



Public Health Association
AUSTRALIA



ABSTRACT BOOK

Public Health Prevention Conference 2019

Smashing the silos

Wednesday 12 to Friday 14 June 2019

Melbourne Convention & Exhibition Centre, VIC

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Wednesday 12 June 2019

1B - Long Oral: Big Business and Prevention

Clarendon Room B, 1:30pm - 3:00pm

The impact and influence of gambling advertising, promotions, and sponsorship on children

Authors: Associate Professor Samantha Thomas¹, Dr Hannah Pitt¹, Prof Rebecca Cassidy², Mr Christian Nyemcsok¹, Prof Mike Daube²

Affiliations: ¹Deakin University, 221 Burwood Highway, Australia, ²Goldsmiths, University of London, London, United Kingdom, ³Curtin University, Perth, Australia

Abstract:

Introduction: Advertising may positively influence children's attitudes towards gambling. To date, most government responses have focused on television based advertising restrictions. This study was the first to investigate the impact of these restrictions on children's exposure to advertising, and whether they perceived that these restrictions had gone far enough in reducing their exposure to gambling promotions.

Methods: Mixed methods, interviewer-assisted surveys were conducted with n = 111 young people aged 11–16 years, who were self-reported fans of basketball in Victoria, Australia. The study assessed media viewing patterns; recall and awareness of the timing, placement, and content of gambling advertising; the impact of gambling advertising restrictions; and attitudes towards sporting organisations' roles in the promotion of gambling.

Results: The majority of children recalled seeing gambling advertising within televised live sporting matches or games (n = 79, 71.2%). Most recalled seeing gambling advertising in the early evening before 8:30 pm (n = 75, 67.6%). Just over half of young people described seeing gambling advertisements on social media (n = 61, 55.0%). The majority stated that they continued to watch sport after 8:30 pm (n = 93, 83.7%), which is when restrictions on advertising in live sport in Australia end. Three quarters believed that sporting codes should do more to prevent children from being exposed to gambling advertising (n = 84, 75.7%).

Conclusions and recommendations: Current regulatory systems for gambling advertising are ineffective. This presentation describes the public health actions that are needed to prevent children's exposure to gambling promotions.

Economic evaluation of the Victorian Quitline service

Authors: Dr Nikki McCaffrey^{1,2}, Dr Anita Lal¹, Dr Sarah White², Dr Michelle Scollo³, Dr Cathy Segan², Professor Rob Carter^{1,2}

Affiliations: ¹Deakin University, 221 Burwood Highway, Australia, ²Cancer Council Victoria, Melbourne, Australia, ³Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia

Abstract:

Introduction: Despite substantial progress in reducing smoking rates since the 1980s, smoking remains the largest cause of preventable illness and death in Australia. Whilst the cost-effectiveness of telephone support services for smoking cessation ("Quitlines") has been established internationally, little contemporary data are available in Australia to inform healthcare funding and resource allocation decisions. This analysis evaluates the cost-effectiveness of providing the Victorian Quitline.

Methods: A modelled economic evaluation, conducted from a healthcare funder perspective, provides estimates of the incremental costs (Quitline service, hospital and out-of-hospital medical services, pharmaceuticals, health professionals), outcomes (life-years (LYs) saved; disability-adjusted life years (DALYs) saved), and cost-effectiveness (incremental costs per LYs & DALYs saved) of the Quitline service when added to usual smoking prevention activities. A Markov cohort model predicts the lifetime impact of smoking cessation on Victorian adult smokers in 2015 by providing the Quitline service. The effects on long term morbidity and mortality associated with just 12 smoking-related diseases and their related healthcare costs were estimated.

Results: Provision of the Quitline service in 2015 is estimated to save \$1.2M in healthcare costs (95% CI \$0.3M; \$3.0M), 22,202 LYs (95% CI 4,843; 52,813) and 1,480 DALYs (95% CI 322; 3,469) over the lifetime of Victorian adult smokers.

Conclusion & Recommendation: The findings suggest Quitline is a highly cost-effective service when added to usual smoking prevention activities. Quitline helps smokers to quit, improves health and saves costs, supporting greater investment in Quitlines as part of broader tobacco control policy.

Alcohol marketing regulation: What happens when industry is in charge?

Authors: Hannah Pierce¹, Julia Stafford¹

Affiliations: ¹Alcohol Programs Team, Public Health Advocacy Institute of WA, Curtin University, Perth, Australia

Abstract:

Context: Leading health authorities recommend independent, legislated controls on alcohol marketing to reduce young people's exposure. However, the Australian Government continues to endorse self-regulation by participating in the industry-managed Alcohol Beverages Advertising Code (ABAC) Scheme. In 2017, rules concerning the placement of alcohol ads were

added to the ABAC Code. We sought to determine if the placement rules were likely to reduce young people's exposure to alcohol marketing, and understand the Australian Government's role in their development.

Process: Using an established framework, the substantive content of the placement rules and associated code processes were critically reviewed to evaluate their ability to effectively regulate the placement of alcohol marketing. Using Freedom of Information (FOI) processes, we sought access to documents to shed light on the extent of the Government's involvement in the development of the rules.

Analysis: The review found the objectives of the placement rules and definitions of key terms to be narrow in scope. Weaknesses in the regulatory processes include the lack of independence in the ABAC Scheme's administration, limited monitoring of alcohol marketing to ensure compliance, and the absence of enforcement mechanisms. FOI documents suggest the rules were accepted despite limited government involvement in their development and no evidence of consultation with stakeholders outside the alcohol and advertising industries.

Outcome: The review of the rules coupled with information gained through FOI raise serious concerns about government involvement in the ABAC Scheme. Continued advocacy to highlight the weaknesses of self-regulation is necessary to motivate governments to introduce statutory regulation.

Long-term impact of risky driving in novice drivers: population impact and prevention

Authors: Rebecca Ivers^{1,2}, Dr Holger Möller², Dr Patricia Cullen¹, Dr Kris Rogers², Dr Soufiane Boufous³, Professor Teresa Senserrick⁴

Affiliations: ¹*School of Public Health and Community Medicine, UNSW, Sydney, Australia*, ²*The George Institute for Global Health, UNSW, Newtown, Australia*, ³*Transport and Road Safety (TARS) Research, UNSW, Sydney, Australia*, ⁴*Centre for Accident Research and Road Safety, QUT, Kelvin Grove, Australia*

Abstract:

Introduction: Young drivers reporting risky driving behaviour have an elevated risk of crash. However, it is not known if this risk is sustained during their later driving career.

Methods: Survey data from a 2003/04 New South Wales survey of provisional drivers that included measures of risk perception and risky driving behaviours were linked to police crash and hospital data up to 2016. We created Poisson regression models adjusted for confounders to explore the association between risky driving and risk perception with police reported crash and hospitalisation. We calculated population attributable fractions to estimate the number of crashes that could be avoided if all drivers were shifted into the low risk categories.

