reach, Effectiveness, Adoption, Implementation and Maintenance (REAIM) framework retrospectively to evaluate a pragmatic randomised controlled trial of a polypill based strategy for cardiovascular prevention in Australian primary health care 2 years post trial. Interviews with project investigators were conducted to assess the barriers and facilitators of post-trial implementation.

Results

Despite pragmatic design features such as flexibility in participant eligibility and practitioner expertise, effectiveness of the strategy in improving adherence and potential cost savings- this health service strategy was not adopted into practice and policy post trial. Findings from the interviews revealed that many of the barriers were specific to pharmaceutical regulation in Australia such as a lack of necessary commercial business case for the product, questions over the suitability of polypill indications by peak regulatory bodies.

Conclusions

Pragmatic trials can provide more relevant results to decision makers and the use of REAIM can provide useful guidance for knowledge translation. Our findings suggest that there is a need for researchers to engage in active follow-up of their studies through long term data collection and advocacy. In addition, we note that pharmaceutical regulation in Australia, can be a barrier to the implementation of promising evidence-based therapies by enabling only submissions that are able to secure commercial sponsorship to be considered.

IMPROVING IMPLEMENTATION OF EVIDENCE-BASED OBESITY PREVENTION POLICIES AND PRACTICES IN CHILDCARE SERVICES: FINDINGS FROM A SERIES OF RCTS CONDUCTED BY THE HUNTER NEW ENGLAND POPULATION HEALTH RESEARCH GROUP

Wolfenden, Luke¹⁻⁴, Jones, J¹⁻⁴, Wyse, R¹⁻⁴, Finch, M¹⁻⁴, Yoong, S²⁻⁴, Dodds, P^{1,3}, Pond, N^{2,3}, Falkiner, M^{2,3}, Marshall, J^{2,3}, Gillham, K^{2,3}, Freund¹⁻⁴, M, McElduff, P¹, Wye, P¹⁻³, Thomson, R^{2,3}, Seward, K¹⁻³, Wiggers, J¹⁻⁴

¹ University of Newcastle, Callaghan, Australia

² Hunter New England Population Health, Wallsend, Australia

³ Hunter Medical Research Institute, Newcastle, Australia

⁴ Priority Research Centre for Health Behaviour, Callaghan, Australia

Background

Supporting childcare services to implement policies and practices which encourage children to eat healthily and be physically active has the capacity to make an important contribution in reducing the health burden of excessive weight gain in childhood. Few trials, however, have been conducted to examine the strategies that may be most effective in improving implementation of such policies and practices in this setting.

Objectives

This presentation will describe the findings and key learning of a series of RCTs of interventions to support the implementation of obesity prevention policies and practices in centre based childcare services.

Method

Three RCTs were conducted in the Hunter New England region of NSW, Australia between 2010 and 2014. Each trial sought to improve childcare service implementation of evidence-based policies and practices to support child healthy eating and physical activity. The first trial tested the effectiveness of a low intensity intervention comprised of multiple performance review and feedback cycles delivered via telephone over 9 months; the second was a more intensive multi-component intervention delivered over 4 months via face to face and telephone; the third was a high intensity multi-component intervention delivered over 12 months and via multiple in-person and telephone contacts. Data on policy and practice implementation was assessed via observation and telephone survey of childcare service staff.

Results

Findings from the first trial suggest that the performance review intervention was ineffective in improving any of the targeted policies and practices. The impact of trials 2 and 3 were equivocal. Key learnings included the difficulty of implementing multiple changes to childcare services environments simultaneously, need for sound measures of implementation constructs in order to assess and understand intervention mechanisms to enable the development of more efficient and effective interventions.

A CHECKLIST AND STANDARDISED TRAINING PROGRAM FOR PLEURAL DECOMPRESSION IN TRAUMA

Bing, Fei^{1,2}, Anderson, M¹, Fitzgerald M¹, Martin, K¹, Santamaria M¹, Arendse, S¹, O'Reilly, G¹, Smit, de V¹, Orda, U¹, Marasco, S¹

¹ Alfred Health Trauma Department, Alfred Hospital, Melbourne, Australia

² Monash University, Melbourne, Australia

Background

Intercostal catheter (ICC) insertion is associated with potentially high complication rates, with the literature quoting over 20% in some cases. Empyema in particular is a serious complication. Risk adverse industries regularly employ checklists to standardise performance and decrease human errors. The use of checklists in medical practice is exemplified by introduction of the WHO Surgical Safety checklist.

Objectives

This study investigated the implementation of a checklist system in combination with a standardised training program to decrease complications associated with ICC insertion.

Methods

The Alfred Hospital in Melbourne, Australia is an Adult Level 1 Trauma Center. In August 2009 The Alfred Trauma Service introduced an evidence-based checklist system for the insertion of ICCs, combined with standardised formal training for medical staff, in an attempt to minimise the complications of ICC insertion and related empyema.

Results

Between January 2003 and July 2009 the incidence of empyema was 1.44% (29 in 2009 insertions). This decreased to 0.57% between August 2009 and December 2011 (6 in 1060 insertions) after the measures were introduced [$p=0.038$ Fisher's exact].

REDUCING THE USE OF SEDATIVES IN AGED CARE HOMES

Westbury, Juanita¹

¹ *Wicking Centre, Faculty of Health, University of Tasmania, Hobart, Tasmania*

Background

Over reliance on sedative medication in aged care homes has been reported by researchers, government and media for three decades despite limited effectiveness and evidence that these medications incur substantial harm.

Objective

The RedUSE project aims to reduce the use of antipsychotic and benzodiazepine medication in 150 Aged Care Homes (ACHs) through an interdisciplinary, multi-strategic Government-funded intervention project from 2014-2016.

Method

RedUSE is a 6-month project to be delivered in four waves. The first wave has been completed, comprising of 27 ACHs in three Australian states. As part of the intervention each home receives two audits of antipsychotic and benzodiazepine use which is presented to nursing staff, alongside 2 hours of education on sedative medication and management of mental health conditions. All residents taking antipsychotics and benzodiazepines then has these medicines reviewed sequentially by a pharmacist, nurse and their doctor.

Results

A total of 2154 residents were audited at baseline and 2161 at 6-months. Over the project, there was a significant reduction in ACHs of the percentage of residents regularly taking benzodiazepines (25.8% (SD 6.8) to 20.5% (SD 5.9), $p < 0.001$) and antipsychotics (21.1% (SD 6.7) to 19.2% (SD 6.9), $p < 0.01$). For residents taking benzodiazepines and antipsychotics, 44% and 41% of doses were reduced or ceased, respectively. The use of sedating antidepressants and 'as required' sedative medication also declined indicating that substitution to these agents did not occur.

Preliminary results indicate that the RedUSE project is effective at reducing both antipsychotic and benzodiazepine prevalence in ACHs, particularly benzodiazepine use.

WORKSHOP 3A

CHAIR: DR DAVID ABBOTT

RESEARCH IMPACT ON POLICY AND PRACTICE: PRACTICAL MEASURES AND METHODS

Zardo, Pauline^{1,3}, Spearing, NM²

¹ CONROD, University of Queensland, Brisbane, Australia

² Motor Accident Insurance Commission, Brisbane, Australia

³ Institute for Safety Compensation and Recovery Research, Monash University, Melbourne

Background

Funding bodies and universities are increasingly requiring academics to produce evidence of non-academic impact. There are, however, limited practical examples demonstrating how research institutes and funding bodies are developing and implementing research translation frameworks and measuring research impact.

Objectives

Provide practical examples of how to:

- Design and implement measures and methods to drive research translation.
- Produce evidence of the impact of research on policy and practice.

Target group/ audiences

- Clinical, non-government and government decision-makers using/seeking to use research and/or measure impact
- Knowledge brokers and translation/implementation professionals
- Researchers

Workshop description

An education session providing information, resources and activities to enable researchers and policy, practice and funding decision-makers to develop frameworks, KPIs and other measures and methods to drive increased research translation and measure impact.

Methods

- Introduction: Overview of current evidence and developments regarding research impact measurement (10 mins).
- Facilitated group discussion: Expectations, issues, priorities and concerns regarding research translation and impact measurement across sectors (15 mins).
- Case Study: Presentation of the development and implementation of a research impact measurement framework and KPIs and description of methods to be used to measure impact (20 mins).
- Individual activity: Identify translation/impact KPIs and methods of research impact measurement relevant /appropriate to your work (15 mins).
- Facilitated small group activity: Brainstorm stakeholders, systems, processes and practices that require influencing, development or change to implement the translation and impact measurement activities identified individually (20 mins).
- Facilitated group discussion/wrap-up: Reflections of objectives and key lessons learned and sharing of take-home messages and ideas/plans (10 mins).

POLICY AND RESEARCH PARTNERSHIPS – IMPACT ON RESEARCH UPTAKE IN THE ‘REAL WORLD’

Jackson, Claire¹, Crossland, L¹, Raw, J², Booth, M³, Nicholson, C⁴

¹ *The University of Queensland*

² *Royal Australian College of General Practitioners*

³ *Primary Care*

Background

Researchers are under increasing pressure not only to undertake excellent research, but to be successful with its impact and uptake in the broader practice / policy community. The traditional paradigm of university-led research that is then put into practice through knowledge translation, is being replaced in some settings by a knowledge ‘Co-creation Paradigm’ in which researchers and key stakeholders work democratically together to generate knowledge within its context of application. (1, 2, 3,)

Workshop Aim/ objectives

To introduce researchers and policy makers involved in this ‘co-creation’ approach, linking researchers and end-users in embedding research into practice from the earliest inception of the research journey.

- To share successful ‘research into policy’ initiatives involving the new Primary Health Networks, and clinical quality improvement initiatives, utilising the co-creation approach.
- To involve workshop participants in applying the principles of co-creation to their current research and policy programs.

Format

An interactive workshop, combining researcher and policy-maker presentations with audience participation.

- Initial presentation of theoretical principles and practical application (20 mins)
- Presentation of two case studies – integrated governance framework for PHNs (4) and quality improvement in primary care (5) (30 mins)
- Reflective discussion around case studies (10 mins)
- Involvement of workshop participants in applying the co-creation methodologies to their current research and policy endeavors (30 mins)
- The workshop will introduce participants to proven methodologies which allow researchers to achieve increased impact, and policy makers to better engage researchers in evidence-based policy development.

Target group/ audiences

Researchers, clinicians, managers, and policy makers interested in increasing research utilisation and uptake.

References

1. Ramaswamy V Ozcan K. 2014 *The Co-Creation Paradigm*, Stanford University Press, Stanford, CA p 279-289
2. Hardyman W, Daunt K L, Kitchener M. Value Co-Creation through Patient Engagement in Health Care: A micro-level approach and research agenda. *Public Management Review*, 2014, DOI: 10.1080/14719037.2014.881539. <http://dx.doi.org/10.1080/14719037.2014.881539>
3. Janamian T, Jackson C, Dunbar JA. Co-Creating value in research: stakeholders perspectives. *MJA* 2014; 201(3):S44-S46.
4. Nicholson C, Jackson C, Marley J. Best practice integrated health care governance- applying evidence to Australia’s health reform agenda. *MJA* 2014;201(3): S64-66.
5. Crossland L; Janamian T and Jackson C. Key elements of high quality practice organisation in primary health care: A systematic review. *MJA* 2014 : 201 (3)S47-S50.

WORKSHOP 3B

CHAIR: MS REBECCA PITTMAN

THE SCIENCE AND ART OF IMPLEMENTATION IN PUBLIC HEALTH: FROM LOCAL INNOVATION TO GLOBAL UTILISATION

Osborne, Richard¹

¹ *Public Health Innovation, Population Health Strategic Research Centre, School of Health and Social Development, Deakin University, Melbourne, Australia*

Background

The implementation success of research into real world settings is dependent on factors that relate to the qualities of the innovation, the need for it, and the capacities and restraints of the users, i.e., clients, practitioners, planners/managers and policymakers. Implementation is often thwarted by poor understanding of the innovation and the settings for which it is intended, and can be described as attempting to 'fit a square peg into a round hole'.

In Public Health and Health Services Research, attention must be paid to the conceptualisation stages of innovation generation. Success can be improved by genuine stakeholder engagement including co-development approaches. Application of implementation optimisation protocols, to confirm the innovation is wanted by the community and is fit-for-purpose, are recommended.

Objectives

The aim of this masterclass is to uncover modern approaches for the development of innovations that are so good they are 'sucked' into practice.

Target group/ audience

Junior and senior researchers, healthcare managers and policymakers.

Workshop description

This workshop is based on masterclasses provided to the NHMRC TRIP Fellows and others. The presenter will draw on 15 years of experience where he has developed three different types of public health innovations that are implemented nationally and globally.

Methods

Following a brief presentation about theory, participants will cross-examine real life examples of implementation success and failure, drawn from the audience and the presenter's experiences of implementing research locally and globally. This is a fast-moving workshop with small and large group discussion, and lively audience participation.

CONCURRENT 3C

MAKING A DIFFERENCE THROUGH GOOD POLICIES CHAIR: PROFESSOR FRAN BAUM

HOW RESEARCH CAN IMPROVE AGED CARE

Brodaty, Henry^{1,2}

¹ *Dementia Collaborative Research Centre, UNSW Australia*

² *Centre for Healthy Brain Ageing, UNSW Australia*

Background

Australia's ageing population presents challenges to the quantity and quality of care, particularly as regards dementia. There is evidence of under-diagnosis of dementia in primary care and non-evidence based management practices in primary, acute and residential care. People with dementia have worse outcomes than equivalent non-dementing patients in hospitals. Translational research and knowledge transfer to improve practices are difficult to implement.

Objectives

- To examine issues in translating research into practice in diagnosis and management of dementia in different settings
- To examine impediments to service providers participating in research aiming to improve practice

Method

Review of difficulties of research studies in primary and residential care with respect to dementia

Results

There is not a culture of research participation to improve practice. By-and-large service providers, at system and individual levels, are not research-ready, regard research as an intrusion and are reluctant participants. For example, chains of nursing home, general hospitals and individual general practitioners will reject participation citing excess work demands and lack of time with their work. Strategies to change this culture will be discussed.

IMPROVING THE IDENTIFICATION AND MANAGEMENT OF ABSOLUTE CARDIOVASCULAR RISK IN THE COMMUNITY

Nelson, Mark¹, Harris, M², Trevena, L³

¹ *University of Tasmania, TAS*

² *University of New South Wales, NSW*

³ *University of Sydney, NSW*

Background

There is a strong rationale for use of absolute risk (AR) in clinical practice. There is a large evidence-practice gap and a large potential gains to be made: more rational prescribing, and therefore cost-effectiveness, and better outcomes.

Objective

To embed absolute risk estimation based pharmacotherapy for the primary prevention of cardiovascular disease into clinical practice.

Method

A case for action (CFA) was developed by the Primary Health Care Steering Group.

Results

Actions proposed to NHMRC:

- a public statement for media coverage promoting absolute CVD risk assessment and management for non-Indigenous Australians over the age of 45 years and Indigenous Australians over 35 years.
- an Evidence-Based Position Statement aimed for use by researchers, clinicians, academics highlighting the evidence-practice gap and the NHMRC's endorsement of absolute CVD risk assessment and management.
- liaison across government to ensure that MBS items and PBS prescribing criteria are consistent with the guidelines. At a subsequent meeting this action was given priority.
- facilitation of a 'Forum for Action' to assist current efforts by the NVPDA to implement their guidelines.
- exploration of ways in which existing NHMRC research and people support can enhance this CFA.
- promoting and recognising good quality implementation research methodology.

Conclusion

Implementation of the CFA recommendation will reduce the evidence to practice gap and achieve reduced mortality from cardiovascular disease in primary care patient populations.

ANALYSIS OF POLICY LEVERS USED TO IMPLEMENT AUSTRALIAN MENTAL HEALTH REFORM

Grace, Francesca¹, Meurk, C², Head, B³, Hall, W⁴, Carstensen, G², Harris, M², Whiteford, H²

¹ *Sydney Local Health District, NSW Health, Australia.*

² *Queensland Centre for Mental Health Research, University of Queensland, Brisbane, Australia*

³ *Institute of Social Science Research, University of Queensland, Brisbane, Australia*

⁴ *Centre for Youth Substance Abuse Research, University of Queensland, Brisbane, Australia*

Background

Over the past two decades, mental health reform in Australia has received unprecedented Commonwealth Government attention. This study explored how five policy levers (organisation, regulation, community education, finance and payment), as defined by the World Bank Institute, were used to achieve mental health reforms.

Objectives

Governments have a restricted range of tools, or policy levers, at their disposal to implement broad scale health reforms. The findings of this analysis help advance understanding of the practical challenges of evidence-based reform, and may improve targeting and appropriate utilisation of policy levers in delivering evidence-based mental health reform in the future.

Method

Australian Commonwealth Government publications, including the four mental health plans (published in 1992, 1998, 2003 and 2008) were analysed according to the policy levers used to achieve reform in five priority areas: [1] human rights and community attitudes; [2] community need; [3] service structures; [4] service quality and effectiveness; and [5] resources and service access.

Results

Policy levers were applied in varying ways. Often, two or three levers were used concurrently to implement a single initiative or strategy. For example, changes to service structures were achieved using various combinations of all five levers. Changes to service quality and effectiveness however, were achieved solely through a single lever - regulation. The use of some levers changed over time; such as a move away from the prescriptive, legislative use of regulation, towards a greater focus on improving and monitoring service standards and consumer outcomes.

THE NTRI FORUM: RESEARCH TRANSLATION THROUGH EVIDENCE REVIEW AND DELIBERATIVE DIALOGUE

Bragge, Peter¹, Piccenna, L¹, Kuk, N¹, Pattuwage, L¹, Lavis, J², Gruen, R³

¹ *National Trauma Research Institute, Monash University and The Alfred Hospital, Melbourne, Australia*

² *McMaster Health Forum, Centre for Health Economics and Policy Analysis, Department of Clinical Epidemiology and Biostatistics, and Department of Political Science, McMaster University, Hamilton, Canada*

³ *Central Clinical School, Department of Surgery, Monash University, Melbourne, Australia*

Background

Despite the emergence of research translation science, considerable gaps between healthcare evidence and practice remain. Evidence review combined with deliberative dialogue is an increasingly recognised approach to this challenge. This was pioneered through Canada's McMaster Health Forum and has also been applied in developing countries through WHO-sponsored Evidence-Informed Policy Networks.

Objectives

To optimise Australian practice, research and policy in traumatic brain injury (TBI) and spinal cord injury (SCI) by preparing evidence briefs and convening deliberative dialogues.

Method

The NTRI Forum undertook 17 deliberative dialogues between January 2012 and July 2015, funded by the Victorian Transport Accident Commission. Topics were developed through engagement with neurotrauma stakeholder networks and approved by an independent committee. Each NTRI Forum involved:

- Defining major healthcare challenges through one-on-one / small group stakeholder consultation
- Rapidly reviewing research evidence pertaining to the identified challenge
- Convening day-long stakeholder dialogues engaging 18 - 22 influential leaders, informed by an evidence brief, in facilitated deliberations on improvement strategies
- Supporting action through published evidence and dialogue summaries and targeted briefings.