Results: After adjusting for confounding, high scores on questionnaire items for risky driving were associated with a 1.49 (95% CI 1.15-1.92) and 1.21 (95% 1.12-1.30) times higher risk of crash related hospitalisation and crash, respectively compared with drivers with low risky driving scores. If all NSW drivers of the same age as the study cohort during follow up (16-39) were shifted into the low risk driving category, around 3856 crashes and 365 crash related hospitalisations could be avoided in NSW each year.

Conclusion and Recommendation: Drivers who engage in risky driving as novice drivers remain at increased risk of crash even 12 years later. In addition to traditional enforcement-based approaches, systems wide approaches to prevention including strengthening of graduated licensing systems, better management of driving exposure, access to public transport, and the social determinants of health are needed.

Big Food Called to Account: ACCC v Heinz

Authors: Ms Kathryn Bloom¹, Ms Jane Martin

Affiliations: ¹*Obesity Policy Coalition, Melbourne, Australia*

Context: The OPC was concerned that unhealthy children's products were marketed using fruit attributes and colourful cartoons/characters or fruit graphics on packaging, and were misleading consumers.

Process: The OPC complained to the Australian Competition and Consumer Commission, alleging that manufacturers were making misleading and deceptive representations on packaging, particularly about fruit content. The products were positioned as healthy, nutritious choices with claims such as '99% fruit and veg' and depicted fruit and vegetables, despite very little fruit and/or vegetable content. They were high in sugar and kilojoules, low in fibre and the OPC argued they were not healthy overall.

Analysis: The ACCC commenced proceedings in the Federal Court in relation to Heinz Shredz. The Court held that Heinz made false and misleading representations and engaged in misleading and deceptive conduct in marketing this food to toddlers, specifically the representation that Shredz were beneficial to children's health. The Judge accepted the detrimental effects of sugar and found that consumption of that high sugar content in a snack cannot be beneficial to a child's health. The Judge also discussed dental health. The Court awarded a 2.25 million dollar penalty against Heinz.

Outcomes: The OPC remains concerned about the use of fruit as an added sugar, particularly in products targeted at children. The OPC advocates for more information on added sugar on food labels, specifically that added sugar is included in the ingredients list and the NIP. The decision might influence the claims used on other children's products and have a deterrent effect.

The cost-effectiveness of regulation restricting sugar sweetened beverage price promotions in Australia

Authors: Oliver Huse¹, Jaithri Ananthapavan^{1,2}, Adrian Cameron¹, Gary Sacks¹, Christina Zorbas¹, Anna Peeters¹, Marj Moodie^{1,2}, Jane Martin³, Kathryn Backholer¹

Affiliations: ¹*Global Obesity Centre, Institute for Health Transformation, Deakin University, Geelong, Australia*, ²*Deakin Health Economics, Institute for Health Transformation, Deakin University, Geelong, Australia*, ³*Obesity Policy Coalition, Melbourne, Australia*

Abstract:

Background: In Australia, up to 40% of groceries are purchased on price promotion. These promotions are more often available on unhealthy foods and beverages compared to healthier products. Restricting price promotions on unhealthy foods and beverages has been identified by governments as a promising approach for improving population nutrition. This study assessed the potential cost-effectiveness of regulation to restrict price promotions on sugar-sweetened beverages (SSBs) in Australia.

Methods: Australian dietary consumption data, together with UK data on the uplift in SSB sales associated with price promotions, were used to estimate reductions in SSB purchases and consequent changes in body mass index (BMI) following regulation to restrict price promotions. A multi-state, multiple-cohort Markov model was used to estimate the obesity-related health and economic impacts over the lifetime of the 2010 Australian population. Costs included passing legislation in parliament, assisting retailer policy implementation, marketing and monitoring compliance.

Results: The policy resulted in an estimated mean change in daily energy intake of -11.73 (95%UI: -8.86 to -14.53) per person per day, which translated to a mean change in weight of -0.11kg (95%UI: -0.13 to -0.08) per person. Total Health Adjusted Life Years (HALYs) saved were estimated at 48,859.3 (95%UI: 36,426.8 – 63,644.8). Estimated policy costs were AUD52.2 million (95% UI: AUD43.9M to AUD63.7M), with estimated healthcare cost savings of AUD500.4 million (95% UI: AUD372.9M to AUD648.0M). The policy was considered dominant (cost-saving and health promoting).

Conclusions: Restricting price promotions on SSBs is likely to be highly cost-effective as an obesity prevention strategy.

1C - Long Oral: Communities Working Together

Clarendon Room B, 1:30pm - 3:00pm

Creating activity friendly parks with shade: the ShadePlus intervention

Authors: Dr Suzanne Dobbinson¹, Ms Jody Simmons¹, Mr Jamie Chamberlain¹, Professor Jo Salmon², Professor Melanie Wakefield¹, Associate Professor Petra Staiger³, Dr Robert MacInnis¹, Associate Professor Jenny Veitch²

Affiliations: ¹Cancer Council Victoria, Melbourne, Australia, ²Deakin University, Institute for Physical Activity and Nutrition (IPAN), School of Exercise and Nutrition Sciences, Geelong, Australia, ³Deakin University, School of Psychology, Faculty of Health, Geelong, Australia

Abstract:

Introduction: Significant disparities persist in attractiveness and amenity of parks by area-level socio-economic status (SES). Modifying the park environment offers a promising strategy to promote physical activity in low SES areas. Multiple studies are needed for causal inference and to assess broader outcomes. We aimed to examine the health-related effects of ShadePlus, an intervention introducing shade, walking paths and other facilities to parks in low SES areas.

Methods: A natural experiment was implemented in partnership with local government (n=3 intervention, n=3 comparison parks). Outcomes were assessed in spring-summer months over three years: before (T1), after (T2), and follow-up (T3). A broad range of outcomes were measured via observations in the parks, and self-report surveys of park visitors. Analyses adjusted for clustering within parks.

Results: In primary analyses the mean change from T1-T2 in observed counts of park visitors at intervention parks was significantly higher relative to comparison parks (Ix: 228 (SD 93), C: 7 (SD 32), p=0.02; Cohen's d=7.0, 95% CI 2.0-12.0). The effect was reduced by follow-up (p=0.31). Although changes in shade use and physical activity were not apparent on intention-to-treat, intervention-received analyses indicated increased counts of visitors using shade T1-T2 (p=0.04), effects for park use sustained into T3 (p=0.002) and a trend for increased social engagement T1-T3 (p=0.05) at intervention relative to comparison parks.