Results

Outcomes spurred by the NTRI Forum include the production of TBI cognitive rehabilitation guidelines, development of decision support tools for community-based SCI chronic pain management, adoption of a regional research strategy for SCI, and design of a research program addressing behaviours of concern following TBI. Participant satisfaction with the NTRI Forum was very high, with median scores on most participant evaluation survey items between 6 and 7 out of 7 and little variation in scores between clinicians, researchers and managers.

CREATING HEALTHY, EQUITABLE AND ENGAGED COMMUNITIES THROUGH COMMUNITY INDICATORS VICTORIA

Davern, Melanie¹, Gunn, L¹, David, S¹

¹ *University of Melbourne, Melbourne, Australia*

Background

Community indicators Victoria (CIV) is located at the Melbourne School of Population Health at the University of Melbourne and provides expert advice on how research knowledge and data can be used for most effective community planning. CIV is grounded in the principles of the social determinants of health and supports the development of equitable, healthy, engaged and well planned communities based on a comprehensive and integrated framework of community indicators based on survey, administrative and spatial data across all Victorian Local Government Areas. CIV assists a range policy makers, planners, practitioners and community organisations to understand the role of research and evidence, the application of population indicators and program evaluation, formulate priority areas for planning actions and strategies and to incorporate evaluation measures into everyday practice.

Objectives

This presentation will be to introduce the work of CIV, describe a range of methods, challenges and opportunities involved in embedding evidence into the work of a range of practitioners and policy makers in state and local governments and community organisations across Victoria.

Method

Case study examples will be presented with challenges, opportunities and lessons learnt discussed over many years of two way learning.

Results

Policy focused research and knowledge translation of evidence into practice is essential for the development of well-planned and health promoting communities but it is a complex and time consuming process that produces broader impact than academic research alone.

THE CARDIOVASCULAR POLYPILL: CAN CHANGING BEHAVIOUR SAVE MONEY?

Laba, Tracey-Lea^{1,2}, Jan, S¹, Hayes, A^{1,3}, Rodgers, A¹, Patel, A¹

on behalf of the Kanyini GAP and PEAK study investigators

¹ *The George Institute for Global Health, University of Sydney, Sydney, Australia*

² *The Faculty of Pharmacy, University of Sydney, Sydney, Australia*

³ *The School of Public Health, University of Sydney, Sydney, Australia*

Background

Australia's National Medicine Policy (NMP) seeks to improve health through the availability and judicious use of safe, effective and cost-effective medicines. Yet for cardiovascular disease (CVD), while many such medicines are available, large treatment gaps and medicine non-adherence suggest that the NMP's objectives are not being met. The CVD 4-in-1 polypill is a novel strategy that improves the quality use of CVD medicines and health outcomes by changing patient and prescriber behaviour through simplifying treatment regimens. While expected to reduce costs compared with current practice, very little prospectively collected data supporting this claim exists.

Objectives

To compare the 'real-world' costs of a CVD polypill against usual care among Australians with established CVD or at high estimated cardiovascular risk.

Method

A 'within-trial' cost analysis from the Australian health system perspective of polypill-based care versus usual care using data from the pragmatic randomised controlled trial Kanyini Guidelines Adherence to Polypill (Kanyini GAP) and linked health service and medication data. The primary outcome, estimated with generalised linear models, was mean health service and pharmaceutical expenditure, per patient per year.

Results

Statistically significantly lower mean annual pharmaceutical expenditure of \$989 (95%CI 648 to 1331) per patient in the polypill arm ($P < 0.001$, adjusted, excluding polypill cost). No significant differences in annual non-hospital health service expenditure (\$40, 95%CI -202 to 281 per patient).

Conclusions

Despite meeting the NMP goals and potentially producing significant cost-savings to the Australian health system, the CVD polypill is yet to be translated into practice.

CONCURRENT 3D

EVIDENCE-BASED POLICY FOR CLINICAL HEALTH CHAIR: DR PATRICK HARRIS

SOUTH AUSTRALIAN STATE-WIDE APPROACH TO DELIVERY OF CARE FOR CANCER SURVIVORS – POLICY INFORMING RESEARCH

Koczwara, Bogda¹, Doherty, T², O'Brien, S³, Cameron, K², Turpin, K⁴, Loft, N⁵,
Osborn, M⁴, Christensen, C⁶, Marker, J⁶, Eckert, M⁷

¹ Flinders Centre for Innovation in Cancer, Adelaide, Australia

² South Australian Cancer Service, Adelaide, Australia

³ SA Health, Adelaide, Australia

⁴ Women's and Children Hospital, Adelaide, Australia

⁵ Central Adelaide Local Health Network, Adelaide, Australia

⁶ Cancer Voices South Australia, Adelaide, Australia

⁷ Cancer Council South Australia, Adelaide, Australia

Background

Cancer survivors represent a large population in Australia of approximately 1 million with diverse health care needs that are frequently unmet. There is little data on how to provide population based survivorship care with most interventions delivered in selected cancers and clinical settings.

Objectives

To design, pilot and evaluate a state-wide strategy to deliver survivorship care to adults and children treated for cancer with curative intent in South Australia.

Method

The conceptual framework and guiding principles for this project are based on the recommendations of the South Australian State-wide Cancer Control Plan and the best evidence to support survivorship care. The project utilises mixed methodology including early stakeholder engagement and feedback in order to develop the preferred clinical pathway that can be adapted to different clinical settings. The deliverables include a framework of evaluation including health economic measures, pilot data on needs evaluation, risk assessment, early rehabilitation, self-management training, and a pilot of the longitudinal registry of cancer survivors.

Results

Since March 2015, the state-wide steering group has convened and the call for expression of interest to undertake pilot projects has been issued. The first stakeholder meeting is planned in June 2015 with stakeholder feedback, the clinical pathway, plan for health economic and outcome modeling and the preliminary results of pilot projects expected to be available at the time of the presentation. This project illustrates that effective state-wide engagement can inform policy, direction of research and improved access to and equity of health care for all cancer survivors.

THE VARIATION OF THE IMPACT OF THE BLOOD WATCHING PROGRAM

Chen, Jack^{1,2}, Ou, L^{1,2}

¹ *University of New South Wales, Australia*

² *Ingham Institute Applied Medical Research, Sydney, Australia*

Background

Close to one-third blood transfusions in the NSW hospitals were inappropriate. The Clinical Excellence Commission of the NSW implemented a world-first state-wide program, namely Blood Watch (BW) in 2007-2008, to reduce unnecessary blood transfusion, its associated adverse events and cost.

Objectives

To estimate the relative magnitude of the variation of the outcomes of BW on elective surgical patients at the hospital, doctor and patient levels.

Method

We conducted an interrupted time series, deterministic, population-based data-linkage study, including emergency department, admitted patients, blood bank and laboratory test databases from 2004 – 2009. We explored the variations among five selective surgical groups (i.e. cardiothoracic, colorectal, gynecology & obstetrics, orthopedic and general surgery). We used a three-level logistic regression or multiple linear regression to estimate the relative variations of the outcomes among hospitals, treating surgeons and patients for the three outcomes and four process indicators.

Results

There was an overall 27.4% reduction of the blood usage after the introduction of the blood Watch program and the reductions were consistent across five elective surgical groups. We also found that there were large variations of the outcomes among hospitals and doctors when treating the similar patients. For example, for the outcome of the chance in having a blood transfusion during the hospitalization, the proportion of variance of the outcome accounted for by doctors and hospitals combined ranged from 22.2% in colorectal surgery to 41.1% in cardiothoracic surgery. These large variations suggested that more targeted intervention strategies could be developed to further improve the blood transfusion outcomes.

DATA DRIVING POLICY FOR CHILDREN: THE AUSTRALIAN EARLY DEVELOPMENT INDEX

Goldfeld, Sharon¹⁻³, Oberklaid, F¹⁻³

¹ *Centre for Community Child Health, Royal Children's Hospital, Melbourne, Australia*

² *Murdoch Childrens Research Institute, Melbourne, Australia*

³ *Department of Paediatrics, University of Melbourne, Melbourne, Australia*

Background

Kingdon (1995) suggests that when there is political will, both data and research evidence are required to enable development of a sustained policy approach. In 2004 there was increasing interest in community level interventions to improve early childhood outcomes. This created a window of opportunity to advocate for a data platform that could inform planning and policy.

Objectives

To adapt and implement a national measure of early childhood development (ECD)

Method

From 2004-2008 the Australian Early Development Index (AEDI) (now Census) was adapted from the Canadian Early Development Instrument, a population measure of early childhood development. This teacher completed checklist occurs in the child's first year of formal schooling, using a secure web based interface. The AEDI reports on children's physical, social, emotional, language and communication skills and development. After being tested initially in 60 communities across Australia, it was implemented nationally for the first time in 2009 and replicated in 2012.

Results

In 2009 the AEDI was completed on 261,147 children - 97.5% of all eligible children. Across Australia 23.6% of children were developmentally vulnerable in more or more domains, including 47.4% of indigenous children. Data were reported and made available for every community (including maps) and on most subpopulations – Australia remains the only country in the world to have such national census data about ECD. These data have informed policy at every level of government, as well as and galvanising communities to focus on young children, with many examples of change at a community level.

COMMUNICATING RESEARCH: EXPERIENCES OF AUSTRALIAN LONGITUDINAL STUDY ON WOMEN'S HEALTH

Dobson, Annette², Loxton, D¹, Mishra, G²

¹ *University of Newcastle, Newcastle, Australia*

² *University of Queensland, Brisbane, Australia*

Background

The Australian Longitudinal Study on Women's Health (ALSWH) has been funded by the commonwealth Department of Health (and its predecessors) since 1995. ALSWH aims to determine the social, psychological, physical and environmental factors which determine good and ill-health in women throughout adult life in order to contribute to the development of policy and practice in key areas for women's health. ALSWH is comprised of over 57,000 Australian women in four cohorts born 1921-26, 1946-51, 1973-78 and 1989-95. Survey data are routinely linked with Medicare, aged care, hospital, perinatal, cancer registry and national death index data thus creating a comprehensive national resource.

Objectives

This presentation will focus on the mechanisms through which ALSWH has provided information to the department, and the ongoing evolution of methods by which research data can be provided to policy advisors.

Method

Traditional methods of delivering information have included reports, databooks, and commissioned briefings as well as face-to-face meetings and seminars. ALSWH was one of the first national studies to make extensive use of a website to disseminate research information and in recent years has diversified its online presence to include Facebook and Twitter. Novel methods of disseminating information have included conducting an 'open day' at the department and producing a desk calendar that included summary information about 12 different areas of women's health.

Results

The presentation will include a critical review of these methods, as well as describing the methods that led to the extensive use of ALSWH data in the 2010 national Women's Health Policy.

A COLLABORATIVE APPROACH TO IMPROVE MENTAL HEALTH OUTCOMES OF PEOPLE WITH AN INTELLECTUAL DISABILITY

Reppermund, Simone^{1,2}, Trollor, JN^{1,2}

*NHMRC Partnerships for Better Health Project Team of the Project 'Improving the Mental Health Outcomes of People with Intellectual Disability'**

¹ *Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia*

² *Centre for Healthy Brain Ageing (CHeBA), UNSW Medicine, Sydney, Australia*

**The NHMRC Partnerships for Better Health Project Team consists of:*

CIs

Eric Emerson, Centre for Disability Research and Policy University of Sydney & Centre for Disability Research Lancaster University

Kimberlie Dean, Forensic Mental Health, School of Psychiatry, UNSW Medicine, Sydney, Australia Leanne Dowse, Intellectual Disability and Behaviour Support (IDBS), School of Social Sciences, Faculty of Arts and Social Science, UNSW, Sydney, Australia

Karen Fisher, Disability Research Program, Social Policy Research Centre, UNSW, Sydney, Australia

Rhoshel Lenroot, Neuroscience Research Australia, Randwick, NSW, Australia & School of Psychiatry, UNSW Medicine, Sydney, Australia & Child and Adolescent Mental Health Services, Southeastern Sydney Local Health District, Australia

Julian Trollor, Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia

Als

Eileen Baldry, School of Social Sciences, Faculty of Arts and Social Science, UNSW, Sydney, Australia

Tony Florio, Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia & College of Applied Psychology, Sydney, Australia

Grant Sara, Health System Information and Performance Reporting Branch, NSW Ministry of Health

Phillip Snoyman, Corrective Services NSW | Department of Justice, Sydney, Australia

Les White, Agency for Clinical Innovation, Sydney, Australia & NSW Ministry of Health, Sydney, Australia

Project Staff

Ulrika Athanassiou, Intellectual Disability and Behaviour Support (IDBS), School of Social Sciences, Faculty of Arts and Social Sciences, UNSW Australia

Angela Dew, Intellectual Disability and Behaviour Support (IDBS), School of Social Sciences, Faculty of Arts and Social Sciences, UNSW Australia

Preeyaporn Srasuebkul, Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia

Erin Whittle, Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia

Han Xu, Department of Developmental Disability Neuropsychiatry (3DN), UNSW Medicine, Sydney, Australia

Partner Organisations

Agency for Clinical Innovation – Intellectual Disability Network, represented by Tracey Szanto

NSW Department of Family & Community Services - Ageing, Disability and Home Care, represented by David Coyne, Carol Hannaford and Karen De Mar

NSW Department of Education & Communities, represented by Melissa Clements

NSW Ministry of Health – Justice Health & Forensic Mental Health Network, represented by Kimberlie Dean

Mental Health Commission of NSW, represented by Sarah Hanson

NSW Ministry of Health – Mental Health & Drug & Alcohol Office, represented by Christine Flynn

Mental Health Review Tribunal, represented by Anina Johnson

National and NSW Council for Intellectual Disability, represented by Jim Simpson

National Disability Services, represented by Phillipa Angley

NSW Office of the Public Guardian, represented by Kathy King

NSW Ombudsman, represented by Kathryn McKenzie

Background

People with an intellectual disability (PWID) experience poor mental health status and greater barriers to accessing mental health services than their non-disabled peers. This NHMRC Partnership project unites academics and representatives from health and disability sectors, support services, and consumer/advocacy groups in a common goal: to improve mental health outcomes for PWID.

Objectives

To address key gaps in health and mental health policy and practice to enable PWID, to realise their right to access quality mental health support.

Method

- an analysis of the representation of PWID in Commonwealth and State mental health policies;
- linkage and analysis of State disability, mental health and mortality datasets for examination of service use;
- qualitative analysis of barriers and enablers to access to mental health care from a professional, consumer and support persons' perspective. These three different components are being performed through extensive partnerships, and this will be key component of moving findings into changes in practice.

Results

Preliminary results reveal significant gaps in policy and practice in mental health services for PWID in NSW. Linked data revealed that compared to the general population, PWID who used mental health services had a skewed diagnostic profile, higher rates of uncertain diagnoses, higher service use including more frequent and longer admission and visits to community mental health services, and higher death rates/premature mortality including from preventable causes. The Partnership will triangulate the results from the three strands of research and translate the key findings into mental health practice to improve service delivery for PWID.

POLICY CHANGE TO CLOSE THE GAP FOR VISION

Anjou, Mitchell¹, Taylor, H¹

¹ *University of Melbourne*

Aboriginal and Torres Strait Islander people have much better vision and less poor vision than non-Indigenous Australians when young, but over the age of 40 they have 6 times as much blindness. This is due to the lack of care for common eye conditions, cataract, diabetic retinopathy and even the need for a pair of glasses. The need for eye care is the same across the country apart from trachoma that persists in outback areas.

In 2008 we started to build the evidence base to change health service policy to address this. We defined the magnitude and distribution of the problem with the population-based National Indigenous Eye Health Survey. This was followed by case studies of current programs, a historical review of policy change and implementation, a health-economic analysis and a meta-analysis of best-practice guidelines. Then a series of countrywide consultations, focus groups and workshops defined the barriers and tested proposed solutions.

There were many gaps in the pathway of care and each needed to be addressed. Finally in 2012, 42 specific interventions were included in the Roadmap to Close the Gap for Vision, an evidence-based, low cost and cost-saving, stakeholder approved set of policy and system changes that were ready to implement and would rapidly achieve results.

With ongoing advocacy and consultation, progress is being made on all of the recommendations and 5 have been fully implemented already. We will present this case study highlighting the role of evidence and sector-support in influencing government policy and health system reform.

PANEL DISCUSSION: THE ART OF USING EVIDENCE IN A COMPLEX WORLD



FACILITATOR: EMERITUS PROFESSOR STEPHEN LEEDER

Stephen Leeder is an Emeritus Professor of public health and community medicine at the University of Sydney. He is currently Chair of the Western Sydney Local Health District Board, and Director, Research and Education Network, Western Sydney Local Health District. Stephen was appointed Editor-in-Chief, Medical Journal of Australia 2013 - 2015. He has a long history of involvement in public health research, educational development and policy. His research interests as a clinical epidemiologist have been mainly asthma and cardiovascular disease. His interest in public health was stimulated by

spending 1968 in the highlands of Papua New Guinea.

In 2003-04, Professor Leeder worked at Columbia University, New York, in the Earth Institute and Mailman School of Public Health, developing a substantial report, based on research data and scientific interpretation, of the economic consequences of cardiovascular disease (CVD) in developing economies. The report, *A Race against Time: the challenge of cardiovascular disease in developing economies*, concentrated upon the macroeconomic consequences of CVD, and especially on the fact that one-third of CVD deaths in many developing countries were occurring among people of working age.

In recent years, Professor Leeder has directed the development of the Menzies Centre for Health Policy, a collaborative centre between The Australian National University and the University of Sydney.

PANEL DISCUSSION ABSTRACT

In the world of health policy, evidence takes on different guises. Evidence familiar to biomedical research workers, clinical triallists and epidemiologists are often rich in numbers and reductionist in nature. This differs from political evidence as used in judging the public acceptability of a proposed policy or evidence drawn from accumulated clinical practice and common law experience. In this world the different forms of evidence compete and need to be reconciled to make a decision as to what action to take.

This panel will draw on their experience in their decision-making roles and explore how evidence of different types are admitted into the discussion. They will discuss how workable compromises are achieved, and how decisions may be better made in the future.

Speaker 1: Professor John Lavis



John N. Lavis, MD (Queen's), MSc (LSE), PhD (Harvard), is the Canada Research Chair in Evidence-Informed Health Systems, Director of the McMaster Health Forum (www.mcmasterhealthforum.org), Associate Director of the Centre for Health Economics and Policy Analysis, and a Professor (in both the Department of Clinical Epidemiology and Biostatistics and the Department of Political Science) at McMaster University. He is also Adjunct Professor of Global Health, Department of Global Health and Population, Harvard School of Public Health.

He led the creation and oversees the continuous updating of Health Systems Evidence (www.healthsystemsevidence.org), the world's most comprehensive, free access point for high-quality evidence about how to strengthen or reform health systems, or how to get cost-effective programs, services and drugs to those who need them. He has pioneered the use of evidence briefs and stakeholder (deliberative) dialogues to support evidence-informed decision-making in health systems and he has trained thousands of health system policymakers and stakeholders around the world in how to find and use research evidence efficiently. He is now experimenting with citizen panels as a way to elicit citizens' values about how to address key health system challenges and a rapid-response program to meet health system policymakers' and stakeholders' urgent needs for research evidence.