Conclusions: Findings infer improvement of quality, number and type of amenities (including shade) in degraded parks can maximise use of parks for recreation in low SES areas, increasing contact with greenspace and social interactions.

parkrun: The accidental (and successful) population health intervention

Authors: Dr Anne Grunseit^{1,2}, Dr Justin Richards^{2,3}, Dr Lindsey Reece², Professor Dafna Merom^{2,4}

Affiliations: ¹The Australian Prevention Partnership Centre, School Of Public Health, University Of Sydney, Australia, ²Prevention research Collaboration, University of Sydney, Australia, ³Sport New Zealand, Wellington, New Zealand, ⁴School of Science and Health, University of Western Sydney, Campbelltown, Australia

Abstract:

Background: parkrun is a community-based, volunteer run, 5km run/walk event occurring every Saturday morning in 20 countries. It currently boasts over 3.5 million registrants worldwide; over 40,000 run on any one Saturday at 345 sites throughout Australia. Although not originally conceived as such, it represents a uniquely successful public health physical activity (PA) intervention. This paper reviews the current published research on parkrun to understand its impact and high reach.

Methods: 11 refereed primary studies were reviewed. Study population, methods, data sources and findings were extracted and synthesised.

Results: Most studies were from the UK (n=8) the rest from Australia. Studies used qualitative and quantitative methods. The studies showed that parkrun participation leads to improvements in participants' fitness and general activity levels, and is associated with better wellbeing, life satisfaction, and community connection. parkrun's accessibility (free, low skills, low equipment) and emphasis on competition with yourself rather than others attracts and retains previous non-runners, including women, the overweight and older people. Volunteering roles promote sustainability and non-PA achievement opportunities.

Conclusion: parkrun attracts a broad range of participants, including those with physical and mental health problems, and grows exponentially but sustainably because its fundamental features promote wellbeing and enjoyment (outdoors, sociality, inclusiveness, positive ethos), and means for participants to gauge and monitor PA and non-PA achievement. The informal but regular format allows participants to establish PA habits, embedded in informal and non-demanding local social connections. This organically disseminated, scaled-up PA "intervention" is a real-world exemplar for implementation and translational research.

Identifying design solutions to increase women's comfort with breastfeeding in public

Authors: A/Prof Lisa Amir¹, Ms Stephanie Amir¹

Affiliations: ¹La Trobe University, Bundoora, Australia, ²Royal Women's Hospital, Parkville, Australia

Abstract:

Introduction: Breastfeeding is a crucial first step in preventative health for all infants, but many mothers do not achieve their

own breastfeeding goals. Some mothers find it challenging to breastfeed outside the home, and difficulties finding appropriate public and semi-public spaces for feeding contributes to cessation of breastfeeding earlier than planned. To date, breastfeeding women have not been included in most public space design, such as parks, shopping centres or public buildings. This project set out to explore design features that invite or deter breastfeeding in public.

Methods: We conducted interviews and focus groups with breastfeeding mothers at the Royal Women's Hospital in December 2018 to understand their experiences of public space when breastfeeding outside the home (n = 28). We ran specific focus groups: one for Aboriginal women, and one for women speaking Amharic, Arabic, Cantonese and Vietnamese. Our interviews also included women with a range of disabilities.

Results: Many participants reported that they avoided breastfeeding in public spaces due to social expectations, modesty or physical comfort. Mothers reported that the best spaces for breastfeeding were dignified, safe, comfortable, accessible, compatible with their other needs and responsibilities and offered a high level of amenity. Using the data, we developed design guidelines that outlined how a range of everyday shared spaces could become breastfeeding-friendly as well as the optimal design characteristics for dedicated breastfeeding spaces.

Recommendations: We recommend use of our new design guidelines for public institutions, councils, shopping centres, or other organisations designing or managing shared spaces.

This Girl Can Victoria – creating a community-led movement for change

Authors: Melanie Fineberg¹, Stefan Grun¹

Affiliations: ¹Vichealth, Carlton,

Abstract:

Introduction: The “This Girl Can – Victoria” campaign was created by VicHealth and launched in March 2018 with a second major burst of activity in March 2019. The campaign aims to increase physical activity among women in Victoria and support gender equality by challenging gender stereotypes.

Method: This was a multi-faceted social marketing campaign incorporating mass media advertising (including TV) as well as large-scale partnerships with high profile sporting organisations.

A major focus of the campaign was building an online community of women supporting women, centring around the hashtag #ThisGirlCanVIC.

Significant effort was also invested in designing a Campaign Supporter Program, enabling organisations right across the state to activate the campaign in their local area – to ‘use’ the campaign to connect women with local activity opportunities.

Results:

Results from Year One included:

- More than 285,000 Victorian women inspired to get active.
- More than 600 organisations registered as Campaign Supporters, activating the campaign locally.
- More than 9,000 user generated images were tagged with #ThisGirlCanVIC
- Organic monthly reach of 134,000
- Less than 1% negative mentions on social media.

Results from Year Two will be available in time for the conference in June 2019.

Discussion/implications: After two years in market there have been multiple lessons learnt, especially in the area of how to translate a mass media campaign to local areas to drive community engagement.

Sharing these lessons and subsequent improvements will be useful for others working in this space and can help inform future work.

Long term fall prevention behaviour after participation in the Stepping On program

Authors: Ms Kate Purcell¹, A/Professor Anne Tiedemann¹, Professor Cathie Sherrington¹, Professor Stephen Lord², Professor Lindy Clemson³

Affiliations: ¹Institute for Musculoskeletal Health, University of Sydney, Camperdown, Australia, ²Neuroscience Research Australia, , Randwick, Australia, ³Faculty of Health Sciences University of Sydney, Lidcombe, Australia

Abstracts:

Introduction: Falls can have devastating consequences for older people. However, falls can be prevented with appropriately-designed interventions, such as the Stepping On program. This study aimed to identify the ongoing impact of the Stepping On program by documenting strategies and behaviours undertaken in the six months following program completion. The secondary objective was to identify factors associated with, and barriers to, fall prevention behaviour uptake.

Methods: Participants were people who commenced Stepping On in 2015 and 2016. Questionnaires were completed at baseline and at 6 months post-completion of Stepping On. Measures included: questions about current fall prevention behaviours; the Falls Behavioural Scale (FaB); Incidental and Planned Exercise Questionnaire (IPEQ); and barriers to uptake of fall prevention behaviours.

Results: 291 people completed both the baseline and follow-up surveys. There was a high degree of program satisfaction – 251 participants (86%) completed the program, 284 (98%) said it increased awareness of falls, 285 (98%) would recommend Stepping On to others. There were statistically significant increases in the proportion of people reporting participation in balance and strength exercise and using safe walking strategies at follow-up compared with baseline. There was also a significant improvement in the FaB scale, indicating less risk-taking behaviour, and there was an increase in the hours of structured exercise reported on the IPEQ. The main barriers to uptake of structured exercise included ill health, time, cost, carer responsibilities and accessibility.

Conclusion: These results demonstrate the appeal of the Stepping On program and its impact on protective fall prevention behaviours.