Speaker 2: Adjunct Professor Debora Picone AM



A highly respected Chief Executive and leader in public administration, with extensive operating and leadership responsibility in the provision of healthcare services extending from clinical, academic, hospital, Area Health Service, Deputy-Director General and Director-General positions. Through a quality led governance approach and applying the value systems of learning organisations, Professor Picone has been privileged to make the lives of people better by consistently delivering high performing organisations that have improved the health of people, patient safety and access to health care within a balanced budget.

Speaker 3: Professor Jonathan Craig



Jonathan Craig is Professor (Personal Chair) of Clinical Epidemiology at the University of Sydney's School of Public Health, Head of Clinical Research at the Centre for Kidney Research at the Children's Hospital at Westmead, Coordinating Editor of the Cochrane Collaboration's Cochrane Renal Group, and a non-executive Director of Kidney Health Australia. He is an internationally renowned paediatric nephrologist and clinical epidemiologist whose research aims to improve health care and clinical outcomes particularly in the areas of chronic kidney disease (CKD) and more broadly in child health through rigorous analysis of the evidence for commonly-used and novel interventions in CKD, identifying gaps/inconsistency in the evidence,

conducting methodologically-sound clinical trials, and application of the research findings to clinical practice and policy.

Professor Craig has contributed significantly toward effecting profound changes to the clinical research landscape in CKD. His methods research has led to increased and improved clinical research in CKD, systematic reviews that have informed the design of trials and content of national and international guidelines, the development of evidence-based clinical practice guidelines, and identification of issues specific to children.

He has led the formation of state, national and international networks to facilitate the conduct of high-quality, relevant trials in children. His applied research has influenced changes to clinical practice and improved outcomes for people with CKD. Professor Craig has been instrumental to the development and implementation of best-practice methods and guidelines relating to CKD in Australia and globally. He has been a member of the KDIGO Executive and the WHO Advisory Group on Clinical Trials in Children. He serves on the Medicare Services Advisory Committee and on the Council of the Australia-New Zealand Society of Nephrology.

Speaker 4: Dr Jeanette Young PSM



Dr Young has been the Chief Health Officer for Queensland since August 2005. Prior to this she held the position of Executive Director of Medical Services at the Princess Alexandra Hospital in Brisbane and previously worked in a range of positions in Queensland and Sydney. Her clinical background is in emergency medicine.

Dr Young has specialist qualifications as a Fellow by Distinction of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom. She is an adjunct professor at Queensland University of Technology and at Griffith University.

Dr Young is a member of numerous state and national committees and boards, including the Council of the QIMR Berghoffer Medical Research Institute, the Australian Health Protection Principal Committee and the Australian National Preventive Health Agency Advisory Council.

Poster board number: 1

TRANSLATION OF OMICS-BASED DISCOVERIES INTO CLINICALLY USEFUL TESTS

Abbott, David¹, Campain, J¹, Ward, R²

¹ National Health and Medical Research Council (NHMRC)

² University of Queensland

Omics-based tests can potentially improve patient outcomes by providing information about risk or diagnosis of disease, by guiding clinical management decisions, or by enabling public health measures.

The US Institute of Medicine define an 'omics' test as an assay composed of or derived from many molecular measurements that is interpreted by a fully specified computational model to produce a clinically actionable result. Omics technologies include assays of the genome, transcriptome, metabolome, epigenome or proteome. They typically generate large and complex datasets that can be prone to overfitting.

While many preclinical studies linking genomic assays to biological features have been published, only a small number have been successfully translated into clinically useful tests (McShane et al. 2013). Challenges to the effective translation of omics technologies include the interpretation and analysis of data and the demonstration of clinical utility.

NHMRC has recently published a guidance document to address these challenges - *Principles for the translation of 'omics'-based tests from discovery to health care*. The document includes a framework for the translation of omics-based discoveries and details specific principles that apply to each of the domains identified in the framework. Case studies demonstrate how the principles can be applied in practice to resolve clinical and technical dilemmas, and guidance is provided on the return of findings that are incidental to the original investigation.

The Principles are primarily intended for use by all those involved in the development and use of omics-based tests, including researchers, clinicians, bioinformaticians, ethics committees, policy makers and regulators.

Poster board number: 2

THE ROAD TO REDUCING DEMENTIA ONSET AND PREVALENCE – ARE DIET AND PHYSICAL ACTIVITY INTERVENTIONS WORTH INVESTING IN?

Ashby-Mitchell, Kimberly¹

¹ *Australian National University, Canberra, Australia*

Background

In Australia, deaths as a result of dementia have now taken over cerebrovascular disease as the second leading cause of death. Diet and physical activity have been shown to promote brain health and offer some protection against cognitive decline.

Objectives

The objectives of this study were to:

- Examine published studies/reports and make inferences about the effectiveness of diet and physical activity interventions aimed to reduce dementia onset and prevalence.
- Present a case for greater investment in such interventions to reduce dementia onset and prevalence.
- Provide suggestions to policymakers on the way forward.

Method

A health policy issues brief was prepared for use by policy-makers and researchers which summarised the findings of published research and reports in the Australian and International setting. Suggested actions for policy makers were developed based on these findings.

Results

Policy-makers must be cognizant of the fact that no singular government intervention can directly reduce dementia onset/prevalence and change lifestyle habits. Six actions for policy-makers are identified which have the potential to have immeasurable benefits: i) development of a comprehensive dementia prevention strategy, ii) establishment of a body whose aim is to keep track of scientific research (included here is the establishment of a national digital dementia research repository), iii) inclusion of both 'traditional' and 'incidental' health agencies, iv) continued investment into research/innovation, v) identification of incentives beyond the health domain and vi) development of longevity literacy programs. These actions all have as their foundation the Health in all Policies Initiative and social determinants of health approach.

Poster board number: 3

ASSESSING LOCAL GOVERNMENTS' ROLE IN HEALTH EQUITY: THE SUNSET DIAGRAM

Browne, Geoffrey¹, Davern, M¹, Giles-Corti B¹

¹ *McCaughey VicHealth Community Wellbeing Unit, The University of Melbourne, Melbourne, Australia*

Background

Victorian local governments are required by legislation to develop evidence-based Municipal Public Health and Wellbeing Plans (MPHWPs) that incorporate State-level health planning priorities and that address the social determinants of health. To date there has been no evaluation of these requirements.

Objectives

This paper describes the application and results of a novel method for rapid assessment of councils' performance against these requirements.

Method

Deductive content analysis was used to categorise all actions in 14 Victorian local government MPHWP according to State priorities, social determinants of health policy areas, and for how far 'upstream' in a social determinants framework they are directed. Actions were then mapped against a version of Dahlgren and Whitehead's social determinants of health framework.

Results

Of over 1000 actions identified, fewer than half directly addressed a state priority. However, a significant number of actions addressed policy areas known to be broader determinants of health. In particular, there was a marked focus on leisure and culture, and on building social cohesion through changes to living and working conditions. Furthermore there was a clear emphasis on addressing the diverse upstream 'causes of the causes' of health, rather than health promotion behaviour change programs. The results indicate that councils are 'punching above their weight' to address health and wellbeing via their social determinants. This paper provides a snapshot of how local government is translating research into actions, and also how it understands its efficacy and responsibility to address health's social determinants.

Poster board number: 4

TRANSLATIONAL RESEARCH IN THE REIMBURSEMENT OF PHARMACEUTICALS IN AUSTRALIA

Chin, Geoffrey¹, Kirkman, M¹

¹ Novartis Pharmaceuticals, Macquarie Park, Australia

Background

The primary role of the pharmaceutical industry is the discovery, development and commercialisation of medicines. Generation of pivotal efficacy and safety data that are acceptable to world-wide Health Authorities is a key focus in translating basic research to the clinic. Trial data from Phase II/III studies designed for global regulatory application may not have optimal applicability in local settings due to different health care systems in which interventions are delivered. This poster examines applicability issues raised by the Pharmaceutical Benefits Advisory Committee (PBAC) when considering clinical evidence for reimbursement and proposes collaborative partnerships across sectors in generating local, relevant evidence for decision-making.

Objectives

To examine the data gap raised by a reimbursement authority considering the applicability of trial evidence in industry-sponsored submissions.

Method

We analysed PBAC decisions from 2012 to 2014 to identify areas where data applicability to the Australian context was raised. We discuss how the concept of translational research (translation from Phase II/III to clinical practice) is important to inform reimbursement decisions.

Results

There were 128 decisions made by the PBAC for 103 drugs during the period. The analysis identified 22 decisions whereby the PBAC raised the lack of consistency between trial data and the local clinical environment. Differences included variations in drug treatment patterns (N=9 decisions), patients' demographic and disease characteristics (N=9 decisions) and other clinical practice e.g. screening rates (N=4 decisions). In some cases, these uncertainties flowed on to difficulties in estimating actual health care costs.

Conclusion

Translational research *in this context* can enhance understanding of the true value of medicines when introduced in clinical practice. A collaborative framework between industry, academia, hospitals and government agencies should be developed to strengthen the evidence base to better inform subsidy decisions and monitor quality use following product launch.

Poster board number: 5

LIVERLIFE: A HEALTHY LIVER CAMPAIGN FOR PEOPLE WHO INJECT DRUGS

Micallef, Michelle¹, Grebely, J¹, Marshall, A¹, Erratt, A¹, Telenta, J², Jones, SC², Bath, N³, Treloar, C⁴, How-Chow, D⁵, Byrne, J⁶, Harvey, P⁷, Dore, GJ¹

¹ *The Kirby Institute, UNSW Australia, Sydney, Australia*

² *Centre for Health and Social Research, Australian Catholic University, Melbourne, Australia*

³ *NSW Users and AIDS Association, Inc., Sydney, Australia*

⁴ *Centre for Social Research in Health, UNSW Australia, Sydney, Australia*

⁵ *St Vincent's Hospital Sydney, Sydney, Australia*

⁶ *Australian Injecting and Illicit Drug Users League, Canberra, Australia*

⁷ *Hepatitis NSW, Sydney, Australia*

Background

Injecting drug use is a risk for the transmission of the hepatitis C virus (HCV). Liver disease burden among people who inject drugs (PWID) continues to rise; hence strategies to enhance assessment and treatment are needed.

Objectives

This study evaluated a targeted liver health campaign for PWID, incorporating non-invasive liver disease assessment (FibroScan) within the drug and alcohol setting.

Method

The LiveRLife campaign was developed through research partnerships with NGOs, advocacy groups, research organisations and clinical services. Campaign resources were developed, including a website (liverlife.org.au), film and poster campaign, booklet and liver assessment card. Participants were recruited from four drug and alcohol services across NSW, where they completed a survey, FibroScan assessment, nurse consultation and blood sample for HCV testing. Participants were encouraged to return for a follow-up assessment with a nurse/specialist 2-16 weeks post-intervention.

Results

Overall, 253 participants were recruited. 75% self-reported as having HCV and 59% returned for a follow-up assessment. The majority (68%) had no/mild fibrosis, 23% moderate/severe fibrosis and 9% had cirrhosis. 88% were 'definitely or somewhat willing' to receive HCV treatment and 56% intended to start treatment within the next 12 months.

The LiveRLife campaign provides an evidence-base for targeted health initiatives in health policy, clinical practice and the delivery of HCV care for PWID. The success of the LiveRLife campaign has been reinforced through new partnerships with NSW Health (Centre for Population Health and the Mental Health and Drug and Alcohol Office) who are supporting expansion into drug and alcohol clinics across NSW and nationally.

Poster board number: 6

IMPROVING CARE FOR PEOPLE WITH TYPE 2 DIABETES INITIATING INJECTABLES

Ogrin, Rajna¹, Pyrlis, F², Arthur, S³, Baqar, S², Stevenson, V², Mack, M², Zajac, J D^{2,3}, Ekinci, EI^{2,3}

¹ Royal District Nursing Service, Melbourne, Australia

² Endocrinology Department, Austin Health, Heidelberg, Australia

³ University of Melbourne, Melbourne, Australia

Background

Initiation of injectable therapies are necessary in people with type 2 diabetes to improve diabetes management. However, in clinical practice, hospital length of stay (LOS) is typically increased whilst awaiting injectable medication patient education.

Objectives

A pilot randomised controlled feasibility study was undertaken to determine if a Transition Diabetes Team (TDT), comprising of a credentialed diabetes educator (CDE) and endocrinologist for education of injectable therapies in the patients home, is safe and leads to reductions in LOS as compared to usual care.

Method

Patients randomized to TDT received diabetes education by the transition CDE within 48 hours following discharge, and reviewed by an endocrinologist within 4 weeks and 4 months of discharge. Usual care comprised of inpatient CDE and endocrinology unit review. Hospital and home care service provider executives were engaged in the project early and hospital senior clinicians informed hospital clinicians of the project and its importance to improve care.

Results

29 inpatients were randomised to commencing insulin via TDT compared to 31 via usual care. Preliminary data demonstrated that commencing injectable medication at home was safe. LOS was 3 days lower in TDT versus control group ($p=0.01$). Senior clinicians and their respective service provider executives are pursuing what further evidence and organisational policies are necessary to facilitate uptake of the intervention.

Conclusion

The push from clinicians to improve clinical outcomes and the pull from organizational policy makers to improve health system efficiencies, has led to this pilot study. Further work is necessary prior to system-wide implementation.

Poster board number: 7

THE ROLE OF CARDIOVASCULAR CLINICAL QUALITY REGISTRIES TO INFORM ON HEALTH POLICY

Reid, Christopher^{1,2}, Brennan ,A¹, Lefkovits, J¹, McNeil, JJ¹

on behalf of the VCOR Steering Committee

¹ Monash University, Melbourne, Australia

² Curtin University, Perth, Western Australia

Background

High cost, high risk and high volume clinical procedures, such as interventional cardiology and surgery, require the development of monitoring systems to ensure quality, safety and variation in outcomes amongst providers is optimal. Clinical quality registries are a potential mechanism through which all of these elements can be benchmarked and procedural appropriateness can be determined. Data driven policy development can be achieved from the registry outputs which inform on cost- and clinically- effective procedural activity.

Objectives

The aim was to develop a clinical quality registry that will provide data to clinican's, government and non-government funders on the clinical activity and outcomes of interventional cardiology procedures undertaken in the State of Victoria.

Method

The Victorian Cardiac Outcomes Registry (VCOR) was established in 2012 following the receipt of funds from the Victorian State Government and Medibank Private. Registry governance and policy documents were developed and all hospitals undertaking PCI in Victoria were invited to participate. Key performance indicators were identified and agreed to and data collection commenced in late 2013.

Results

At May 2015, 23 of 30 hospitals undertaking PCI in Victoria are contributing data to VCOR. Variation in in-hospital and 30-day mortality, 30-day re-admission and complications following the procedures are being routinely assessed. An annual report has been published and information is disseminated to payers and providers. Data derived from VCOR will inform on policy decisions in relation to health care service provision of interventional cardiology procedures into the future.

Poster board number: 8

GETTING THE RESEARCH POLICY-MAKERS NEED IN HIV, STIS AND VIRAL HEPATITIS?

Schmidt, Heather-Marie¹, Power, C¹, Bath, N¹, Holden, J¹

¹ *NSW Ministry of Health, Sydney Australia*

Background

A challenge for policy-makers and researchers alike has been to conduct research that can directly inform, improve and monitor government policy in HIV, sexually transmissible infections (STIs) and viral hepatitis.

Objectives

This paper examines a change in NSW Health's approach to commissioning research in this field and lessons learned.

Method

In 2013, NSW Health changed its approach to commissioning research in HIV, STIs and viral hepatitis from individual projects to commissioning a 5-year research program through a single provider.

Results

The research program provides NSW Health with a coherent and integrated program of high quality policy-relevant research, strategic advice, capacity building and communications to support the NSW population health response to HIV, STIs and viral hepatitis. Continued consultation with the partners in the NSW response, including clinicians, researchers and non-government organisations, is a critical component of ensuring relevancy and engagement with the program and its outputs.

The program deliverables are tailored annually through a work plan. This approach provides flexibility to support the current and emerging policy needs of NSW Health, particularly focusing on achieving the goals and targets for the NSW Strategies for HIV, STIs and viral hepatitis.

Investment has been streamlined, supporting improved management and efficiency in purchasing. Transparency and accountability in research have been improved. Program development and negotiation of the first annual work plan provide valuable lessons for policy makers and researchers in ensuring that research that is commissioned and conducted is mutually beneficial and can be translated directly to policy and practice.

Poster board number: 9

POLICY MAKERS, RESEARCHERS AND MEASUREMENT EXPERTS: A THREE-WAY PARTNERSHIP

Todd, Angela¹, Ford, JB¹, Boyd, J², Aitken, CA², Matha, D³

¹ *The Kolling Institute, University of Sydney*

² *NSW Bureau of Health Information*

³ *NSW Kids and Families*

Background

The NSW Bureau of Health Information (BHI) has responsibility for the NSW Patient Survey Program, and recently led the development of a state-wide maternity survey for NSW. The BHI identified NSW Kids and Families (K&F) and researchers at the Kolling Institute as key stakeholders to participate in the development of the survey. K&F has policy responsibility for maternity services in NSW, and the Kolling researchers had designed and conducted a maternity satisfaction survey in two local health districts in NSW. The BHI was given access by the Kolling to de-identified survey data to review the quality of the Kolling survey tool in order to inform the use of existing and pre-tested questions.

Objectives

To evaluate the partnership between the three organisations.

Method

A mixed-methods approach was used, combining individual qualitative responses to two questions about the partnership (need for, and added value), and completion of a quantitative partnership evaluation tool comprising seven factors.

Results

Qualitative responses showed that partners held similar views about the most important reason for the partnership (bringing together relevant knowledge and expertise) and the value added by the partnership (leveraging different expertise, enhancing the quality of the survey, generating longer term strategic benefits). Overall scores on the partnership evaluation tool suggested the establishment of a partnership based on genuine collaboration. Responses suggest opportunities may exist to strengthen planning for collaborative action.

Poster board number: 10

INTEGRATED POPULATION HEALTH RESEARCH AND PRACTICE: IMPACT ON TRANSLATIONAL RESEARCH

Wiggers, John¹⁻³, Wolfenden, L¹⁻³

¹ Hunter New England Local Health District

² University of Newcastle

³ Hunter Medical Research Institute

Background

A key impediment to the translation of effective interventions into community benefit is a lack of research regarding strategies to support the implementation of such interventions into routine service delivery practice. A further impediment to research translation involves the failure of researchers to develop interventions in partnership with policy makers/service delivery organisations, resulting in interventions that are incompatible with policy and service delivery needs. The formation of integrated service delivery and research teams represents a potential means of addressing such impediments.

Objective

To describe the impact of an integrated research and practice approach to enhancing population health translational research and research translation.

Method

Using a case study approach, the formation of an integrated population health service delivery and research team is described. The impact of such an approach was measured in terms of: the translational focus of research publications and funding, and PhD studies; instances of research translation, workforce capability; quality and effectiveness of service delivery.

Results

62% of peer reviewed articles published by the partnership involved the conduct of implementation (T3) trials in comparison to 18% of public health articles generally. Fifty per cent of competitive grants awarded to the group involved implementation trials, as did 65% of completed PhD theses. 85% of publications and grants involved service delivery staff as authors/investigators. Twenty instances of research translation have occurred in the past 10 years. Differentially greater effectiveness of service delivery is evident relative to the state, with national and state recognition of the quality of service delivery.