Predictors of Knowledge, attitude and practice towards cardiovascular disease among Fijian adults

Authors: Dr. Masoud Mohammadnezhad¹, Dr William May¹, Mrs. Sabiha Khan¹, Mrs. Salanieta Hawea¹

Affiliations: ¹Fiji National University, Suva, Fiji

Abstract:

Background: Cardiovascular disease (CVD) is the leading non-communicable diseases (NCDs) globally. Little information is available from developing countries including Fiji where CVD has lately been recognized as a major health problem, so this study aimed to assess predictors of knowledge, attitudes, and practices (KAP) towards cardiovascular disease among Fijian adults.

Methods: This is a cross sectional descriptive study which was conducted among 450 adults who attended Accident and Emergency Unit (AEU) of Colonial War Memorial Hospital (CWMH), Suva, Fiji in 2017 using a self-administered questionnaire. Both genders who self-identified as a Fijian, aged 40 years and over and attended for any reason to AEU of CWMH were included in this study. A purposive sampling was applied. After obtaining ethic approval data was collected and then analyzed using correlation test and linear regression analysis. A probability (P value) less than 0.05 was considered significant.

Results: The mean age of participants was 50.7±7.9 years. More than half of the participants were female (53%) and I-Taukei (51%). This results of the study showed that 25% of participants had poor knowledge, 16% had low level of attitude and about half of them (49.6%) had a poor practice toward CVDs. However, there was no any variable to predict the level of knowledge, education; income and residence were identified as significantly predictive of attitude.

Conclusion & Recommendation: Health promotion strategies need to focus on KAP and their predictors to prevent CVD among Fijian. Developing an interventional study using the results of this study is highly recommended.

1D - Long Oral: Risk Factors and Prevention,

Clarendon Room D, June 12, 2019, 1:30pm - 3:00pm

Gambling's community contributions: does the community benefit?

Authors: Ms Louise Francis¹

Affiliations: ¹Monash University, Melbourne, Australia

Abstract:

Introduction: Funding community causes is an important tactic for the legitimization of commercial gambling. In return for tax concessions, clubs operating electronic gambling machine (EGMs) in Victoria, Australia must apportion 8.33% of their net gaming revenue (NGR) to 'community contributions'. Harms from gambling are considerable and widespread. This research sets out to assess the extent to which gambling harms are offset by such contributions.

Methods: Victorian venue operators are required to lodge community benefit statements (CBS) annually. We examined CBS from three consecutive reporting periods (2012 to 2015). Each venue was classified according to its principal purpose. Results are presented via case studies.

Results: The analysis reveals significant over-valuation of 'community benefits'. Gambling tax deductions overwhelmingly (82%) went to purposes other than philanthropy or charity. Actual contributions to charitable and philanthropic purposes amounted to \$38.7m, 4.5% of all benefit claims, or 1.5% of club NGR.

Conclusion & Recommendation: Current community contribution arrangements by Victorian clubs do not provide significant value or benefit to the community. Greater transparency and improved governance is required. This includes reviewing tax exemptions, reviewing allowable claims, and ensuring greater compliance oversight.

The research will be of benefit to policy makers and others interested in developing accountable systems to assess actual net benefits of gambling in community environments. Although it addresses arrangements in one, relatively transparent jurisdiction, it is clear that such expectations of community giving are widespread globally. To protect policy integrity and prevent avoidable harm to communities, appropriate assessment of such schemes is necessary.

Alco-role models: using social media 'Influencers' to market alcohol

Authors: Trish Hepworth¹, Madeleine Day¹, Lorane Gaborit^{1,2}

Affiliations: ¹Foundation For Alcohol Research And Education, ²Australian National University

Abstract:

Introduction: Alcohol brands' marketing strategies have rapidly expanded into digital and social media platforms under limited or no regulation. Influencer marketing is a particular concern due to its covert nature, with Influencers inconsistently disclosing commercial partnerships. This paper explores the unstudied area of Influencer marketing by alcohol companies on Instagram, and considers the implications for consumer behaviour and regulation within the Australian context.

Methods: Using a mixed methods approach, a review of the Australian regulatory environment for digital alcohol marketing was conducted, followed by an analysis of Influencer-generated content, including evaluation of regulatory compliance. A purposive sample was constructed using marketing agencies and third-party websites that list prominent Influencers. Thematic analysis of the Influencer accounts identified four key 'niches' used by alcohol brands: female fashion/lifestyle, male fashion/lifestyle, mum-blog, fitness/sportspeople.

Results: The regulatory review identified clear gaps in the current framework with no statutory regulation for Influencer marketing including advertisement disclosure or preventing marketing to children. The content analysis identified brand-tagging to promote alcohol in official and unofficial capacities as well as hashtags (e.g. #ad) as voluntary mechanisms of disclosure. Mum-blog and male fashion/lifestyle Influencers were found to post alcohol advertisements with the highest frequency. There were high rates of non-disclosure across all niches.

Conclusion: Influencers have extensive online reach and are uniquely placed to shape the attitudes and behaviours of their follower base, many of whom are underage. This has significant ramifications in the global alcohol context, particularly where the regulatory environment has not kept pace with emerging technologies.

International indoor tanning prevalence during the last decade: systematic review and meta-analysis

Authors: Dr Astrid Rodriguez Acevedo¹, Professor Adele C Green^{1,2}, Associate Professor Craig Sinclair³, Professor Emilie van Deventer⁴, Associate Professor Louisa Gordon¹

Affiliations: ¹QIMR Berghofer Medical Research Institute, Brisbane, Australia, ²University of Manchester, Manchester Academic Health Science Centre, Manchester, UK, ³Cancer Council Victoria, Melbourne, Australia, ⁴Department of Public Health, Environmental and Social Determinants of Health, Geneva, Switzerland

Abstract:

Introduction: Frequent indoor tanning and earlier age at first sunbed use increase the risk of melanoma and other skin cancers

which in turn, place a heavy burden on the health systems. Government regulation as a means to curb this burden is, therefore, an issue of utmost importance. Australia and Brazil are world leaders being the first countries to outright ban commercial solariums. We evaluated the changes in the international prevalence of indoor tanning among adolescents and adults after 2009, when artificial tanning devices were classified as carcinogenic by the International Agency for Research on Cancer (IARC).

Methods: Systematic searches in PubMed and Web of Sciences databases were undertaken. Eligible studies were those reporting on indoor tanning prevalence from 2009 to 2018. Random-effects meta-analysis was used to summarize the prevalence of indoor tanning in adolescents and adults.

Results: The overall past-year prevalence among adolescents was 6.7% (95% CI, 4.4%-9.6%) compared with 12.5% (95% CI, 9.5%-15.6%) for adults. Compared to indoor tanning prevalence reported previously for the 2007-2011 period (22%), adolescents reported a decrease of 70% ($p < 0.001$) while adults showed a 35% decrease (18.2% in 2007-2011) ($p = 0.07$). Since 2011, a few years after the IARC statement, 16 more countries and 29 more states/provinces around the world have implemented age limits for indoor tanning.

Conclusions: Prevalence of indoor tanning for cosmetic purposes has significantly declined in adolescents and adults since the 2009 IARC statement, and regulations are now enforced in 26 countries.

Hepatitis C prevention needs among men who inject performance and image-enhancing drugs

Authors: Dr Renae Fomiatti¹

Affiliations: ¹National Drug Research Institute, Curtin University, Melbourne, Australia

Abstract:

Introduction: Australia's ambitious aim to eliminate hepatitis C as a public health concern by 2030 requires researchers, policy makers and community health to engage with populations traditionally not identified as a priority. Men who inject performance and image-enhancing drugs (PIEDs) are one such population, yet they have reportedly low rates of screening. At present, little is known about how to engage people who might not customarily consider themselves vulnerable to hepatitis C, including men who inject PIEDs. This presentation details key findings from a national qualitative research project addressing this gap in knowledge.

Method: Supported by an ARC Discovery grant, the project team conducted in-depth qualitative interviews across Australia with 60 men who inject PIEDs, as well as 20 relevant health professionals.

Results: Our analysis shows that men who inject PIEDs are diverse, care about their health and social relationships, and actively manage the risks associated with PIED injecting. That said, many are not well-informed about hepatitis C, its effects and how to manage blood-to-blood contact, despite relatively frequent peer-to-peer injecting. Importantly, many articulated a need for more reliable, scientifically based or otherwise credible health information and healthcare.

Conclusions: Our findings indicate a pressing need for well-designed, targeted hepatitis C prevention education resources, and access to trustworthy, non-stigmatising medical care and health support. Focusing health promotion materials on peer-to-peer injecting, post-injecting hygiene and general health advice may help engage this population, and encourage more frequent hepatitis C testing.

Time for prevention

Authors: Professor Lyndall Strazdins¹

Affiliations: ¹Research School Of Population Health, The Australian National University, Canberra, Australia

Abstract:

Background: The distribution of resources — from the material to the social — is one way society shapes health, and time is another resource people need. Lack of time is the most common reason people give for not exercising or eating healthy food, behaviours essential to halting chronic disease.

Methods: I present two longitudinal studies on time–health interrelationships using HILDA survey data. The first study considers the relative importance of time and income to healthy eating and physical activity. The second used simultaneous equation systems to model how time–health relationships underpin gender inequality in work hours and pay.

Results: For lack of time or money, 5% of otherwise healthy people moved into high-risk inactivity and poor eating habits within a year. One in 10 reported both time and income scarcity, this combination doubled risk of inactivity. Working past 39 hours per week led to a deterioration in mental health. However the threshold for women was 34 hours per week whereas for men it was 47. This gap was because of the greater time women spend in unpaid work and care and it gives a 13 hour advantage for men relative to women in the labour market before they compromise health.

Conclusion: To date public health theory and practice has viewed lack of time as lack of motivation, an excuse, or poor choices. I propose that time is a social determinant of health that is both valuable and finite. Addressing time would make health interventions more feasible and gender fair.

Aboriginal Go4Fun Program Pilot

Authors: Ms Jaimee Moyle¹, Ms Leah Choi¹, Ms Christine Innes-Hughes¹, Ms Vincy Li¹, Mr Chris Rissel¹

Affiliations: ¹NSW Office Of Preventive Health, Liverpool Bc, Australia

Abstract:

Background: Go4Fun is a community-based weight management program for children aged 7-13 who are above a healthy weight and their families. Approximately 9% of families participating in Go4Fun identified as Aboriginal or Torres Strait Islander, however these families were less likely to complete the program compared to non-Aboriginal families. With a higher prevalence of childhood overweight and obesity in Aboriginal children compared to non-Aboriginal children (33% versus 22% in NSW), a need was identified to develop a culturally safe and appropriate version of this program. Aboriginal Go4Fun was successfully piloted in 33 sites across NSW between January 2017 and April 2018, across NSW. The program transitioned to state wide rollout from May 2018.

Methods: Consultations with key stakeholders were conducted to evaluate program appropriateness, feasibility and acceptability. A secondary analysis was also conducted on routinely collected pre- and post-program program data, focusing on participant outcomes including dietary and physical activity behaviours and anthropometric measures.

Results: From January 2017 – April 2018, 245 eligible Aboriginal families participated in Aboriginal Go4Fun. Participants achieved significant health benefits including: improvements to eating habits with 63% of participants reducing intake of sweet snack foods and 62% of participants reducing intake of sugary drinks. In addition, participating children achieved a mean reduction in BMI (0.4kg/m²) and waist circumference (0.7cm).

Conclusion: Qualitative and quantitative results from the pilot will be presented. Aboriginal Go4Fun is supporting positive health outcomes for participating families, and the program is appropriate and acceptable for Aboriginal families.

1E - Long Oral: Settings Based Health Promotion

Clarendon Room E, 1:30pm - 3:00pm

Evaluation of 'Get Healthy at Work': a NSW Government workplace health initiative

Authors: Michael Cecilio¹, Alexander Willems¹, Vincy Li¹, Paul Wales¹, Santosh Khanal¹, Patrick Maney¹, Professor Chris Rissel¹

Affiliations: ¹NSW Office of Preventive Health, Sydney, Australia

Abstract:

Background: 'Get Healthy at Work' is a NSW Government workplace health promotion initiative comprising: 1) Workplace Health Programs (WHPs), which aim to develop and implement tailored strategies for promoting workplace health, and 2) Brief Health Checks (BHCs), a confidential assessment of workers' individual chronic disease risk with brief intervention and referral to support services.

Methods: A mixed methods process and outcome evaluation was conducted in 2018–2019 with a cohort of government employees (n=1663). Analysis of BHC data compared participants' health behaviours at initial assessment and six months' follow-up. Semi-structured interviews were conducted with stakeholders to assess program implementation. A validated workplace health scorecard was disseminated to participating organisations, measuring worksite health practices before program commencement and after 12 months.

Results: Full results will be presented. Preliminary evaluation findings demonstrate BHCs help motivate individuals to undertake more physical activity (80% of participants), eat healthier (87%), understand their risks for developing diabetes and heart disease (95%) and indicate increases in vegetable serves consumed per day from baseline (2.9 mean serves) to follow-up (3.3, p<0.01). Interviewed stakeholders were positive about the expertise of practitioners delivering the BHCs and identified opportunities to automate processes, update and tailor online resources to organisations, and better align stakeholder expectations.

Conclusion: Workplace health promotion initiatives can be effective at reducing modifiable health risks and preventing lifestyle-related chronic diseases in individuals, enabling workplaces to support worker health and wellbeing. Initiatives such as BHCs are shown to be effective as screening tools and for referrals to clinical support services.

Integrated health checks – what can Australia learn from other countries?