Poster board number: 11

USING DELIBERATIVE DIALOGUES TO BRING RESEARCHERS AND POLICY MAKERS TOGETHER

Boydell, Kathrine², Dew, A¹, Lincoln, M³, Bundy, A³, Gallego, G⁴, Iljadica, A³

¹ *University of New South Wales, Sydney, Australia*

² *Black Dog Institute, Sydney, Australia*

³ *University of Sydney, Sydney, Australia*

⁴ *University of Western Sydney, Sydney, Australia*

Background

The need for policy makers to understand research and for researchers to understand policy processes is commonly recognised.

Objectives

This presentation describes a deliberative dialogue approach to enhancing evidence-informed policy. Deliberative dialogues typically involve key players in discussion about a high priority issue.

Method

Based on Canadian experience, our international collaboration involved researcher-policy dialogues on an NHMRC 'Partnerships for Better Health' grant, Wobbly Hub and Double Spokes, which focused on delivery of therapy services to people with disability in rural western NSW. Two forums were held involving 7 government bureaucrats and 9 non-government senior managers respectively. The forums aimed to understand how policy makers and managers accessed research to inform policy, and together develop strategies for bridging the research-policy gap related to Wobbly Hub findings.

Results

The forums enabled all participants to understand how existing research evidence aligned with their beliefs, interests or political goals, and therefore where opportunities for synergy could be capitalized upon. All participants identified lack of time to access research or translate research into actionable strategies as a major challenge. The cost of accessing online journal databases and the inaccessibility of research findings were also barriers. Participants indicated preference for short and concise research summaries with 'policy ready' key messages. Bringing together and jointly creating knowledge from the research, policy and practice world presents an alternative to the idea of the academic expert. The techniques can be adapted to suit particular contexts and issues, and the skills required to conduct deliberative processes can be fostered.

Poster board number: 12

ORAL HEALTH KNOWLEDGE BROKERS IN AGED CARE

Lewis, Adrienne^{1,2}

¹ SA Dental Service, Adelaide, Australia

² University of Adelaide, Adelaide, Australia

Background

Oral health is a significant factor affecting older people's quality of life and wellbeing. This fundamental aspect of health care is often overlooked. Given expected increases in the complexity of older people's care delivery, maintaining good oral health must shift from its current low priority to that of a high priority for aged care providers.

Objectives

The aim was to build the oral health capacity of the aged workforce by translating evidence based oral health knowledge into routine aged care delivery. The nature of change included the introduction of four key oral health processes: oral health assessment, oral health care planning, assistance with daily oral care and dental referral.

Method

The PARIHS framework (Promoting Action on Research Implementation in Health Services) was used to understand the interplay of evidence, context, and facilitation as a means of identifying strategies for successful oral health knowledge translation in relation to systems improvements, care delivery and sustainability.

Results

A number of barriers and enablers influencing oral health knowledge translation were identified. These were seen as encompassing policy (macro level), organisational systems (meso level) and workplace practice settings (micro level). Sustainable improvement in older peoples' oral health ultimately requires a linking of policy frameworks through inter-sectorial collaboration involving aged care, health education and the dental sector. The role of knowledge brokers was identified as a key enabler in achieving this.

Poster board number: 13

RESEARCH CAPACITY BUILDING: THE POTENTIAL FOR KNOWLEDGE BROKERS

Mickan, Sharon^{1,2}

¹ *Gold Coast Health, Gold Coast, Australia*

² *Griffith University, Gold Coast, Australia*

Background

There are a wide range of interventions that have been used to increase research capacity of individuals, teams and organisations, with the intention of using research evidence to inform and improve the clinical practice of health care. Combinations of discrete interventions are often provided within and between health services and universities, with limited initial and sustainable benefits.

A two-way knowledge brokering intervention may be more practical in improving evidence use in health care practice.

Objectives

A conceptual model will be developed for a knowledge brokering intervention between a university hospital and university, to enhance the use, participation in and leadership of research by clinicians.

Method

A systematic review will be conducted to identify the most effective activities of knowledge brokers in health care environments.

Through a collaborative process, a conceptual model will be developed for implementation by research fellows.

A strategy to identify the proportion of clinicians who self-report their use, participation in and leadership of research will be developed as a baseline measurement.

Results

The systematic review summary will inform the conceptual model and an implementation plan. The baseline proportions of staff who self-report their engagement in research will be established as a baseline prior to the implementation of the knowledge brokering intervention.

Poster board number: 14

NEAT: BUILDING A CART BEFORE EVALUATING THE HORSE

Forero, Roberto¹, Hillman, K¹, McDonnell, G¹, Xu, F¹, Lenne, B¹, Fatovich, D^{2,3}, McCarthy, S^{3,4}, Mountain, D^{3,5}, Sprivulis, P^{3,5}, Celenza, A^{3,5}, Ngo, H⁵, Tridgell, P⁶, Mohsin, M^{7,8}, Daly, F^{3,9}, Burton, K¹⁰, Rohwedder, E¹¹, Green, S¹¹, Hoy, S¹², Fitzgerald, G^{3,13}, Toloo S¹³, Burke, J^{3,14}, Richardson, D¹⁵, Gibson, N¹⁶, Braithwaite, J¹⁷, Middleton, PM^{3,18}

¹ Simpson Centre for Health Services Research, UNSW, Sydney, Australia

² Centre for Clinical Research in Emergency Medicine, Department of Emergency Medicine, Royal Perth Hospital and University of Western Australia, Perth, Australia

³ Australasian College for Emergency Medicine, West Melbourne, Australia

⁴ Emergency Care Institute, NSW Agency for Clinical Innovation, Sydney, Australia

⁵ Emergency Medicine, University of Western Australia, Crawley, WA, Australia

⁶ Paul Tridgell Consulting, Kenthurst, NSW, Australia

⁷ Psychiatry Research and Teaching Unit, SWSLHD, NSW Health, Liverpool, NSW, Australia

⁸ School of Public Health and Community Medicine, UNSW, Randwick, NSW, Australia

⁹ South Metropolitan Health Service, Mount Pleasant, WA, Australia

¹⁰ Office of Mental Health, Department of Health Western Australia, Australia

¹¹ Health System Improvement Unit, Department of Health Western Australia, East Perth, Australia

¹² NSW Ministry of Health, North Sydney, Australia

¹³ School of Public Health and Social Work, Queensland University of Technology, Kelvin Grove, QLD, Australia

¹⁴ Department of Emergency Medicine, Royal Brisbane and Women's Hospital, Herston, QLD, Australia

¹⁵ Australian National University Medical School, Canberra, Australia

¹⁶ Edith Cowan University, Perth, Australia

¹⁷ Macquarie University, NSW, Australia

¹⁸ Australian Resuscitation Council, NSW Branch, Australia

Background

The National Emergency Access Target (NEAT) of Four Hours was implemented in WA in 2009 and in Australia in 2011. An integrated assessment of the impact of this policy was not developed in Australia and overseas, at the time of the national implementation. We obtained a NHMRC Partnership Grant (APP1029492) to assess the impact of this policy on interventions developed to improve patient care while reducing the impact of access block and overcrowding on patients in four participating States/Territory.

Objectives

The main aim is to evaluate the effectiveness and outcomes of NEAT in the participating States and develop a framework for improving ED performance.

Method

We use a multilevel model study design using a reference point model, and data linkage methodology to explore the impact of the policy before, during and after the implementation of NEAT in WA, NSW, ACT and Qld. The study also uses qualitative research to identify interventions at the hospital level.

Results

We have obtained ethics and data linkage approvals in all states and participating hospitals. To date, we have received data on WA. Initial analysis shows that access block and ED overcrowding still remain intractable, although patient flow has improved. When completed, the study will develop a standard framework for improving ED performance. We anticipate these findings will enable us to a) assess effective drivers of change at the ED, hospital and state levels and b) develop evidence-based strategies to inform policy change and translate this knowledge across systems.

Poster board number: 15

KEY WORKER ROLES FOR PEOPLE WITH DEMENTIA: A SYSTEMATIC REVIEW

Goeman, Dianne^{1,2}, Renehan, E¹, Koch, S^{1,3}

¹ RDNS Institute, RDNS, Melbourne, Australia

² Central Clinical School, Monash University, Melbourne, Australia

³ Dept of Nursing, Health Sciences, La Trobe University, Bundoora, Australia

Background

Delay in diagnosis and difficulties in accessing health care services impact on people in the community living with memory loss and their carers and families. This increases the risk for mis-diagnosis, inappropriate management, poor psychological adjustment and reduced coping capacity and ability to make plans for the future. The key worker is a health worker who is skilled in assessment and support and able to provide ongoing assistance to older people with cognitive decline and their carers. Key worker type services, in operation in Europe and the United States for a number of years, have recently been implemented in a few locations throughout Australia.

Objectives

Our systematic review aims to identify: How can the key worker role for people with dementia best be utilised to assist people with dementia and their carers?

Method

We searched the MEDLINE, PSYCH-INFO and CINAHL scientific databases, Google scholar and a variety of websites for academic literature, relevant government reports and unpublished work for English language articles between 2003 and 2015. Eligible studies were categorised into types according to Cochrane Collaboration & NHMRC levels of evidence. Critical appraisal and risk of bias assessments of each of the studies were then undertaken in accordance with appropriate appraisal tools.

Results

Forty-eight academic papers and forty-six pieces of grey literature were retrieved including experimental (randomised controlled trials, non-randomised or quasi-experimental), observational analytic (cohort, case-control), observational descriptive (cross-sectional, case report, case-series), mixed methods, qualitative studies and government reports.

Poster board number: 16

MODELLING OBESITY IN AUSTRALIA: TRANSLATION OF EVIDENCE TO INFORM POLICY

Hayes, Alison¹, Lung, T¹

¹ *Sydney School of Public Health, University of Sydney, NSW 2006, Australia*

Background

In Australia, two-thirds of adults and 1 in 4 children are now either overweight or obese. At a personal level, this impacts negatively on health, quality of life and productivity and represents a significant public health and economic burden. Whilst the evidence for effective and cost-effective interventions to combat obesity is growing, it is generally only short term. Modelling is a powerful tool to make inferences and predictions about long term population health and the economic impact of obesity, beyond the limits of the available data. This is particularly pertinent to preventive interventions whose major impacts are in the future.

Objectives

In this session, we will we present an Australian model which takes a 'whole of life' approach and integrates sub models which simulate BMI trajectories, mortality, quality of life, healthcare utilisation and costs.

Method

The model based on best available evidence, from RCTs, nationally representative databases and other published studies. Inputs to the model are at the individual level and contain information on age, sex, current BMI and socioeconomic status.

Results

Drawing from examples from the literature, we describe how the model can be used: a) to strengthen evaluation capacity by providing a standardized platform for economic evaluation thus enhancing translation of cost-effectiveness evidence into policy and practice and b) as a policy analysis tool to investigate the impact of different policy scenarios e.g. tax on soft drinks at the population level.

Poster board number: 17

IMPROVING THE CARE AND SAFETY OF ADULTS WITH SEVERE COMMUNICATION DISABILITY IN HOSPITAL: APPLYING THE GENERIC MODEL OF PATIENT SAFETY

Hemsley, Bronwyn¹, Georgiou, A², Balandin, S⁴, Hill, S³, Rollo, M¹, Steel, J¹

¹ *The University of Newcastle*

² *Macquarie University*

³ *La Trobe University*

⁴ *Deakin University*

People with communication disabilities have a three-fold increased risk for patient safety incidents in hospital. While research on the care of these patients in hospital is replete with stories of adverse events, this information has not yet been examined according to a patient safety framework to guide policy development. In this study, the Generic Model of Patient Safety was used to synthesise studies on the care of patients with communication disabilities in hospital. In total, 27 studies having (a) an aim relevant to communication and/or safety in populations with severe communication disabilities in hospital; and (b) an aim or finding relevant to patient safety or adverse events were analysed according to the Generic Model of Patient Safety. The studies included results relating to a wide range of adverse event types, as told by patients, nurses, and carers - but little detail regarding contributing or protective factors for safety incidents in hospital for patients with severe communication disabilities, or the impact of the incidents on the patient or organisations involved. In this poster we will outline the incident types and contributing or mitigating factors identified in the research, along with common stories of experience that can inform policy development and research translation in this important area of patient safety. The design and evaluation of ecologically appropriate and evidence-based interventions to improve patient care, communication, and safety must be a priority for health and disability services seeking to provide safe and effective care to people with communication disabilities in hospital.

Poster board number: 18

THE IMPACT OF HOUSEHOLD ECONOMIC BURDEN ON SECONDARY PREVENTION FOLLOWING ACS

Hyun, Karice¹, Essue, B¹, Woodward, M², Jan, S¹, Brieger, D³, Nallaiah, K¹, Howell, T⁴, Redfern, J¹

¹ *The George Institute for Global Health, Sydney Medical School, University of Sydney, Sydney, Australia*

² *The George Institute for Global Health, Nuffield Department of Population Health, University of Oxford, UK*

³ *Department of Cardiology, Concord Hospital, University of Sydney, Sydney, Australia*

⁴ *Queensland Health, Brisbane, Australia*

Background

Despite the impact of financial burden on the management of other chronic diseases, for acute coronary syndrome (ACS) survivors, the impact of heart disease on the household economic well-being remains unclear. Understanding the impact of household economic burden may provide insights into strategies to optimise secondary prevention.

Objectives

To investigate if household economic burden impacts on secondary prevention following ACS.

Method

1833 suspected ACS patients from 152 NSW and Queensland hospitals were enrolled in the SNAPSHOT ACS study in May 2012. Excluding death (identified via national death index data), a survey/telephone interview was conducted at 18 months after the index admission to measure the economic burden of illness.

Results

At discharge, 1800 survived and at 18 months post-discharge 1653 survived and 702 were able to be followed-up. On average, patients spent \$258 (median: \$127) per month on expenditure related to ACS management. A total of 12% of income was spent on secondary prevention including 3% on medication and 6% on medical services. 50% of patients experienced household economic hardship, 11% could not pay for medical consultations/tests, 12% could not pay for medications and 11% could not pay rent/mortgage. Patients who experienced hardship were more likely to be younger (63 vs. 67 years, $p<0.001$), live in a lower socio-economic area ($p<0.001$), and less likely to have private health insurance (30% vs. 45%, <0.001).

Conclusion

Many Australians experience significant household economic burden following an ACS. These findings provide important considerations when designing policies to optimise secondary prevention in this cohort.

Poster board number: 19

DISCHARGE PROCESSES FOR STROKE PATIENTS WHO ARE DISCHARGED HOME

Kable, Ashley¹, Levi, C¹, Baker, A¹, Pond, D¹, Turner, A¹

¹ *University of Newcastle, Australia*

Background

The process of discharge from hospital to home is not always a smooth transition. Stroke patients may be vulnerable due to residual deficits at the time of discharge.

Objective

This study was conducted to evaluate the discharge processes for stroke patients who are discharged home.

Method

Discharge documentation of stroke patients was evaluated using a purpose developed audit instrument. Eligibility criteria included only those patients who were discharged home during a six month period and 54 patients were recruited for the study.

Results

Medical discharge summaries were complete for 52 discharges and most contained required information. Approximately 70% had the mechanism of stroke documented, half had allied health assessments of functional capacity at discharge and pending test results at the time of discharge; and one third had documented support services required after discharge. There was documentation of patient/carer meetings with the multidisciplinary stroke team in 20% of records. Prescriptions and instructions for medications were provided to 63% of patients and a week supply of medications was provided to 40% of patients. Information about indications of complications (a contingency plan) was provided to 19% of patients. A post discharge phone call was made to 78% of patients.

These results indicate that some aspects of the discharge process were not done consistently for all patients and some were potentially more vulnerable due to inadequate information being provided to their general practitioner for ongoing management. The provision of medications and contingency planning were aspects of this process that present opportunities for improvement.

Poster board number: 20

GET HEALTHY IN PREGNANCY TRIAL: POLICY IMPLICATIONS FROM RECRUITMENT

Maxwell, Michelle¹, Khanal, S¹, Leung, K¹, Clements, V², Raymond, J², Rissel, C¹

¹ NSW Office of Preventive Health, Liverpool, Australia

² NSW Kids and Families, North Sydney, Australia

Background

Excessive gestational weight gain can result in poor maternal and child health outcomes, which can be reduced through lifestyle interventions starting in early pregnancy. Get Healthy in Pregnancy (GHIP), a telephone based lifestyle coaching service, is being trialled to support women in NSW to achieve healthy gestational weight gain. The service, an enhancement of the Get Healthy Service, has two models of delivery; information only and coaching.

A pragmatic stratified cluster randomised trial is currently underway in five NSW hospitals with stratification by pre pregnancy Body Mass Index (BMI) to compare the effectiveness of the coaching with information only model. Midwives invite all eligible pregnant women (gestation ≤ 18 weeks, BMI ≥ 18 kg/m², no adverse medical conditions necessitating activity or dietary restrictions, English speaking) attending their first antenatal booking to participate.

This paper describes the policy implications of GHIP recruitment patterns for service rollout.

Methods

Recruitment data of all pregnant women screened for trial inclusion was analysed using descriptive statistics and chi-squared tests.

Results

Out of 2607 pregnant women screened, 1163 (44.6%) were eligible to participate in GHIP. The predominant reason for ineligibility was gestation greater than 18 weeks (1236 women, 85.6%). A significantly larger proportion of eligible overweight or obese women (62.1%, 362/583) compared with those with a healthy BMI (53.5%, 301/563) agreed to participate ($\chi^2(1) = 107.34, p < 0.01$).

Conclusions

GHIP needs to explore recruitment of women via GPs and other early pregnancy services to ensure the lifestyle intervention is commenced as early in pregnancy as possible, especially for women who may present at hospital antenatal clinics later in their pregnancy.

Poster board number: 21

INTERNATIONAL COMPARISONS OF LOCAL MENTAL HEALTH SYSTEMS FOR EVIDENCE-INFORMED PLANNING

Salvador-Carulla, Luis¹, Fernandez, A¹, Gillespie, J², Smith-Merry, J³, Astell-Burt, T⁴, Feng, X⁵

Western Sydney and South Western Sydney Mental Health Atlas Steering Committee

¹ *Mental Health Policy Unit, The Brain and Mind Research Institute. Faculty of Health Sciences, The University of Sydney, Australia*

² *Menzies Centre for Health Policy, Sydney School of Public Health, Sydney Medical School, The University of Sydney, Australia*

³ *Faculty of Health Sciences, The University of Sydney, Australia.*

⁴ *School of Sciences and Health, University of Western Sydney, Australia*

⁵ *School of Health and Society, University of Wollongong, Australia*

Background

International comparisons are useful for: 1) learning about national systems and policies; 2) learning why they take the forms they do; and 3) learning lessons from other countries for application elsewhere. However, in order to make meaningful comparisons, it is important to use a standardised tool that goes beyond terminological variability.

Objectives

The aim of this study is to compare the local mental health system in NSW with different community care models in Europe.

Method

We mapped all the services for people experiencing mental ill-health (children and adults) and their families providing care in 2 Local health Districts in New South Wales (Western Sydney and South Western Sydney) and in 8 European countries (Austria, England, Finland, France, Italy, Norway, Romania and Spain), using the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC). This is based on a taxonomy tree and coding system that allows the classification of services in a defined catchment area according to the main care activity offered.