Authors: Ms Emma Lonsdale¹, Ms Sharon McGowan^{1,2}

Affiliations: ¹Australian Chronic Disease Prevention Alliance, Sydney, Australia, ²Stroke Foundation, Melbourne, Australia

Abstract:

Introduction: Chronic disease affects one in two Australians and accounts for almost half of potentially preventable hospitalisations. Integrated health checks can be used to assess and manage disease risk through lifestyle modification and/or medication, to reduce disease progression, complications and unnecessary hospitalisations.

Methods: Chronic disease groups have long advocated for health checks for adults aged 45+ years (35+ years for Indigenous peoples), consistent with clinical guidance. However, these checks are not routinely conducted in Australia. We analysed two international case studies (New Zealand; the United Kingdom) and mapped the policy context and drivers for the uptake of health checks, to identify learnings for Australia.

Results: The New Zealand More Heart and Diabetes Checks program was established in 2012 to provide health checks for cardiovascular disease and diabetes. A national target of 90% coverage of the eligible population was set and reached by 2014-15. In the UK, the NHS Check was established in 2009 to assess risk factors and prevent disease and complications. Coverage has increased to 48% of the targeted eligible population. Policy drivers in New Zealand included national commitments, targets and modest incentives to meet targets. Challenges in the UK related to service delivery, organisational changes and uptake.

Conclusion: Though health checks are recommended in Australia, the health system does not support these and there is little public awareness. The international models demonstrate that a national program to detect high risk and undiagnosed conditions is feasible.

Work-related traumatic spinal injuries in NSW: identifying industry-specific prevention opportunities

Authors: Dr Lisa Sharwood¹, Dr Holger Moller³, Mr Bharat Vaikuntam^{1,2}, Professor Tim Driscoll⁴, Professor James Middleton^{1,2}, Professor Rebecca Ivers^{3,5}

Affiliations: ¹University Of Sydney, Matraville, Australia, ²John Walsh Centre for Rehabilitation Research, St Leonards, Australia, ³The George Institute for Global Health, Sydney, Australia, ⁴School of Public Health, University of Sydney, Sydney, Australia, ⁵School of Public Health, UNSW, Sydney, Australia

Introduction: Traumatic spinal injuries (TSI) include fractures and/or spinal cord injury and can be severe, potentially life-long injuries with adverse physical, psychological, and social consequences. Leading causes of TSIs are falls and motor vehicle crashes; often in occupational settings. Significant resultant financial burdens impact employers, employees, compensation and

healthcare systems. SafeWork Australia estimated costs of work-related falls at \$6,640,000 in 2012–2013 (\$7,291,012 in 2018 AUD).

Method: Using record-linkage data of hospitalised cases of work-related TSI (ICD10-AM code U73.0 or workers compensation), we aimed to investigate epidemiological characteristics, occupational context, and cost of hospitalised work-related TSI across NSW (2013-2016).

Results: 824 individuals sustained work-related TSI over a three-year period; 86.2% male, mean age 46.6 years. Falls led to 50% of the injuries; predominantly falls from building/structures, ladders or between levels. Falls occurred predominantly in the construction industry (78%). Transport crashes caused 31% of injuries, with 24% of these in heavy vehicles. Half of all the transport injuries occurred 'off road'. Acute care required 13,302 bed days at a cost of \$19,500,000 (2016 AUD) over 3 years.

Conclusions: High numbers of work-related spinal injuries occurred in the construction industry; mostly involving falling from a height. Off-road transport-related injuries were important and not likely to be addressed by 'on-road' prevention policies. Work-related TSI are preventable injuries representing substantial cost and disability burden to Australian workforces, and requiring multi-sectoral action. These data are currently being used to inform policy development for preventive workplace programs in NSW.

Financial incentives for weight loss by private health insurers: a cost-effectiveness study

Authors: Ms Phuong Nguyen¹, Ms Jaithri Ananthapavan¹

Affiliations: ¹Deakin University, Melbourne, Australia

Abstract:

Introduction: Many Australian private health insurers (PHIs) offer subsidies for weight loss programs (WLPs) for members with extras cover. Systematic reviews have shown that financial incentives added to WLPs result in increased participation and weight loss compared to non-incentive programs.

Methods: We assessed the cost-effectiveness of PHI provided financial incentives for weight loss (\$200 each year for 5 years) for members who are overweight or obese. A network meta-analysis was conducted to estimate the intervention effectiveness. Intervention costs included participant recruitment, WLP fees, financial incentives, administration and participant time. It was assumed that participants regain weight (13% annually) once the cash incentive ceased. A Markov model was used to estimate the long term health and economic impact of changes in weight over the lifetime of the 2010 Australian population.

Results: The intervention resulted in weight loss per participant of 6.89kg after 5 years compared to current practice and 2.11kg compared to WLPs without incentives. When compared to current practice, this weight loss resulted in 140,110 Health Adjusted Life Years (HALYs) gained and healthcare cost savings of \$692 million. Intervention costs were estimated to be \$1.7 billion with 60% of that cost borne by PHIs. The mean ICER was \$7,516 (95% uncertainty interval: 1,022; 15,146) per HALY gained. When compared with WLPs no incentives, the program remained cost-effective with a mean ICER of \$17,177 (\$5,883; \$34,244) per HALY gained.

Conclusion: The intervention is cost-effective from a societal perspective, but is unlikely to produce a positive return on investment to PHIs.

Engaging hospitals in disadvantaged areas to implement the Healthy Choices guidelines.

Authors: Ms Margaret Rozman¹, Ms Emily Fitt¹, Dr Deepa Dhital¹, Ms Caitlin Syrett¹, Ms Kirsten Johnson¹

Affiliations: ¹Nutrition Australia, Carlton, Australia

Abstract:

Introduction: The Healthy Eating Advisory Service (HEAS) is funded by the Victorian Government to support hospitals to provide healthier foods and drinks in retail outlets, catering and vending, in accordance with the Healthy Choices guidelines (HCGs). Since 2012, implementation using HEAS services from hospitals in disadvantaged areas was three-fold less compared to other hospitals in Victoria. In 2018, HEAS began proactively engaging with Victorian hospitals in disadvantaged areas.

Methods: Engagement involved a HEAS staff member visiting 32 hospitals, which impacted 50 hospital sites, in the 16 most disadvantaged Victorian local government areas over 6 months.

This involved meetings and tailored education for key staff (allied health, food service, and executives) and follow-up by phone and email to support each hospital through committing to, then implementing the HCGs.

Results: Prior to June 2018, 3 of 56 (5%) hospital sites had met the HCGs in catering, vending or retail and 30 (54%) were unaware of the HCG. After engagement, 20 (36%) hospitals now have at least one catering, retail menu or vending machine that meets the HCG; 10 hospitals used a HEAS service for the first time and 8 used an additional service to implement the HCGs.

Conclusion & Recommendation: We found that with targeted support and engagement, organisations that are considered hard to engage, and/or in disadvantaged areas will take action to improve their food environments.

Geo-Spatial Network Mapping to Examine HIV/STI Prevention among MSM

Authors: Eric Layland¹, Dr. Lik Sam Chan², Dr. Eliza Cassidy³, Dr. Joshua G. Roseberger¹

Affiliations: ¹*The Pennsylvania State University, University Park, United States*, ²*The University of Pennsylvania, Philadelphia, United States*, ³*Queensland University of Technology, Kelvin Grove, Australia*

Abstract:

Introduction: Men who have sex with men (MSM) are at high risk for HIV and STIs and access to HIV/STI testing and pre-exposure prophylaxis (PrEP) has been shown to reduce infection risk. However, the location of these resources may not be equally accessible to all MSM, creating subgroups of MSM at greater risk due in part to limited access to preventative services.

Methods: Profile content and geo-location data were collected from 4,000 MSM users of a social and sexual networking mobile application in Australia (Melbourne and Sydney) and the United States (New York City and Los Angeles). In each of the four cities, user location was mapped and stratified by race and age. Location of HIV/STI preventative services were subsequently overlaid on top of user maps.

Results: Overall differences based on race and age were seen across the four cities, with different cities having different proportions of racial and age based clustering. Cities in Australia were more likely to see differences between white and Asian identified users, whereas cities in the United States were more likely to see differences between white and black and white and Latino users respectively. Distance to HIV/STI services varied by city and sociodemographic characteristics, highlighting potential inequities in healthcare access.

Conclusion: Geographic information system (GIS) mapping provides an opportunity to visualize data to understand demographic differences across locations and identify where service needs may be unmet. Future consideration should be given to the characteristics and distribution of MSM when determining where to provide HIV/STI prevention.

2A - Rapid Fire

Clarendon Auditorium, 3:30pm - 5:00pm

Measuring facility-based maternal, newborn and child health care quality in India

Authors: Ms Nisaa Wulan^{1,2}, Dr Ankur Singh¹, Dr Suzanne Mavoa¹, Dr Natalie Carvalho¹

Affiliations: ¹Melbourne School of Population & Global Health, Melbourne, Australia, ²Burnet Institute, Melbourne, Australia

Abstract:

Background: Poor quality of facility-based care contributes significantly to high maternal mortality in India. This study examined the capacity of District Hospitals (DHs) and Sub-District Hospitals (SDHs) to offer comprehensive emergency obstetric care and deliver maternal, newborn and child health (MNCH) care and quantified geographical variation in quality of care among states and districts in India.

Body: We analysed data on facility assessment of District-Level Household Survey-4 (2012-2013). We developed process and structural quality index scores using Principal Component Analysis. Measures of variance (Intraclass Correlation Coefficient (ICC)) from the fitted multilevel multivariable regression models on estimated quality of care scores informed the extent of geographic variation in facility-based MNCH quality scores at state and district levels, adjusting for bed numbers, mother and child tracking system and Empowered Action Group (EAG) state. Nationally, mean (SD) quality of care scores for process indicators at DHs and SDHs was 0.87 (0.16), and structural indicators at DHs and SDHs was 0.75 (0.18) and 0.71 (0.16). Quality of human resource lacked the most in EAG and non-EAG states. State-level ICCs from null model were 9.9%, 21.8% and 33.4% for process indicators at both DH and SDH, and structural indicators at DH and SDH, respectively. District-level ICCs were close to 0%.

Summary: Hospitals lacked in human resource domain both in EAG and non-EAG states. Findings suggest health facility-based MNCH quality of care varied between states despite accounting for state and facility-based characteristics. Therefore, states are important sites of interventions to reduce facility-based variations in MNCH outcomes.

Are lifestyle interventions to reduce adverse maternal events in pregnancy cost effective?

Authors: Dr Cate Bailey¹, Professor Helen Skouteris¹, Professor Helena Teede¹, A/Professor Zanfina Ademi²

Affiliations: ¹Monash University; Monash Centre For Health Research And Implementation, Clayton, Australia, ²Monash Centre of Cardiovascular Research and Education in Therapeutics, Department of Epidemiology and Preventive Medicine, Monash University, Melbourne, Australia, Melbourne, Australia

Introduction: The majority of Australian women enter pregnancy overweight or obese. Over 50% gain excessive weight during pregnancy, which is a predictor of future obesity. Lifestyle interventions have been successful in limiting gestational weight gain and in reducing adverse maternal events; however, efficacy is variable and cost-effectiveness remains unclear. We aimed to systematically review published cost-effectiveness studies of lifestyle interventions for clinically relevant outcome measures.

Methods: Eleven databases were searched from 2007 to 2017. Studies were included if they reported an economic analysis of a lifestyle intervention to limit gestational weight-gain or reduce gestational diabetes risk. Participants were overweight or obese pregnant women. Cost data was adapted to a common currency. Quality of reporting was assessed using the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist. Cost and effect data were extracted from healthcare and societal perspectives.

Results: We identified 538 articles, retaining five for review: one modelling study, and four economic analyses conducted alongside a randomised-controlled trial. The outcome of interest was cost per case avoided, and most of the reported outcomes (infant birth-weight, fasting glucose, insulin sensitivity, gestational weight-gain, infant respiratory distress syndrome, and perceived health) were not cost-effective due to comparatively low efficacy in the included studies.

Conclusions & Recommendation: Despite the large body of efficacy evidence, there have been few cost-effectiveness studies conducted, and the results of these were inconsistent. To ensure that cost-effective interventions can be successfully implemented, and with the goal of improving inter-generational health, modelling of aggregated data is now required.

Closing the Gap for Marginalised Young Mothers who have Been in Care

Authors: Dr Renee O'Donnell¹, Dr Nick Halfpenny², Professor Helen Skouteris¹

Affiliations: ¹Monash University, Clayton, Australia, ²Mackillop Family Services, South Melbourne, Australia

Abstract:

Background: Lived experience of out-of-home care (OoHC) remains a significant risk factor for a range of health and social indicators. A key concern is that these risk factors interfere and impede on one's ability to rear children. Subsequently, persons who have experienced OoHC have a high likelihood of having their children removed and placed into OoHC. Prevention strategies that provide targeted and intensive support are needed to break this cycle. This paper describes preliminary findings from the Cradle to Kinder program delivered by Mackillop Family Services, an intensive, innovative intervention designed specifically to meet the needs of this vulnerable cohort.

Methods: A total of 49 families from regional and non-regional areas in Victoria received the Cradle to Kinder program for a period of 12 months. The North Carolina Family Assessment Scale (NCFAS) which examines 8 subscales of health, wellbeing and family functioning was assessed at baseline, 6 months and 12 months post program implementation.

Results: From baseline to 12 months, the primary caregivers and their infants were shown to significantly improve across each of the 8 subscales of the NCFAS, with particular improvements in child wellbeing and caregiver physical health. Moreover, only a small number of children were removed from the care of their primary caregiver.

Conclusion: These findings show that the gap persons with a lived experience of care exhibit in terms of health, wellbeing and family functioning can be addressed through a targeted and intensive intervention program. This intervention in turn, can be used to address the antecedents of intergenerational cycles of child protection orders.