Results

When comparing NSW with the local areas in Europe we found the following missing components of care: 1) absence of high intensity day care; 2) absence of acute and non-acute residential care provided outside the hospital but with 24-h physician cover; and 3) low availability of services related to employment. The comparison highlights key areas for system improvement in the provision of mental health services in NSW, related mainly to develop alternatives to hospitalisation and day care.

Poster board number: 22

RELIABLE AND VALID MEASURES FOR EVALUATING PUBLIC HEALTH RESEARCH IMPLEMENTATION

Clinton-McHarg, Tara^{1,3}, Wolfenden, L^{1,2,3}, Yoong, S^{1,2,3}, Tzelepis, F^{1,3}, Kingsland, M^{1,2,3}, Fielding, A², Skelton, E¹

¹ *University of Newcastle, Callaghan, Australia*

² *Hunter New England Population Health, Wallsend, Australia*

³ *Hunter Medical Research Institute, New Lambton Heights, Australia*

Background

Evaluating the utility of theories and frameworks is a fundamental process for scientific advancement, and may be particularly important for emerging fields of research. The use and assessment of implementation theories and frameworks necessitates measures of such theoretical constructs. However, a systematic review to identify the availability of psychometrically sound measures of implementation constructs for use in public health settings has not been conducted.

Objectives

The aim of this study was to systematically review literature from the public health field, and describe the psychometric properties of measures of implementation constructs that align with the Consolidated Framework for Implementation Research (CFIR) – a comprehensive and unifying framework for implementation science.

Method

A search of Medline, PsychINFO, EMBASE and CINAHL databases was conducted to identify publications which: reported original research in a public health setting; described the development of a measure; measured at least one CFIR construct; and measured an outcome relevant to implementation science. The psychometric properties of identified measures were evaluated against accepted criteria including: reliability (internal consistency and test-retest); validity (face, content, and construct); responsiveness; acceptability; and feasibility.

Results

More than 20 measures met the inclusion criteria. No single measure addressed all 37 constructs considered important for successful implementation of public health trials. Adequate internal consistency, and content and construct validity were reported for the majority of measures. Test-retest reliability, responsiveness, acceptability, and feasibility were rarely examined. The results suggest a need for further psychometric evaluation of existing measures, and the development of new measures to capture a broader range of CFIR constructs.

Poster board number: 23

COLLABORATION TO TRANSLATE REAL-WORLD RESEARCH: BEHAVIOURAL INCENTIVES TO ADDRESS CHILDHOOD OBESITY

Enright, Gemma¹, Gyani, A¹, Raadsma, S¹, Redfern, J²

¹ *The Behavioural Insights Unit, DPC & the Behavioural Insights Team, Sydney, Australia*

² *The George Institute for Global Health, Sydney Medical School, University of Sydney, NSW, Australia*

Background

The prevalence and impact of childhood obesity is a major public health concern in Australia, with implications for health services. Community-based weight management programs are an important response to address childhood obesity; however once established as evidence based they do not continue to robustly test their impact with further evidence based approaches. Further, the evidence from behavioural science is often not translated into real community services.

Objectives

To conduct research with a multi-disciplinary team of policy makers, community health professionals and academics to robustly test enhancements to an existing childhood obesity program – Go4Fun. The research aims to improve the health and well-being outcomes of overweight and obese children, and translate findings directly into broader policy development.

Method

The Department of Premier and Cabinet, NSW Health, the George Institute for Global Health and Go4Fun stakeholders established a collaboration to develop a novel intervention and real-world trial. A combination of workshops, teleconferences and face-to-face meetings were held to develop standard operating procedures and execute formal agreements. The intervention was developed is based on behavioural and psychological literature relating to the use of incentives to support behaviour change through goal setting.

Results/ discussion

This trial will be the first internationally to test an incentive scheme linked to goal setting targeting behaviour change in overweight and obese children. This work provides an example of a successful collaboration that combines government, researchers and community program stakeholders. Collaboration ensures applicability to the real-world setting and alignment with policy and robust scientific design.

Poster board number: 24

EMBEDDING AN EXTENDED CONTACT INTERVENTION INTO THE GET HEALTHY INFORMATION AND COACHING SERVICE® TO SUPPORT MAINTENANCE OF LIFESTYLE CHANGES

Fjeldsoe, Brianna¹, Maxwell, M³, Goode, A¹, Maher, G¹, Phongsavan, P², Bauman, A², Winkler, E¹, Eakin, E¹

¹ School of Public Health, Cancer Prevention Research Centre, The University of Queensland, Brisbane, Australia

² Sydney School of Public Health, Prevention Research Collaboration, The University of Sydney, Sydney, Australia

³ NSW Office of Preventive Health, NSW Health

Background

Supporting individuals to maintain positive changes in weight and related behaviours is difficult. 'Get Healthy, Stay Healthy' (GSH) is an extended contact intervention, delivered by text message to participants completing the 'Get Healthy' telephone coaching program.

Objective

To evaluate, in a randomised controlled trial, changes in anthropometric and behavioural outcomes between coaching participants who received GSH and those who received no continued contact.

Method

Participants (n=228) were recruited after completing the coaching program: mean age = 53.4 (SD = 12.3) years; 66.7% female; mean BMI = 29.5 kg/m² (SD = 6.0). Tailored GSH text messages were sent for six months with message frequency, timing and content based on participant preference. Body weight, waist circumference, moderate-vigorous physical activity and dietary behaviours were assessed via self-report before and after extended contact. Physical activity was also assessed via accelerometry.

Results

Mean six-month changes, adjusted for confounders, significantly favoured the GSH group in weight (-1.35kg, 95% CI: -2.24, -0.46, p=0.003), moderate physical activity sessions (0.56 sessions/week 95% CI: 0.15, 0.96, p=0.008) and accelerometer-assessed moderate-vigorous physical activity (by 35%, Relative Rate = 1.35, 95% CI: 1.07, 1.70, p=0.010). Waist circumference and dietary outcomes did not differ significantly between groups (p≥0.05). Based on the strength of evidence for GSH, and continuing the partnership between university researchers and the NSW Ministry of Health, GSH is now being scaled up for delivery as part of the Get Healthy Service telephone coaching program and will be offered to those who complete the program as a maintenance strategy.

Poster board number: 25

KNOWLEDGE TRANSLATION/EXCHANGE TRAINING FOR THE NEXT GENERATION OF HEALTH RESEARCHERS

Hagger, Christina¹, Brown, L¹, Oliver-Baxter, J¹, Carne, A¹, McIntyre, E¹

¹ Primary Health Care Research & Information Service (PHCRIS)

Background

A knowledge translation/exchange (KTE) mindset values researchers and research-users actively collaborating or 'pulling together' to make a difference to policy, practice and future research.

Researchers with a KTE mindset view research as a resource to be utilised. They value face-to-face relationships and network with research-users beyond academic circles. They take a systems view that appreciates the contributions of both real-world and research knowledge to improving health outcomes.

Such skills and behaviours are infrequently taught in Research Higher Degree (RHD) studies.

Established researchers may develop such behaviours over the length of their careers. Given the current urgency and complexity of health care issues, there is a need to inculcate KTE outlooks, behaviours and attitudes earlier in researchers' careers.

Objectives

- Pilot a national KTE workshop for emerging researchers
- Activate KTE attitude and behavioural change
- Develop a network of KTE trained emerging researchers.

Methods

A pilot national KTE workshop for emerging researchers was held in 2014. It was designed to switch participants' mindsets and behaviour to engage with research-users from the outset.

Results

26 RHD students and early career researchers in primary health care participated in the workshop.

Over 60% indicated their supervisor had recommended attendance. All (100%) would recommend the workshop to peers. Preliminary data, using the Theory of Planned Behaviour (a motivation theory), indicates intention to engage in KTE behaviours was sustained over a four month period. An alumni network was commenced. The workshop is being expanded in 2015 to further activate KTE behaviour among emerging researchers.

Poster board number: 26

CHARACTERISTICS OF SUCCESSFUL TRANSLATIONAL RESEARCH ARTICLES IN THE FIELD OF CANCER RESEARCH: A QUALITATIVE AND BIBLIOMETRIC ANALYSIS

Holt, Nicholas¹, Taupin, D¹

¹ *Australian National University, Canberra, Australia*

Background

Collaboration is seen by some policy-makers as essential for effective translational research. Translational of basic science principles and discoveries to clinical problems is often seen in the field of cancer and so research in this field was investigated.

Objectives

We sought to better understand the collaborative process and hypothesized that successful translational research articles could be characterized quantitatively and qualitatively.

Method

400 cancer research articles were selected from ten high impact journals using a PubMed search of low stringency. These 400 articles were assessed in detail and 32 successful translational research articles formed the survey set. We compiled bibliometric parameters from the 32 articles and interviewed their corresponding authors.

Results

Bibliometric analysis showed that some form of collaboration was present in the majority of articles and international collaboration was present in about half of the articles. Some groups collaborated with pharmaceutical companies and some articles did not collaborate outside of their institution at all. We observed from interviews with authors that collaboration was either long-term continuous collaboration, or specific targeted collaboration allowing access to reagents, technology or expertise. We observed that some authors always approached research with the goal of translation whilst for others, translation took place secondary to collaboration. Collaboration in successful translational research can be assessed both quantitatively and qualitatively. Further validation of our findings may enable policy makers to rationally direct translational research in the future.

Poster board number: 27

NSW GO4FUN TRIAL: REAL WORLD RESEARCH TO INFORM POLICY

Khanal, Santosh¹, Welsby, D¹, Lloyd, B¹, Innes-Hughes, C¹, Lukeis, S², Rissel, C¹

¹ NSW Office of Preventive Health, Liverpool, Australia

² Better Health Company, Ashwood, Australia

Background

Family based childhood obesity interventions with an attendance requirement of two sessions per week have been proven to be effective. This study compared the effectiveness of a new once per week (OPW) delivery model of the Go4Fun program, a family based intervention for overweight and obese children between 7 – 13 years, with the standard twice per week (TPW) model in improving program attendance and achieving health and behavioural outcomes at a population level.

Methods

A cluster randomised controlled trial with stratification by local health districts was conducted. Height, weight and global self esteem of participants and parent-reported nutrition and physical activity were measured at program commencement and completion and at six months follow up.

Results

Of 458 children recruited from 52 program sites, 344 (75.1%) were obese and 114 (24.9%) overweight. Overall attendance was 71.2% for OPW participants and 69.2% for TPW. OPW participants participated in more physical activity outside of the program (3.5hr/wk) than TPW participants (1.9hr/wk) at program completion ($p = 0.03$). Proportional attendance was the only contributing factor to a positive BMI z-score outcome ($= -2.45$, $p < 0.01$). All outcome measures showed statistically significant improvements at post program compared with pre program ($p < 0.01$) with BMI z-score remaining statistically lower after six months ($p < 0.01$).

Conclusions

The NSW Go4Fun program has been modified to be delivered once per week with no compromise to health or behavioural outcomes compared with TPW. The effect of the program on health behaviour decreases over time. Higher attendance rates leads to better outcomes for children.

Poster board number: 28

CHANGING BEHAVIOUR AND SYSTEMS TO IMPROVE CANCER PAIN CARE

Lovell, Melanie^{1,2}, Phillips, J³, Agar, M^{2,4,5,6}, Boyle, F^{1,9}, Davidson, PM^{3,7}, Lockett, T³, Currow, D⁶, Lam, L^{1,8}, McCaffrey, N⁶, Shaw, T¹

¹ *The University of Sydney*

² *HammondCare*

³ *The University of Technology Sydney*

⁴ *The University of New South Wales*

⁵ *The Ingham Institute of Applied Medical Research*

⁶ *Flinders University*

⁷ *Johns Hopkins University*

⁸ *Hong Kong Institute of Education*

⁹ *The Mater Hospital Sydney*

Background

Cancer pain continues to be under-recognised and under-treated despite the availability of evidence-based treatments due to barriers at the levels of the healthcare system (e.g. lack of care coordination, access to guidelines), clinician (e.g. lack of expertise) and patient (e.g. reluctance to report pain). During the first phase of the Stop Cancer PAIN Program, international cancer pain guidelines were adapted for Australia and made available on the Cancer Council Australia Cancer Guidelines Wiki platform to ensure access, currency and timely user feedback. Evidence- and theory-based behavioural change strategies have been developed to support implementation of the guidelines, including: pain screening and audit/feedback (service level), health professional education (clinician level) and patient-held resources (patient-level).

Objectives

To evaluate the effectiveness and cost-effectiveness of strategies to implement evidence-based person-centred care for cancer pain and promote implementation into policy and practice.

Methods

A stepped wedge cluster randomised controlled trial design will be used in which 8 oncology and palliative care outpatient services will be observed delivering usual care for 4 months and then for another 4 months after implementation of the strategies. Outcomes will include pain severity, quality of life, caregiver experience, patient empowerment and cost effectiveness.

After the trial, an implementation toolkit, evaluation framework and templates for local health district policy documents will be made available free-of-charge on relevant websites and distributed to peak bodies nationwide. Detailed process data will inform tailoring to different settings. Consumer advocacy will play an important role in promoting use of the pathways.

Poster board number: 29

EVIDENCE-BASED GAPS IN RESEARCH TRANSLATION

Szoeke, Cassandra¹, Dennerstein, L¹, Campbell, S²

¹ *The University of Melbourne*

² *The Australian Healthy Ageing Organisation*

Background

The largest burdens of disability in Australian women today are vascular disease and dementia.[1]. Australian women make up more than half of all deaths from dementia and cardiovascular disease [9]. There are several known modifiable risk factors which, if targeted, can reduce the burden of vascular disease[2-5], with evidence mounting that reduction of these same risk factors can halve the cases of dementia [6].

Objective

To examine reported rates of modifiable risk factors for vascular disease and dementia in Australian women responding to an online health questionnaire advertised by popular media.

Methods

A national sample of 26,960 Australian women aged over 18 was examined in 2015 with a cross-sectional health questionnaire. The questionnaire included self-reported health, mood, lifestyle and vascular risk factors.

Results

There are high rates of modifiable risk factors present in Australian women. The vast majority of women (82%) reported not eating enough fruit and vegetables. The majority did not perform enough weekly physical activity (70%) and more than half the participants were overweight (54%). Compared to current available Australian National Guidelines, sufficient fruit, vegetables, fish, legumes and physical activity were reported in less than 30% of women!

Conclusions

There is enormous potential to improve the risk profile in Australian women and in doing so reduce the number of women and families affected by vascular diseases. International experience has demonstrated that targeted research in women to develop relevant guidelines and programs for lifestyle change were required to demonstrate a reduction in deaths. It is important that we prioritise this area in Australia.

Poster board number: 30

IS KNOWLEDGE TRANSLATION A COMMON LANGUAGE FOR DEMENTIA CARE “SYSTEMS”?

Fleming, Richard¹, Goodenough, B^{1,6}, Beattie, E², Winbolt, M³, Stafford, A⁴, Cunningham, K⁵

¹ Dementia Training Study Centre (NSW/ACT), University of Wollongong, NSW, Australia

² Dementia Training Study Centre (QLD), Queensland University of Technology, Qld, Australia

³ Dementia Training Study Centre (Vic/Tas), LaTrobe University, Vic, Australia

⁴ Dementia Training Study Centre (WA), Curtin University, WA, Australia

⁵ Dementia Training Study Centre (SA/NT), Alzheimer’s Australia SA/NT, SA, Australia

⁶ Knowledge Translation Program, Dementia Collaborative Research Centres, Australia

Background

The Dementia Training Study Centres (DTSCs) are mandated to deliver health professional education in dementia care. This involves interaction with different care systems and agencies which typically lack channels of knowledge exchange. Analyses to identify service gaps/duplications in dementia care/research typically focus on ‘delivery target’. There is room to explore an alternative framework for scoping areas of collaboration between systems (rather than competition) and identifying opportunities for reducing lag in evidence uptake.

Objectives

To explore a Knowledge Translation (KT) framework as a tool for:

- (a) finding a common language to promote exchange between multiple stakeholders, and
- (b) developing outcomes-based comparisons to identify practice-policy-evidence interfaces

Method

Key stakeholders in dementia care (research, systems and models) attended a half-day externally facilitated and scribed round table in Sydney. The event was DTSC-funded and supported by the Knowledge Translation Program for the Dementia Collaborative Research Centres.

Results

Stakeholder sectors represented by 24 round table participants included: peak body-2, policy-3, research-13, education-15, services-7 and government/funder-2. Regional coverage was: National-4, ACT-2, NSW-15, Qld-2, Vic-3, Tas-2, SA-1, and WA-1. Participants explored a four-phase ‘Awareness-Agreement-Adoption-Adherence’ KT framework. An analysis showed agency activities clustered toward ‘awareness’ rather than ‘adherence’. Lack of a national common metric for KT impact evaluation in dementia care was also noted. Generally, a KT framework was endorsed as useful for partnership building, communications, strategic planning, and developing models to support evidence-based leadership, culture change, and policy development. Future activities that include consumer representation and broader sector involvements are flagged (see round table report www.DTSC.com.au).

Poster board number: 31

KNOWLEDGE TRANSLATION FOR RESEARCH IMPACT

Heiden, Tamika^{1,2}

¹ *Knowledge Translation Australia*

² *University of Western Australia*

There is increasing importance being placed on the impact and translation of research findings. In line with this are changes to funding requirements from both the Australian Government and the major research funders; Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC). But what is translation and how does it create an impact?

Knowledge Translation (KT), one of many terms used for translation, involves a complex system of interactions among researchers and research users to ensure relevance and accelerate the capture of the benefits of research through more effective services and products. KT is underpinned by an evidence base of processes, models, and frameworks.

The terminology of impact and translation has been introduced by funders, and there are some funding streams focusing on translation, but the question of how this can be achieved still remains. The advantages of implementing KT strategies are increased opportunities to create impact, and to work closely with key community and policy stakeholders. Working in partnership with the end users of research from conception can provide mechanisms to ensure your research makes a difference, with the partners being the drivers for change in policy and practice.

This poster will highlight how translation is a system of process that lead to and enable research impact. The processes, planning, and barriers associated with having research impact through a KT system will be presented along with example of where KT methodologies have led to positive and measurable impact.

Poster board number: 32

HOW CAN KNOWLEDGE TRANSLATION & EXCHANGE BE SUPPORTED BY A MULTI-INSTITUTION RESEARCH CENTRE?

Spooner, Catherine¹, Laws, R², Milat, A³, Denney-Wilson, E⁴, Harris, M¹

¹ *COMPARE-PHC & CPHCE, UNSW, Sydney, Australia*

² *COMPARE-PHC & CPAN, Deakin University, Melbourne, Australia*

³ *NSW Ministry of Health, Sydney, Australia*

⁴ *COMPARE-PHC & UTS, Sydney, Australia*

Background

The Centre for Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC) is one of nine multi-institution research centres of excellence (MICREs) funded by the Australian government Department of Health (DoH) through the Australian Primary Health Care Research Institute (APHCRI) at the Australian National University (ANU). All nine MICREs comprise a partnership between a lead organisation who holds the Head Agreement with ANU and other research organisations. All of the MICREs have a mandate to influence policy & practice via a knowledge translation and exchange (KTE) program. There is a lack of research on how collaborative research partnership such as the APHCRI MICREs can foster KTE, over and above how research based within a single institution might be supported.

Objectives

This research aims to address this gap in information by exploring how KTE can be fostered in the context of a multi-institution research centre.

Method

A case study using qualitative interviews and focus group discussions with COMPARE-PHC investigators and stakeholders: the COMPARE-PHC Advisory Committee and Primary Health Networks (PHNs).

Results

The study will investigate how COMPARE-PHC has supported KTE; how it can support KTE; what factors can facilitate and hamper investigator efforts in the area of KTE from the perspective of researchers and representatives of 'end users'.

Poster board number: 33

SYSTEMATIC REVIEW OF COST-EFFECTIVENESS EVIDENCE: TYPE-2 DIABETES INTERVENTIONS AND GUIDELINES

Antioch, Kathryn^{1,2,3}, Dugdale, P^{1,4,5,6}, Topliss, D^{1,2,7}, Sinnott, H^{1,6,7}, Bristow, Z^{1,8,11}, Dally, M^{1,7}, Sherwin, F^{1,7}, Robson, H,^{1,9,10}, Yen-Chen, H^{1,2}, Pratt, N^{1,7}, Xu, N^{1,2}, Wong, K^{1,7}

¹ Guidelines and Economists Network International (GENI), Melbourne, Australia

² Monash University, Melbourne Australia

³ Health Economics and Funding Reforms, Melbourne Australia

⁴ Australian National University, Canberra Australia

⁵ ACT Health, Canberra Australia

⁶ Australian Disease Management Association (ADMA,) Melbourne Australia

⁷ Alfred Health, Melbourne Australia

⁸ Melbourne University Australia

⁹ Monash Health, Melbourne Australia

¹⁰ Australasian College of Health Services Management (ACHSM) Residency

¹¹ National Heart Foundation (2014)

Background

NHMRC staff are reviewing guideline processes and requested advice from GENI about assessing costs and benefits evidence. Guidelines on Diabetes Type 2 International Economic Evaluation (GODIEE) study applies methodologies recommended by GENI.

Objectives

GODIEE Phase-1 study results are presented. We grade cost-effectiveness evidence and analyse implications for treating/preventing DT2. GODIEE Phase-2 will later analyse Phase 1 results for four DT2-guidelines in Australia, UK, USA

Methods

PUBMED, Econolit, NHEED searched 2010-2014. 136 articles for review using 2013 Consolidated Health Economics Evaluation Reporting Standards Check-List, Drummond's-10-point-Check-List; NHMRC frameworks for assessing cost-effectiveness evidence.

Results

Highlights: 1. Drugs (a) Lower non-severe hypoglycaemia risk and less weight gain for insulin detemir compared with Neutral Protamine Hagedorn insulin with short term economic-benefits. (b) Liraglutide increased life expectancy, QALYs, reduced complications compared with glimepiride. (c) Willingness-to-pay (WTP) analyses in LEAD-study found DT2-patients WTP much more for liraglutide than other glucose-lowering treatments given weight-loss vis-a-vis rosiglitazone, glimepiride, insulin glargine, and administration frequency compared with exenatide. (d) Exenatide once weekly is cost-effective compared to Insulin Glargine. (e) For payers, adding saxagliptin with metformin saves costs compared to adding rosiglitazone or pioglitazone in DT2-patients not achieving HbA1c goal with metformin-monotherapy. 2. Screening Non-invasive risk-stratification tool followed by screening blood test is most cost-effective screening for diabetes and abnormal glucose tolerance. 3. Weight-Reduction Surgery Compared to medical-management of patients with BMI of > 35 kg/m², gastric bypass renders 1.9 extra QALYs saving 13,244 per patient. 4. Lifestyle USA-nationwide community-based-lifestyle program delay/prevents T2D-cases, saving \$5.7b in 25 years. 5. Diabetes Tele-Management India- IT, multidisciplinary-care, blood glucose self-monitoring is cost-effective.

Poster board number: 1

A HOSPITAL QUALITY SCORE FOR HEART DISEASE: USING THE COMPOSITE OF PROCESS INDICATORS TO MEASURE HOSPITAL PERFORMANCE IN EVIDENCE TRANSLATION FOR THE MANAGEMENT OF ACUTE CORONARY SYNDROMES

Aliprandi-Costa, Bernadette¹, Ranasinghe, I², Kritharides, L³, Brieger, D³, Sockler, J⁴, Gullick, J¹, West, S¹

¹ *The University of Sydney, Nursing School*

² *Royal Adelaide Hospital and the University of Adelaide*

³ *Concord Hospital and The University of Sydney*

⁴ *Datapharm Australia*

Background

Acute coronary syndrome (ACS) is a common and costly condition yet the application of evidence-based care varies widely between hospitals. We developed a hospital specific ACS quality score using a composite of evidence-based clinical process indicators (CPIs) measuring the application of evidence-based care among Australian hospitals.

Method

Data on 6410 patients (STEMI=1782, NSTEMI=3022, UAP=1606) from 39 Australian hospitals in an ACS registry were used to derive a hospital specific quality score. Mean adherence with 15 evidence-based CPIs was calculated among eligible patients within hospitals. Hospitals were ranked by quality scores and hospital performance tertiles were determined, tertile 1 representing the highest hospital quality scores. Using Hierarchical Logistic Regression analysis to account for patient clustering within hospitals, we determined the association between hospital performance tertile and mortality in-hospital and at 6 months using the GRACE risk score to adjust for hospital difference in presenting patient risk.

Results

The mean hospital quality score was 69% (SD± 21.7) with significant variation between hospital performance tertile 1 (73%) and tertile 3 (53%) $p < .0001$. A higher quality score (tertile 1) was associated with a trend towards improved survival at hospital discharge (2.5% Vs 8.4%, OR 0.49 95%CI: 0.20-1.22) and strongly associated with survival at 6 months (1.8% vs 5.6%: OR 0.076 CI: 0.151-0.385).

Conclusion

This robust quality score measures the application of evidence-based care across a number of evidence-based CPIs. The ease of use and interpretation confirms the utility of the quality score as a measure of hospital performance in the management of ACS.

Poster board number: 2

BENEFITS OF EXTERNAL SUPPORT FOR QUALITY IMPROVEMENT ACTIVITIES IN STROKE

Andrew, Nadine¹, Thayabaranathan, T¹, Branagan, H², Salama, E³, Grabsch, B³, Hill, K⁴, Cadigan, G⁵, Grimley, R⁶, Middleton, S⁷, Cadilhac, D^{1,3}

¹ Monash University, Melbourne, Australia

² National Stroke Foundation, Brisbane, Australia

³ The Florey Institute of Neuroscience and Mental Health, Melbourne, Australia

⁴ National Stroke Foundation, Sydney, Australia

⁵ Queensland Statewide Stroke Clinical Network, Brisbane, Australia

⁶ Nambour General Hospital, Nambour, Australia

⁷ St Vincent's Health and Australian Catholic University, Sydney, Australia

Background

There are several state-based and national quality improvement (QI) initiatives designed to support Australian hospitals in closing the gap between evidence and practice. Little is known about the influence of external support on these activities.

Objectives

To investigate the association between the amount and type of external support provided to hospitals participating in the Stroke123 Queensland sub-study and the extent to which a QI plan was implemented.

Method

Participating hospitals (n=21) were given external support (e.g. education) for QI activities by staff from the Australian Stroke Clinical Registry (AuSCR), StrokeLink program (National Stroke Foundation), and Queensland Stroke Clinical Network. Managers from each program submit data using a standardised template on the number of contacts and type of support given. The frequency of hospitals reviewing their AuSCR data is also recorded. Descriptive statistics presented using data from May 2013-December 2014.

Results

The most common externally supported activities included educational outreach (30%), interprofessional collaboration (29%), and audit and feedback (8%). Face-to-Face contacts ranged from 2-8/site and telephone contacts 3-14/site. Most (95%) hospital staff reported accessing their AuSCR data for QI monitoring. Hospitals that developed action plans (AP) (n=16) tended to have more contact time with external support managers (median [Q1:Q3] AP 20 hours [16:23] vs no AP 13 hours [12:16], p =0.098) and reported accessing AuSCR data more often (median [Q1:Q3] AP 9 times [6:14], no AP 3 times [2:8], p =0.097).

Conclusion

Providing external support with accessible and current registry data appear important factors in facilitating hospital based QI activities.

Poster board number: 3

CONNECTING EVIDENCE AND REDUCING THE EFFECT OF OCCUPATIONAL HEARING LOSS

Brumby, Susan^{1,2}, Hogan, A², Williams, W³

¹ Deakin University, Waurn Ponds, Australia

² National Centre for Farmer Health, Hamilton, Australia

³ University of Canberra, Canberra, Australia

⁴ National Acoustic Laboratories, Sydney, Australia

Background

National and international research highlights that hearing deficit rates are higher and hearing loss occurs at an earlier age in farming populations.^{1,2,3} Hearing impairments have also been significantly associated with agricultural injuries.⁴ Farmers are hard to engage in hearing and health services.⁵

Objectives

To test the hypothesis that participating in evidence based early intervention hearing services focused towards farmers will contribute to (a) significant reduction in the impact of noise induced hearing loss and (b) educate and empower farmers on their capacity to reduce their noise exposure.

Method

Evidence-based strategies were selected from:

1. A farmers health program which was known to engage well with farm men and women^{6, 7}
2. A hearing health rehabilitation program focussed on noise induced hearing loss⁸
3. An on-farm noise program that measured exposures from machinery and/or farm activities⁹

The study included 106 farmers who self-reported hearing loss with 56 in the intervention group (involved in strategies 1-3) and 50 in the comparison group who were only involved in strategy 3.

Results

51% of the farm workers surveyed were exposed to on-farm noise above the recommended Australian Exposure Standard.¹⁰ Chi-square and t paired-tests taken at two time points for noise exposure knowledge, use of strategies to reduce the social impact of hearing loss and actions to reduce on-farm noise were used to identify differences between groups. The study connects the evidence from science, social science, and behaviour change to help farmers hear more, listen better and prevent further damage. It has applications for other hard to engage populations.

This study was funded through an NHMRC Project Grant APP1033151. The contents of this abstract do not reflect the views of the NHMRC.

References

1. Lower T, Fragar L, Depczynski J, Challinor K, Mills J, Williams W. Improving hearing health for farming families. *Rural and Remote Health* (online). 2010;10(1350).
2. Senate Community Affairs References Committee. *Hear Us: Inquiry into Hearing Health in Australia*. Canberra: Parliament House.; 2010.
3. McCullagh M, Robertson C. Too late smart: farmer's adoption of self-protective behaviors in response to exposure to hazardous noise. *American Association of Occupational Health Nurses* 2009 accessed April 18, 2009 ;57(3):99-105. PubMed PMID: 2010221527.

POSTER ABSTRACTS

4. Choi SW, Peek-Asa C, Sprince NL, Rautiainen RH, Donham KJ, Flamme GA, et al. Hearing loss as a risk factor for agricultural injuries. *American journal of industrial medicine*. 2005 Oct;48(4):293-301. PubMed PMID: 16142735. Epub 2005/09/06. eng.
5. Brumby S, Smith A. 'Train the trainer' model: implications for health professionals and farm family health in Australia. *J Agromedicine*. 2009;14(2):112-8. PubMed PMID: 19437266.
6. Brumby S, Willder S, Martin J. The Sustainable Farm Families Project: changing attitudes to health. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice and Policy*. 2009;9(1012). Epub March 2009.
7. Storey J. Sustainable Farm Families Impact Evaluation 2007-2009. Melbourne: Roberts Evaluation Pty Ltd., 2009.
8. Héту R, Getty L. Development of a rehabilitation program for people affected with occupational hearing loss 1: a new paradigm. *International Journal of Audiology*. 1991;30(6):305-16.
9. Williams W, Purdy S, Murray N, Dillon H, LePage E, Challinor K, et al. Does the presentation of audiometric test data have a positive effect on the perceptions of workplace noise and noise exposure avoidance? *Noise and Health*. 2004 July 1, 2004;6(24):75-84.
10. National Occupational Health & Safety Commission. Occupational Noise, National Standard [NOHSC: 1007(2000)] and National Code of Practice [NOHSC: 2009 (2000)]. Canberra, ACT NOHSC; 2009.

Poster board number: 4

ESTABLISHING PROCESSES AND PATHWAYS TO IMPLEMENT PRIMARY CARE FALL PREVENTION

Clemson, Lindy^{1,8}, Mackenzie, L¹, Roberts, C¹, Poulos, R², Sherrington, C⁴, Tan, A¹, Tran, N¹, Pond, D⁶, Simpson, J¹, Lovarini, M¹, Pit, S⁵, Tiedemann, A⁴, Lam, M¹, Sfiligoi, D³, Lovitt, L⁷, Peiris, D⁴, White, F¹

¹ University of Sydney, Sydney, NSW

² University of New South Wales, Sydney, NSW

³ Northern Sydney Medicare Local, Sydney, NSW

⁴ The George Institute for Global Health, Sydney, NSW

⁵ University of Sydney, Lismore, NSW

⁶ The University of Newcastle, Newcastle, NSW

⁷ Clinical Excellence Commission, Sydney, NSW

⁸ Centre for Excellence in Population Research in Ageing

Background

There is strong evidence that exercise, home safety, medication reviews and group-based community programs (Stepping On) are effective in preventing falls in older people. However, challenges to deliver these interventions in primary care include limited falls screening or consultation, lack of awareness of fall prevention, poorly established referral pathways and challenges in identifying and reaching older people in the community who are at risk of falling.

Objectives

The iSOLVE project (NHMRC Partnership Grant) aims to establish integrated processes and pathways in primary care involving GP practices and allied health services within a Medicare Local geographical area. We will outline our project and evaluation protocol.

Method

Fall prevention clinical decision tools have been developed based on a US primary care resource and current Cochrane review evidence. To facilitate implementation and uptake within general practice, the project is integrating the algorithm within GP software, is offering fall prevention education, and is mapping community fall prevention services.

A hybrid evaluation design is employed which includes a cluster randomised controlled trial, a process evaluation to examine more closely the 'how' of the primary care intervention, an ecological evaluation to investigate practice change across the area and a social networking analysis to better understand how pathways work.

Conclusions

The project is anticipated to form collaborative, information-rich, working arrangements with GPs and fall prevention service providers. More importantly, the project is anticipated to improve access to appropriate fall prevention interventions for older people, using a multidisciplinary team approach that is integrated and potentially translatable nationally.

Poster board number: 5

EFFECTIVENESS OF A NUTRITION KNOWLEDGE TRANSLATION INTERVENTION IN THE DIETARY MANAGEMENT OF HYPERLIPIDAEMIA

Collins, Clare^{1,2}, Schumacher, T^{1,2}, Burrows, T^{1,2}, Spratt, N^{3,4,5,6}, Callister, R^{2,6}

¹ School of Health Sciences, University of Newcastle

² Priority Research Centre for Physical Activity and Nutrition

³ Hunter New England Local Health District

⁴ Hunter Medical Research Institute

⁵ Priority Research Centre for Translational Neuroscience and Mental Health

⁶ School of Biomedical Sciences and Pharmacy, University of Newcastle

Introduction

Nutrition education is an integral part of cardiovascular disease (CVD) management. However, the effectiveness of nutrition knowledge translations are based on behavioural changes and interventions should incorporate appropriate strategies to facilitate meaningful clinical improvements. The aim of this study was to translate efficacious dietary knowledge as evidenced by the Mediterranean and Portfolio diets, using behaviour change strategies and evaluate the impact on serum lipids.

Methods

Hyperlipidaemic individuals, not on lipid-lowering medication and with serum cholesterol ≥ 5.00 mmol/L or LDL cholesterol ≥ 4.00 mmol/L were eligible to participate in a 6-week dietary intervention. Participants were counselled for 45 minutes by an Accredited Practising Dietitian using a standardised intervention protocol incorporating behaviour change techniques. Dietary intakes were assessed by 24 hour recalls. Pre-, post-intervention data was analysed using mixed model linear regression.

Results

Thirty-eight participants completed the intervention and significantly reduced (<0.05 , mean, 95%CI) discretionary foods (1006kJ/day, -1563–450), saturated fat (-6.8g/day, -11.3–2.3) and sodium (-325mg/day, -614–35) but did not increase intakes of core foods. Physiological improvements were recorded for waist circumference (-1.5cm, -2.3–0.7), systolic (-5.0mmHg, -8.5–1.5) and diastolic (-2.7mmHg, -4.5–1.0) blood pressure. Lipid changes included decreases in triglycerides (-0.38mmol/L, -0.73–0.03), total cholesterol (-0.51 mmol/L, -0.78–0.24) and total:HDL cholesterol ratio (-0.27, -0.51–0.04).

Conclusion

A single dietetic counselling session to reduce CVD risk facilitated a reduction in discretionary food choices leading to positive physiological changes. Additional behaviour change counselling may be required to improve intakes of core foods.

Poster board number: 6

TRANSLATING AUSTRALIAN DIETARY GUIDELINES TO AN ONLINE DIET QUALITY SCORING TOOL WITH IMMEDIATE FEEDBACK: THE HEALTHY EATING QUIZ

Collins, Clare^{1,2}, Burrows, TL^{1,2}, Hutchesson, MJ^{1,2}, Rollo, ME^{1,2}

¹ School Of Health Sciences, Faculty of Health, University of Newcastle, Callaghan, 2308, New South Wales Australia

² Priority Research Centre in Physical Activity and Nutrition, Faculty of Health, University of Newcastle, Callaghan, 2308, New South Wales, Australia

Background

The Australian Dietary Guidelines (ADGs) recommend consuming a wide variety of nutritious food from healthy 'core' food groups. Adherence to ADGs has been assessed in for epidemiology using diet quality scores. Systematic reviews highlight a reduced risk of morbidity and mortality with better diet quality.

Objectives

To describe the development and validation of diet quality index and adaptation to a freely available online tool, the Healthy Eating Quiz (HEQ).

Method

The diet quality index was modelled on the Recommended Food Score and is derived from a previously validated Australian food frequency questionnaire (FFQ), the Australian Eating Survey¹⁻³. Individuals complete the 70-question sub-set using a 2-point Likert scale that asks how frequently they consume relative to a usual week. The HEQ has a maximum score of 73, with scores for the eight food sub-scales. HEQ takes 5 minutes to complete online at www.healthyeatingquiz.com.au, with immediate feedback provided as a printable report with practical tips on how to improve scores. The relationship between HEQ and FFQ nutrients and food groups has been evaluated in adults, children and adolescents and pre-schoolers.

Results

HEQ score demonstrates moderate to strong positive correlations with most FFQ nutrients ($r = 0.32-0.70$) and slight to substantial agreement across HEQ score and FFQ nutrient intake quantiles ($k = 0.13-0.64$). HEQ been accessed >69,000 times, is linked to websites (*Healthy Dads Healthy Kids*), and used within dietary interventions. HEQ is a practical way to target improving diet quality and to promote eating patterns that align with the Australian Dietary Guidelines.

Poster board number: 7

THE ADAPTION OF THE AUSTRALIAN EATING SURVEY TO AN ONLINE SYSTEM WITH IMMEDIATE ANALYSIS AND TAILORED FEEDBACK ON USUAL DIETARY INTAKE

Collins, Clare^{1,2}, Rollo, ME^{1,2}, Burrows, TL^{1,2}

¹ School Of Health Sciences, Faculty of Health, University of Newcastle, Callaghan New South Wales 2308, Australia

² Priority Research Centre in Physical Activity and Nutrition, Faculty of Health, University of Newcastle, Callaghan New South Wales 2308, Australia

Background

Obtaining measures of usual dietary intake cost-effectively and efficiently is a major challenge for nutrition researchers and clinicians. The Australian Eating Survey (AES) is a validated food frequency questionnaire developed specifically to capture usual intake of Australians aged ≥ 2 years. The AES has been rigorously evaluated for validity, can be administered to large groups with relatively low burden, and has been used in >30 research studies. Until recently the AES was only available in a paper version limiting its application. It has recently been adapted for online administration with immediate nutritional analysis and personalised feedback.

Objectives

To describe the adaption of the existing AES to an online format, including addition of new features that allow system-generated immediate dietary analysis and individualised feedback on nutritional adequacy compared to national recommendations.

Method

Using an iterative process the AES was converted into an online system, including the immediate intake analysis based on survey responses. Algorithms were developed to compare an individual's intake to the Australian Dietary Guidelines, Nutrient Reference Values, and Australian Recommended Food Score, and generate a personally tailored feedback report, with results and recommendations for each completed survey.

Results

Preliminary testing of the online AES system demonstrates survey completion time reduced from 20-30mins to ~ 15 mins. Feedback report includes graphical summaries of individual intakes across four areas: proportion of total energy intake from "healthy" (core) and "discretionary" (non-core) foods; diet quality; macronutrient and micronutrient intake. The online AES will make an important contribution to assessing dietary intakes in Australia.

Poster board number: 8

ESTABLISHING A KNOWLEDGE TRANSLATION PLAN IN A COMPLEX SUPPORT NEEDS ENVIRONMENT

Dew, Angela¹

¹ *Intellectual Disability Behaviour Support Program UNSW*

Background/Objectives

Addressing knowledge deficits about people with intellectual disability and complex support needs has been identified as a major challenge. We developed an integrated knowledge translation (KT) plan using a range of strategies to produce and disseminate knowledge about best practice and evidence-based service system improvements for people with intellectual disability and complex support needs.

Methods

We adopted Graham et al's *Knowledge to Action Cycle*. The cycle involves the identification of a problem and working with interested stakeholders to create knowledge about the issue. The resulting knowledge is applied via the action cycle which involves adapting the knowledge to the local context, assessing the barriers to knowledge use, selecting, tailoring and implementing interventions, monitoring knowledge use, evaluating outcomes and sustaining use of knowledge. We applied the cycle across five portfolio areas: management and governance, stakeholder engagement and consultations, education and training, research development, and policy and practice.

Results

People with complex support needs and the services that support them are diverse and require innovative and targeted KT strategies to ensure inclusion in all stages of the research process from inception to final dissemination. KT strategies include: establishment of advisory groups; accessible plain English and pictorial materials; arts-based formats; social media; policy-ready summaries; traditional academic products such as peer-reviewed publications and conference presentations. Developing an integrated and inclusive KT plan works to raise the profile of, and highlight the challenges faced by, people with intellectual disability and complex support needs with a broad range of stakeholders in disability and mainstream settings.

Poster board number: 9

OVERCOMING THE MYTHS ABOUT PAEDIATRIC CONCUSSION: SHIFTING POLICY AND CULTURE IN AUSTRALIAN SCHOOLS

Donnelly, James¹

¹ *Southern Cross University, Coffs Harbour, NSW, Australia*

Background

Although most sufferers of concussion recover fully within 7-10 days, the persistent effects of paediatric concussion in a small but significant subgroup, and the implications of misdiagnosis have been well-researched. School-based concussion management programs may serve as the best system for ensuring that children who are delayed in their recovery are properly identified, assessed and supported before returning to the classroom or the playing field. In contrast with effective US policies, the Australian Department of Education has not yet linked decades of concussion research to policy-making decisions.

Objectives

The current project linked university researchers/clinicians, GPs and schools in regional NSW so that the research regarding paediatric concussion could be disseminated and the schools could be supported in developing their own concussion management policies and procedures.

Method

Multifaceted, evidence-based programs in regional private schools helped overcome cultural forces that maintained myths about concussion. Trust was established among stakeholders and mutually exclusive beliefs that served as barriers to new policies had to be shifted. School-wide, internet-based screening provided clinical data.

Results

The community engagement approach illuminated the scale of the problem, differences among students and the importance of pre-injury information for all students, not just athletes. Post-injury testing provided personally salient evidence that mirrored research findings and demonstrated the value of the school-based approach. Dangerous beliefs about understating injuries shifted to ideas about mateship and wellness.

Poster board number: 10

DEMENTIA CARE PRACTICE AND POLICY: ARE “KNOWLEDGE TRANSLATION” WORKSHOPS USEFUL?

Goodenough, Belinda¹, Fleming, R¹

¹ *Dementia Training Study Centre (NSW/ACT), University of Wollongong, Wollongong, Australia*

² *Dementia Collaborative Research Centres, University of New South Wales, Sydney, Australia*

Background

The Dementia Training Study Centres (DTSCs) are a key agency in the national dementia initiative, with a mandate for educating health professionals in dementia care – including managers overseeing evidence-based organisational policy. Within a Knowledge Translation (KT) framework, the DTSCs implemented a national workshop training program. In addition to topical clinical evidence updates, it offered a session on “knowledge translation” (including change management).

Objectives

To evaluate the impact of the workshop intervention for changing practice and policy in dementia care, using an online measure for KT outcomes.

Method

Face-to-face 1-day workshops were delivered in 6 regions (Sydney, Canberra, Brisbane, Perth, Adelaide, Melbourne). At 3-6 months post workshop, attendees are invited to complete an online anonymous self-report 20-item measure. Based on psychometrically validated research utilisation scales, it assesses KT impact in three domains:

1. **conceptual** (awareness raising),
2. **instrumental** (practice change),
3. **persuasive** (education, policy implementation).

Results

Half the respondents (30/60)* attended the “knowledge translation” session in addition to a clinical update topic. **Persuasive** uses of the clinical workshop material (e.g. educating others) tend to be endorsed more often (mean 5.5/10) than **instrumental** uses (personal practice change) (mean 1.3/4), with a modal score around “occasionally” for frequency of **conceptual** use (change in beliefs or awareness of evidence). This general result pattern shows little variation as a function of also attending the KT session. However, for 7/9 specific reports of “created a new policy/guideline” (a persuasive item) the respondent had also attended the knowledge translation session.

*data collection in progress.

Poster board number: 11

PARTNERING WITH CONSUMERS TO DEVELOP AUSTRALIAN CLINICAL GUIDELINES FOR DEMENTIA

Heuzenroeder, Louise¹, Thompson, J¹, Jackman, J^{1,2}, Bryden, C¹, Swaffer, K¹, Laver, K^{2,3}, Whitehead, C^{2,3}

¹ Alzheimer's Australia Consumer Dementia Research Network, Canberra, Australia

² NHMRC Cognitive Decline Partnership Centre, Hornsby, Australia

³ Department of Rehabilitation, Aged & Extended Care, Flinders University, Adelaide, Australia

Background

Through Alzheimer's Australia's Consumer Dementia Research Network (CDRN), consumers (people with dementia and carers) are actively involved in dementia research and knowledge translation.

The CDRN works closely with the NHMRC Cognitive Decline Partnership Centre in particular in developing Australian clinical practice guidelines for dementia.

Clinical guidelines developed with attention to the public good and incorporating consumer preferences and values better inform public policy. Failure to incorporate these values may hamper implementation. Therefore, consumer involvement was embedded into the development of these guidelines.

Objectives

To describe consumer involvement in developing Australian clinical practice guidelines for dementia.

Method

NHMRC Standards for Clinical Practice Guidelines were followed and ADAPTE methodology used to modify existing guidelines. The Adaptation Committee prioritised questions. Systematic evidence reviews were completed. Recommendations from existing guidelines were accepted, modified or rejected and new recommendations made.

Consumer involvement was planned and implemented early, roles defined and costs of travel and sitting fees resourced. Accessibility issues were addressed and involvement documented.

CDRN members were on the Organising and Guideline Adaptation Committees and reviewed evidence summaries. Additional consumers provided input through the public consultation.

Results

The guidelines were released for public consultation in March 2015. Twenty-seven of 109 recommendations were evidence based; the quality of evidence ranging from 'very low' to 'moderate'. Agreement was high amongst the Adaptation Committee regarding most recommendations.

Consumers provided significant input across a broad range of issues including use of appropriate language and incorporation of principles of dignity of care. Consumers were positive about their involvement.

Poster board number: 12

A CONCEPTUAL FRAMEWORK FOR INFORMING EVIDENCE USE IN NUTRITION POLICY

Lawrence, Mark¹

¹ *Deakin University, Burwood, Australia*

Background

Dietary risk factors are the leading contributors to the Australian burden of disease. Historically, nutrition science has been active in supporting evidence-informed policies to tackle nutrient deficiency problems. Now, nutrition problems extend to the epidemic of obesity and diet-related chronic diseases, and their causes are considered in terms of social, environmental, economic and biological determinants. These contemporary nutrition problems and their complex causation are challenging the adequacy of conventional models, methods and governance arrangements for using evidence in nutrition policies, food regulations and nutrition reference standards.

Objectives

To propose a conceptual framework for informing evidence use in nutrition policy.

Method

A critical analysis of evidence use in selected nutrition policy activities against the principles, definitions and dimensions of the New Nutrition Science.

Results

Uncertainties with the conceptual basis to decision-making, and with models of causation, were commonly observed in evidence use in the selected nutrition policy activities. These limitations can compromise evidence use and inadvertently cause risks when using nutrition policy to protect and/or promote public health. The proposed conceptual framework provides a strategic tool to help align evidence-informed policy solutions with evidence-identified policy problems. It is structured around three distinct paradigms of the way food and health relationships are conceptualised. It specifies: models of causation for nutrition problems; methods to investigate different causation models; and when a focus on nutrient-, food/diet-, and/or food system-based policy recommendations is indicated. A set of accompanying principles supports the application of the framework to policy planning, development and evaluation.

Poster board number: 13

LEARNING FROM THE OUT-AND-ABOUT CLUSTER RANDOMISED CONTROLLED TRIAL INVOLVING COMMUNITY TEAMS AND STROKE SURVIVORS

McCluskey, Annie¹, Ada, L¹, Kelly, PJ¹, Middleton, S^{2,3}, Goodall S⁴, Grimshaw, JM⁵, Logan, P⁶, Longworth, M⁷, Karageorge, A¹

¹ *The University of Sydney, Sydney, Australia*

² *St Vincent's Health Australia, Sydney*

³ *Australian Catholic University, Sydney, Australia*

⁴ *University of Technology Sydney, Australia*

⁵ *University of Ottawa, Ottawa, Canada.*

⁶ *University of Nottingham, Nottingham, England*

⁷ *NSW Agency for Clinical Innovation, Sydney, Australia*

Background

National guidelines recommend that stroke services should offer outdoor mobility and transport training to help improve participation by stroke survivors. When medical records were audited, compliance with this guideline recommendation was low

Objectives

To evaluate the efficacy of a knowledge translation program to increase escorted outdoor sessions by occupational therapists and physiotherapists; and whether these changes improved participation outcomes for stroke survivors

Method

This cluster-randomised controlled trial involved 22 rehabilitation teams, their occupational therapists, physiotherapists and 115 community stroke survivors. The Out-and-About program included providing audit feedback to teams, education, and discussion about barriers. Control teams received written guidelines only. The primary outcome was the number of escorted outings provided during therapy. Secondary outcomes were number of outdoor-related sessions, and weekly outings taken by stroke survivors

Results

Audits were conducted of 277 medical records at baseline, and 279 at follow-up. No statistically significant differences were found after 12 months in the total number of escorted outings per stroke survivor (experimental = 1.1, control = 0.6, mean difference 0.5 outings, 95% CI -0.4 to 1.4, p=0.26), or weekly outings taken by stroke survivors at six-months (experimental = 9.0; control = 7.4, adjusted mean difference 0.5, 95% CI -1.8 to 2.8; P=0.63). Three teams (one control, two experimental) demonstrated larger changes in the mean number of escorted outings per stroke survivor (2.3 more outings). These teams are currently being interviewed as part of a process evaluation

Poster board number: 14

RESEARCH CAPACITY BUILDING PROGRAM TO UNDERPIN A HEALTHCARE IMPROVEMENT INITIATIVE ACROSS AN AUSTRALIAN HEALTH CARE SERVICE

Misso, Mare¹, Ilic, D², Hutchinson, AM³, Haines, T^{4,5}, East, C⁶, Teede, HJ^{1,7}

¹ Monash Centre for Health Research and Implementation - MCHRI, School of Public Health and Preventive Medicine, Monash University in partnership with Monash Health, Melbourne

² Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne

³ Centre for Nursing Research, Deakin University and Monash Health Partnership, Melbourne

⁴ Allied Health Research Unit, Monash Health, Melbourne

⁵ Southern Physiotherapy Clinical School, Physiotherapy Department, Monash University, Melbourne

⁶ Monash Women's Maternity Services, Monash Health and School of Nursing and Midwifery, Monash University, Melbourne

⁷ Diabetes and Vascular Medicine Unit, Monash Health, Melbourne

Background

Health professionals and health services need to integrate research into health care improvement activities to ensure that research addresses key clinical needs and provides practical, implementable solutions. Through a partnership with Monash Health and Monash University, goals of the Monash Centre for Health Research and Implementation (MCHRI) include to build capacity and provide support to drive research and implementation by our clinical workforce. As one of the largest health services in Australia, comprising more than 40 community services and hospitals across Melbourne, Monash Health provides the ideal setting to explore the needs, barriers, enablers and priorities of health service staff to engage in research.

Objectives

To develop, implement and evaluate a clinical research and leadership capacity building program.

Method

We are using a six-step framework, shown to lead to successful implementation and long-term sustainability; and draw upon capacity building principles and medical education frameworks. In the needs analysis step, we incorporated mixed methods within a collaborative action research approach including semi structured interviews (n=12) and a staff survey among multidisciplinary clinicians, researchers and health service managers across MCHRI, Monash Health and Monash University.

Results

Results suggest that skill-building and support in the interpretation of scientific literature and in research methods are key priorities. Supporting and streamlining research governance processes, enabling clinical research leaders to mentor others and prioritising time and resources to research and implementation activities are also perceived as important enablers for healthcare improvement. This work has informed the design of a training and support program.

Poster board number: 15

USING SECONDMENTS TO INCREASE KNOWLEDGE TRANSLATION

O'Donoghue Jenkins, Lily¹, Schaler, D², Anstey, K¹

¹ *Australian National University, Canberra, Australia*

² *ACT Health Directorate, Canberra, Australia*

Background

One of the most commonly mentioned barriers to the use of research in policy-making is mutual mistrust and lack of interaction between policymakers and researchers. A possible way to overcome this barrier is through the use of research translation secondments. Secondments have received little attention in the knowledge translation (KT) literature, however past studies have found secondments to benefit all parties involved and develop KT capacity.

Objectives

To evaluate if having a researcher, a PhD student, embedded in a policy area is effective in developing research-translation partnerships. The aim was for researchers to gain further understanding of how health policy and programmes are developed, how research informed policy and programmes, and how to effectively disseminate relevant research into government departments.

Method

The PhD student was to spend a period of time based in a policy-related area at ACT Health.

Results

Through the secondment the researchers gained more knowledge about the process of policy making and policymakers became more aware of currently available research. Importantly, the level of communication and collaboration between the researchers and ACT Health staff increased. However, communication decreased when the secondment concluded. In future, systems or strategies could be implemented to prevent this from occurring. Furthermore, trialing the success of different types of secondment may be beneficial (e.g. short-term with defined objective versus long-term with ongoing engagement). Both parties reported that the secondment was beneficial in the short-term, however, its impact on the two organizations partnership long-term will need to be evaluated in future.

Poster board number: 16

VARIATION IN SITE 'READINESS' AND ENGAGEMENT IN AN IMPLEMENTATION TRIAL

Paul, Christine^{1,2}, Levi, C^{2,3}, Ryan, A^{1,2}, Kerr, E², Henskens, F¹, Attia, J^{1,2,3}, D'Este, C⁴, Sanson-Fisher, R^{1,2}

¹ University of Newcastle, Newcastle, Australia

² Hunter Medical Research Institute, Newcastle, Australia

³ Hunter New England Local Health District, Newcastle, Australia

⁴ Australian National University, Canberra, Australia

Background

Changing practice in thrombolysis for acute stroke represents a challenge given the complex and time-urgent processes required for assessment and care delivery.

Objectives

The project aims to test the effectiveness of a multi-component multidisciplinary collaborative approach for safely increasing thrombolysis rates for stroke patients.

Method

The cluster-randomised controlled trial involves 20 hospitals across three Australian states, comparing a multi-component multidisciplinary collaborative intervention with usual care. The intervention is based on behavioural theory and analysis of the steps, roles and barriers to rapid assessment for thrombolysis eligibility. Baseline data collection included assessment of staff perceptions of a range of barriers and facilitators to practice change including knowledge, skills, care processes and clinical leadership. A brief assessment of each site's overall readiness to change was completed by lead staff at each site. Engagement with each intervention strategy was also assessed. The trial is currently in the follow-up phase.

Results

At baseline thrombolysis rates varied across the sites from less than 5% to over 10% of all stroke patients. Common challenges identified via the staff surveys included a lack of use of established behavioural strategies (goals, feedback, contingencies) in relation to site performance. Overall assessments of readiness to change indicated that while most sites had lead team members with skills required to implement change, environments were perceived as unsupportive of change. Data regarding variation in intervention implementation will be presented, along with narrative comparisons between baseline thrombolysis rates and staff reported readiness for change.

Poster board number: 17

APPLYING A FRAMEWORK TO ASSESS THE IMPACT FROM TRANSLATIONAL HEALTH-RESEARCH (FAIT)

Searles, Andrew^{1,2}, Nilsson, M^{1,2}, Bernhardt, J³, Cadilhac, D^{3,4}, Doran, C^{1,2}, Webb, B¹, Deeming, S¹

¹ Hunter Medical Research Institute, Newcastle, NSW, Australia

² University of Newcastle, Newcastle, NSW, Australia

³ The Florey Institute of Neuroscience and Mental Health, Heidelberg, VIC, Australia

⁴ Monash University, Clayton, VIC, Australia

Background

Measuring the impact from health research is a means to close the gap between the development of new knowledge and the application of that knowledge in the real-world. Hunter Medical Research Institute's (HMRI) FAIT is a framework to measure research impact. It is being applied for the first time to an NHMRC Center of Research Excellence (CRE) in Stroke Rehabilitation and Brain Recovery.

Objective

Report on the progress of applying FAIT to the CRE in Stroke Rehabilitation and Brain Recovery.

Method

HMRI FAIT is based on a mixed methods approach using quantitative and qualitative measures. FAIT was customised to reflect the CRE's research aims. Prior to FAIT's implementation, an engagement process with CRE researchers was undertaken based on face-to-face, teleconference, videoconference and email contacts. A logic map was constructed to identify and link the activities of the CRE to expected outcomes.

Results

The CRE covers the research spectrum, from discovery through to applied science. FAIT was implemented into this research program over the first half of 2015. The engagement process with CRE researchers ensured FAIT was relevant and acceptable as a measurement framework. Researchers embraced the need to measure research achievements. The logic map helped identify metrics relevant to the research planned by the CRE. The resulting measures were grouped as process, outcome and impact metrics and they will facilitate the capture of a broad range of achievements from the CRE. These achievements extend beyond standardly reported academic outcomes. The metrics will be monitored for the life of the CRE and up to two years after.

Poster board number: 18

KOREA NATIONAL PUBLIC HEALTH RECOMMENDATIONS: RATIONALES AND PROCESS OF DEVELOPMENT

Seo, Soonryu¹

¹ Korea Centers for Disease Control and Prevention, Chungcheongbuk-do, Korea

Background

After initiation of Health Promotion Act in 2005 and Korea Health Promotion Funding in 2007, a substantial part of national budget has went for establishment of population- and community-level of interventions to prevent and control of non-communicable diseases. As a part of the efforts, many health-related recommendations have been developed. However, it might be not supportive for decision-makers in public health areas since most of them developed without a scientific review on evidence.

Objectives

The main objective of the Korea Preventive Service Task Force (KPSTF) is to provide recommendations derived from systematically reviewed evidence to fill up a gap between evidence and practice.

Method

The first KPSTF's recommendations have been made by the KPSTF and working group members with support of staffs of Korea Centers for Disease Control and Prevention and an evidence review team. For the first step, topic prioritization was conducted based on topics suggested by (non) governmental organizations. The KPSTF members will vote on final topics and then working groups of KPSTF and the evidence review team will review and evaluate existing evidence on the final topics using a systematic review. In the final step, the KPSTF will make final recommendations based on the evidence.

Results

The final topics of the KPSTF's recommendations are the effectiveness of: (1) lifestyle interventions for high risk groups of non-communicable disease; (2) school-based interventions for obese children; and (3) Korean tobacco control program. The first KPSTF's recommendations will be released in December 2015.

Poster board number: 19

PHYSIOTHERAPY EVIDENCE DATABASE (PEDRO): INFORMING POLICY AND PRACTICE FOR 15 YEARS

Sherrington, Cathie¹, Moseley, A¹, Maher, C¹, Kamper, S¹, Elkins, M², Herbert R³

¹ *George Institute for Global Health, Sydney Medical School, University of Sydney, Sydney, Australia*

² *Department of Respiratory Medicine, Royal Prince Alfred Hospital, Sydney, Australia*

³ *Neuroscience Research Australia, Sydney, Australia*

Background

The freely-available Physiotherapy Evidence Database (PEDro; www.pedro.org.au) aims to inform health policy and practice. PEDro has provided rapid access to high-quality clinical research (evidence-based clinical practice guidelines, systematic reviews and randomised controlled trials) evaluating the effects of physiotherapy interventions for the past 15 years. All trials are rated according to their methodological quality and completeness of reporting using the PEDro scale. PEDro is translated into 11 languages.

Objectives

To describe the: a) quantity and area of practice of evidence indexed on PEDro; b) quality of trial reports; c) global usage of PEDro.

Method

Data were downloaded from PEDro on 27 April 2015. Web-site analytics for 2014 were used to quantify the number and location of searches.

Results

PEDro now indexes over 30,000 reports (24,219 trials, 5,407 reviews, 521 guidelines). There has been exponential growth in the number of trials and reviews published each year. Reports are published in 31 different languages, with English being the most common (90%) followed by Chinese (5%). The largest number of reports were relevant to the musculoskeletal physiotherapy (8,166), followed by cardiothoracics (5,578) and gerontology (4,341). The mean total PEDro score for trial reports was 5/10. The most commonly achieved PEDro scale items were random allocation (96%), between group statistical comparisons (93%) and reporting mean and variability data (89%). The least commonly achieved items were blinding of therapists (2%) and subjects (7%), concealed allocation (24%) and intention-to-treat analysis (24%). In 2014, 1,426,981 searches were conducted from 215 countries and territories.

Poster board number: 20

INCREASING COMPLIANCE WITH STROKE GUIDELINE RECOMMENDATIONS USING AUDIT AND FEEDBACK

Vratsistas-Curto, Angela¹, Schurr, K², McCluskey, A¹

¹ *The University of Sydney, Sydney, Australia*

² *Bankstown-Lidcombe Hospital, Sydney, Australia*

Background

Stroke unit teams internationally use audit and feedback to increase compliance with guideline recommendations. The audit-feedback cycle is one behaviour change intervention used by a stroke unit in Sydney to highlight and close evidence-practice gaps. In this study, repeat audits were conducted based on Australian guideline recommendations for stroke rehabilitation.

Objectives

To increase the proportion of stroke patients receiving best practice screening, assessment and treatment.

Method

A before-and-after study design was used. Data were collected from medical records (n=15 files per audit). Four clinical audits were conducted against 113 criteria based on guideline recommendations, between 2009 and 2013. Consecutive records were selected retrospectively of stroke patients that had received allied health and medical/nursing care. Between audits, behaviour change interventions were used to improve targeted behaviours, including audit and feedback, education and coaching. The primary outcome measure was % compliance with guideline recommendations.

Results

Between the first and fourth audit (2009 and 2013), improvements of up to 100% were recorded in targetted behaviours. Behaviours that showed the most improvement included sensation screening (+75%) and rehabilitation (+100%); neglect screening (+92%) and assessment (100%) Some target behaviours showed little or no improvement such as screening for anxiety and depression (0%) and patient education about stroke (+6% change).

Audit feedback combined with identified target behaviours for change, performance targets, action plans and coaching increased the proportion of stroke in-patients receiving best practice rehabilitation. Ongoing monitoring is required to avoid complacency, sustain improvements and to target behaviours that have been difficult to change.

Poster board number: 21

CLINICIAN PERSPECTIVES OF A HANDHELD HEALTH INFORMATION TECHNOLOGY TOOL WITH BEDSIDE VISUAL CUES FOR PATIENT FALLS RISK ASSESSMENT & PREVENTION IN HOSPITALS

Wilson, Anne¹, Teh, R², Visvanathan, R²

¹ Flinders University, Adelaide, Australia

² University of Adelaide, Adelaide, Australia

Background

Falls are an important and growing problem with physical, psychosocial and economic consequences. They are more common and have greater consequences among the older population, with a third of Australians aged 65 years and above falling at least once each year, and a fifth of these falls resulting in head injuries and hip fractures. Therefore falls prevention has become a healthcare priority, with the use of health technology garnering increasing interest.

Objectives

To evaluate clinician perspectives towards the use of a health information technology (HIT) tool to support timely update of patient falls risk and automatically generate visual cues for bedside display within a hospital setting.

Method

Action Research methodology underpinned the investigation through the use of pre and post-implementation focus groups and written surveys to explore perceived benefits and barriers to the tool's use, and recommendations for refinement.

Results

The HIT tool was simple and beneficial to use. Solutions for earlier perceived barriers such as improving usability by automatic repopulation of patient demographics and delegation of responsibility were found. Pre/Post implementation support for the tool, reduced Post-implementation (75% vs. 89.8%). Clinician recommendations provided the basis for further refinement and re-implementation of the tool in the hospital setting.

Poster board number: 22

DEVELOPMENT OF A HANDHELD HEALTH INFORMATION TECHNOLOGY TOOL TO SUPPORT TIMELY UPDATE OF BEDSIDE VISUAL CUES TO PREVENT FALLS IN HOSPITALS

Wilson, Anne¹, Teh, R², Visvanathan, R²

¹ Flinders University, Adelaide, Australia

² University of Adelaide, Adelaide, Australia

Background

Falls are an important and growing problem with physical, psychosocial and economic consequences. They are more common and have greater consequences among the older population, with a third of Australians aged 65 years and above falling at least once each year, and a fifth of these falls resulting in head injuries and hip fractures. Therefore falls prevention has become a healthcare priority, with the use of health technology garnering increasing interest.

Objectives

To evaluate clinician perspectives towards the use of a health information technology (HIT) tool to support timely update of patient falls risk and automatically generate visual cues for bedside display within a hospital setting.

Method

Action Research methodology underpinned the investigation through the use of pre and post-implementation focus groups and written surveys to explore perceived benefits and barriers to the tool's use, and recommendations for refinement.

Results

The HIT tool was simple and beneficial to use. Solutions for earlier perceived barriers such as improving usability by automatic repopulation of patient demographics and delegation of responsibility were found. Pre/Post implementation support for the tool, reduced Post-implementation (75% vs. 89.8%). Clinician recommendations provided the basis for further refinement and re-implementation of the tool in the hospital setting.

Poster board number: 23

EVIDENCE INFORMED HEALTH POLICY – IMPROVING POLICY MAKER ACCESS TO RESEARCH

Bywood, Petra¹, Erny-Albrecht, K¹

¹ *Primary Health Care Research and Information Service, Flinders University, Adelaide, Australia*

Background

With increasing demands on a finite pool of resources, there is an expectation that health care policy decisions will be informed by the best available evidence. However, despite the prolific research output, much of the evidence is from an academic perspective, often inaccessible and so extensive that policy-makers and other stakeholders have difficulty understanding or keeping up with the content let alone using it to inform policy. Based on our experience, this is a global problem and requires researchers to become innovative in the way that research is presented.

Objectives

To examine the literature for practical insights into making research more accessible for policy-makers.

Method

A pragmatic search of peer-reviewed and grey literature sources was undertaken to identify examples of innovative approaches that could be easily adopted by the research community.

Results

There has been considerable investment into improving the way information is packaged to convey health research evidence and inform policy. This was particularly evident among researchers active in resource-poor nations, but in all countries there was a clear need to provide research evidence within a short timeframe. We present an overview of findings with practical tips on how some innovative methods (e.g., Rapid Reviews and Gap Maps) might be adopted. We have identified a number of ways in which research evidence can be packaged to improve accessibility for those involved in policy development. Researchers taking up these methods will have an ongoing role in the establishment of guidelines to ensure the quality of this content.

Poster board number: 24

DEVELOPMENT OF MANUAL FOR HEALTH POLICY AND PREVENTIVE SERVICE EVIDENCE REVIEW IN REPUBLIC OF KOREA

Choi, Miyoung¹, Kim, J¹, Lee, N¹, Song, G¹, Ryu, DH¹, Lee, S¹

¹ National Evidence-based Healthcare Collaborating Agency

² Korea Centers for Disease Control and Prevention

Objectives

Healthcare policy makers need more concrete evidence due to variations of values in healthcare recommendation. But health care evidence has different types and characteristics compared to medical area. For supporting evidence review related to healthcare recommendation we have need to develop a manual for healthcare evidence review in Republic of Korea.

Methods

We reviewed previous manuals and methodologies published about healthcare evidence review. A committee consists of experts of methodology, health policy consulted to construct contents and process establishing. External review also will be performed for quality of contents.

Results

A manual for Korea evidence-based healthcare evidence review manual has been developed. We have reflected common tasks for evidence review, specific characteristics of health evidence and local status in Korea.

Conclusion

This manual would be helpful to produce reliable evidence summary for healthcare recommendation in Korea. Assessment of usefulness and revise should be continued to successful implementation.

Poster board number: 25

INVOLVING POLICYMAKERS AND THE PUBLIC TO SET COCHRANE REVIEW PRIORITIES

Hill, Sophie¹, Synnot, A¹, O'Sullivan, M¹

¹ *Cochrane Consumers and Communication Review Group, La Trobe University, Melbourne, Australia*

Background

Increasingly, the research community is looking to include consumers, carers, health professionals and policy makers to work in partnership with researchers to set research priorities. The Cochrane Consumers and Communication Review Group (CC&CRG) is undertaking a research priority-setting project to identify new topics for Cochrane reviews (CRs) within our scope.

Objectives

We have two objectives, (1) to identify Australian and international priority topics for systematic reviews in health communication and participation and (2), to identify the top five Australian priorities for new CRs within the scope of the CC&CRG.

Method

Drawing upon existing priority-setting frameworks, we will undertake a multi-stage project involving an online survey, a face-to-face workshop and evidence mapping. We will involve key stakeholders (consumers, carers, health professionals, policy makers and researchers) from Australia and internationally, in every stage and the results will be widely disseminated.

Results

A multidisciplinary steering group has been convened to oversee the project and will be responsible for defining the project scope, establishing criteria for identifying priorities and providing guidance over the course of the project. Strategic partnerships with local stakeholders are being sought to enhance dissemination and translation opportunities for new CR topics and related outcomes. Subsequent project stages (online survey, face-to-face workshop) will be completed by October 2015. Upon completion, we will have up to five new topics for CRs. In 2016, we will seek author teams to undertake these high-priority reviews. Novel consumer co-production models may be trialled as part of the review commissioning process.

Poster board number: 26

THE JBI MODEL OF EVIDENCE BASED HEALTHCARE: RECONSIDERED

Jordan, Zoe¹, Munn, Z¹, Lockwood, C¹, Aromataris, E¹

¹ *The Joanna Briggs Institute, University of Adelaide*

Background

In 2005, Pearson, Wiechula, Court and Lockwood presented a “developmental framework” of evidence based practice that sought to situate healthcare evidence and its role and use within the complexity of practice settings globally.

Objective

To conduct a citation analysis and systematic review on the use of the model to inform practice and policy and to revisit and reconsider the JBI model in light of the changing knowledge base for translational health science across health service delivery, academia and policy/practice environments.

Results

Despite being cited over 200 times by academics, health professionals and policymakers, the model itself was rarely used to inform or direct policy or practice. As such, we propose a revised model, which clarifies the conceptual integration of evidence generation, synthesis, transfer and implementation, linking how these occur with the necessarily challenging dynamics that contribute to whether the translation of evidence into policy and practice is successful.

Conclusion

The new model for evidence-informed healthcare details the intricacies of the relationships between systems and individuals across different settings and the need for contextual localisation to enable policy makers and practitioners to make evidence informed decisions at the point of care.

Poster board number: 27

EVIDENCE-INFORMED POLICY FOR E-MENTAL HEALTH SERVICES IN AUSTRALIA

Meurk, Carla¹, Leung, J, Head, B, Hall, W, Whiteford, H

¹ *School of Public Health, Queensland Centre for Mental Health Research*

² *The University of Queensland*

Background

Growing evidence attests to the efficacy of e-mental health services to treat common mental health disorders such as anxiety and depression. However, questions arise as to how to facilitate the safe, effective and sustainable implementation of e-mental health services within the mental health system.

Objectives

In this poster, we will discuss the findings of a systematic review we conducted on e-mental health service use for depression and anxiety in terms of how its findings can inform policy development to facilitate the implementation of e-mental health services. This talk will be particularly relevant to researchers interested in methods for policy relevant research.

Methods

Our systematic review followed the PRISMA protocol and was based on the PICO framework. The search yielded 1081 studies, from which 30 studies were included in our study. Our inclusion and exclusion criteria aimed to identify previous research conducted in Australia on e-mental health service use, including barriers and facilitators to e-mental health service use. Sources were classified according to areas and level of policy relevance.

Results

While there is high quality evidence regarding the efficacy of e-mental health services, there is comparatively little research to aid policy development and implementation planning. In particular, sources we identified reflected a predominantly clinician perspective on this issue. We highlight specific research areas and methodologies needed in order to provide important lay and policy-maker perspectives on this issue and inform policy development. We will also discuss some of the benefits and limitations of repurposing clinically focussed research to inform policy work in the absence of dedicated policy relevant research.

Poster board number: 28

THE METHODS FOR DEVELOPMENT OF THE KOREA PUBLIC HEALTH RECOMMENDATIONS: TOPIC PRIORITIZATION

Song, Geumju¹

¹ *Centers for Disease Control and Prevention, Chengju-si, Heungdeok-gu, Chungcheongbuk-do, Korea.*

Background

The Korea Preventive Service Task Force (KPSTF) launched in January, 2015, and the KPSTF has established a manual for topic prioritization for the KPSTF public health recommendation.

Objectives

The purpose of this study is to introduce the methods used by the KPSTF including its working group, staffs of the Korea Centers for Disease Control and Prevention (KCDC), and an evidence review team in prioritizing a topic for public health recommendation.

Method

Based on the methodology for clinical recommendations of Korea national health screening, the KCDC staffs and an evidence review team prepared a draft for the method of topic prioritization. After review of KPSTF, the final report was released.

Results

The first step of topic prioritization is the identification of topics suggested by organizations (governmental and non-governmental). The scope of topics was limited to common risk factors (e.g., alcohol and tobacco use, diet, and physical activity), preceding conditions (e.g., hypertension, type 2 diabetes, dyslipidemia, obesity), major chronic diseases (e.g., cardiovascular disease, cancers, chronic respiratory diseases), and other health issues. The KCDC staffs prepare a list of topics suggested and a brief report for each topic including public health importance (e.g., burden of a disease) and the necessary of the KPSTF recommendation provision (e.g., a gap between practice and evidence). The results of preliminary search conducted by an evidence review team were also included in the brief report for identifying the feasibility. Based on the brief report, the KPSTF prioritizes a topic using a consensus.

Poster board number: 29

LIVERLIFE: A HEALTHY LIVER CAMPAIGN FOR PEOPLE WHO INJECT DRUGS

Micallef, M¹, Grebely, J¹, Marshall, Alison¹, Erratt, A¹, Telenta, J², Jones, SC², Bath, N³, Treloar, C⁴, How-Chow, D⁵, Byrne, J⁶, Harvey, P⁷, Dore, GJ¹

¹ *The Kirby Institute, UNSW Australia, Sydney, Australia*

² *Centre for Health and Social Research, Australian Catholic University, Melbourne, Australia*

³ *NSW Users and AIDS Association, Inc., Sydney, Australia*

⁴ *Centre for Social Research in Health, UNSW Australia, Sydney, Australia*

⁵ *St Vincent's Hospital Sydney, Sydney, Australia*

⁶ *Australian Injecting and Illicit Drug Users League, Canberra, Australia*

⁷ *Hepatitis NSW, Sydney, Australia*

Background

Injecting drug use is a risk for the transmission of the hepatitis C virus (HCV). Liver disease burden among people who inject drugs (PWID) continues to rise; hence strategies to enhance assessment and treatment are needed.

Objectives

This study evaluated a targeted liver health campaign for PWID, incorporating non-invasive liver disease assessment (FibroScan) within the drug and alcohol setting.

Method

The LiveRLife campaign was developed through research partnerships with NGOs, advocacy groups, research organisations and clinical services. Campaign resources were developed, including a website (liverlife.org.au), film and poster campaign, booklet and liver assessment card. Participants were recruited from four drug and alcohol services across NSW, where they completed a survey, FibroScan assessment, nurse consultation and blood sample for HCV testing. Participants were encouraged to return for a follow-up assessment with a nurse/specialist 2-16 weeks post-intervention.

Results

Overall, 253 participants were recruited. 75% self-reported as having HCV and 59% returned for a follow-up assessment. The majority (68%) had no/mild fibrosis, 23% moderate/severe fibrosis and 9% had cirrhosis. 88% were 'definitely or somewhat willing' to receive HCV treatment and 56% intended to start treatment within the next 12 months.

The LiveRLife campaign provides an evidence-base for targeted health initiatives in health policy, clinical practice and the delivery of HCV care for PWID. The success of the LiveRLife campaign has been reinforced through new partnerships with NSW Health (Centre for Population Health and the Mental Health and Drug and Alcohol Office) who are supporting expansion into drug and alcohol clinics across NSW and nationally.