Improving childcare service implementation of nutrition and physical activity policies and practices

Authors: Ms Courtney Barnes¹

Affiliations: ¹University Of Newcastle, Merewether, Australia

Abstract:

Background: Although best practice recommendations exist to guide childcare service implementation of healthy eating and physical policies and practices, current implementation is poor. With an increasing amount of implementation research being conducted in the childcare setting, an update of this 2016 review was required to reflect the current state of the evidence. This review examines the effectiveness of strategies aimed at improving implementation of policies, practices or programmes by childcare services that promote child healthy eating, physical activity and/or obesity prevention.

Methods: A search of electronic databases and hand searches of implementation journals and trial registries was conducted. Authors screened abstracts for eligibility, extracted trial data and assessed risk of bias. Studies with a parallel control group comparing strategies to improve the implementation of healthy eating, physical activity or obesity prevention policy, practices or programmes by childcare services to no intervention, 'usual' practice or an alternative strategy were included.

Results: In addition to the 10 trials included in the 2016 review, a further 10 trials were identified as eligible for inclusion. Collectively from the 20 trials, 8 trials aimed to improve implementation of healthy eating and physical activity policies and practices, 8 trials targeted healthy eating and 4 trials targeted physical activity. A range of implementation strategies were tested within the 20 trials with variable effects on implementation outcomes.

Conclusion: Despite an increase in implementation research conducted, a lack of strong evidence of the effectiveness of such strategies in improving the implementation of policies and practices in childcare services remains.

What works: Using co-design methodologies in the universal parenting program PBS

Authors: Dr Heather Morris¹, Mr Jonathon Cummins², Ms Andrea Dwyer², Professor Helen Skouteris¹

Affiliations: ¹Monash Centre For Health Research And Implementation, Clayton, , ²Anglicare Victoria, Frankston, Australia

Abstract:

Introduction: Parents Building Solutions (PBS) is a universal parenting program designed in response to high program attrition, poor program reach and fidelity in delivery of the existing programs twenty years ago. Parents were saying the programs weren't giving them the information they needed – a significant gap in program development. PBS addresses these issues by incorporating participant co-design throughout the group program's delivery. This enables program content to be contextually adapted, attend to each parent's needs, and also rely on the expertise of the parents in the room. An independent process and outcome evaluation of PBS was conducted to determine program efficacy.

Methods: A mixed methods study was conducted. Quantitative data from questionnaires were obtained from 58 participants at three time points. Qualitative interview and focus group data were gathered from parents, facilitators and team leaders.

Results: Statistically significant changes were seen between baseline and immediate post program for parent self-efficacy; confidence; and knowledge of child development. These changes were sustained at a three month follow-up. Parents were extremely satisfied with the program's delivery, activities and facilitators, acknowledging the difference from other parenting programs. Facilitators loved the program because they didn't have to be the expert and could foster new knowledge connections that are relevant and contextually driven.

Conclusion and Recommendations: PBS is a novel program because the co-design methodology rather than the program content remains constant. This enables parents to have ownership of the program and acknowledge their strengths. It is an example of community engagement that works.

Thirsty? Choose Water! Enticing secondary students to choose water as their drink.

Authors: Ms Justine Gowland-Ella¹, Manager Health Promotion Service Samantha Batchelor¹, Service Director Niki Kajons¹

Affiliations: ¹Health Promotion Service CCLHD, Gosford, Australia

Abstract:

Introduction: Childhood overweight and obesity is a significant public health problem. A key contributing factor is consumption of sugar sweetened beverages (SSB)[1]. Evidence suggests campaigns to promote increased water consumption[2] and the

installation of chilled water fountains can have an impact on SSB consumption[3]. Thirsty? Choose Water! aims to strengthen this evidence.

Methods: Thirsty? Choose Water! utilised a two-by-two factorial study design to test two interventions; the installation of chilled water stations and a behavioural intervention incorporating PDHPE lessons, an Immunisation intervention and school promotion. Sixty-one NSW secondary schools across three Local Health Districts (LHDs) were randomised into 4 study groups; receiving chilled water stations, behavioural intervention, both of these interventions, or acting as a control group.

The multi-centre trial utilised strong collaboration across Health, Education, and suppliers, ensuring consistency across study components and that outcomes were met.

Results: Evaluation data indicates high levels of use and acceptability of the chilled water station by students and teachers. The behavioural intervention was highly regarded: teachers indicated their intention to continue to teach the Thirsty? Choose water! lessons. Immunisation Nurses viewed the intervention positively. Final student behaviour and knowledge outcomes are pending.

Conclusion & Recommendation: Strong collaboration was integral to the success of project. Chilled water station installations were welcomed by staff and students. Further analysis of student survey and water consumption data, will inform the success of the intervention on increasing water and reducing SSB consumption for young people.

References:

1. Boylan S and Mhrshahi S, Sugar Intake and Health Outcomes: A Rapid Evidence Review. 2015, Prepared for the Centre for Population Health, NSW Ministry of Health. Sydney; Physical Activity Nutrition Obesity Research Group.
2. van de Gaar V, et al., Effects of an intervention aimed at reducing the intake of sugar-sweetened beverages in primary school children: a controlled trial. *International Journal of Behavioral Nutrition and Physical Activity*, 2014. 11(1): p. 98.
3. Schwartz A, et al., Effect of a school-based water intervention on child body mass index and obesity. *JAMA Pediatrics*, 2016. 170(3): p. 220-226.

Increasing healthy eating and active living in the child welfare sector

Authors: Dr Rachael Green¹, Dr Bengianni Pizzirani¹, Caroline Deen², Professor Helen Skouteris¹

Affiliations: ¹Monash Centre For Health Research And Implementation, Clayton, Australia, ²Prevention and Population Health, Health and Wellbeing Division, Department of Health and Human Services, Melbourne, Australia

Abstract:

Introduction: A national priority in Australia is to close the gap in health and social outcomes for those who are most vulnerable and disadvantaged. One such group are children living in out-of-home care (OoHC). We have spent the last 10 years researching strategies to reduce the high prevalence of overweight/obesity in children living in residential OoHC. Our work is aligned with the unanimous call amongst policy makers for healthy lifestyle interventions to improve the health of children living in OoHC, and the prioritisation by the Australian Medical Association to break the cycle of intergenerational vulnerability through health-related capacity building.

Method: We have completed a randomised trial, and worked collaboratively across three government departments, community service organisations, and with young people with a lived experience to co-design preventative solutions to improve the health and wellbeing of children living in residential OoHC. This led to the development of the Healthy Eating, Active Living Matters (HEALing Matters) program. Using an implementation science approach, we are now upscaling HEALing Matters across Victoria.

Results: HEALing Matters is a Victorian Government funded online training package, which uses a trauma-informed philosophy to guide carers' understanding of the link between healthy lifestyle behaviours of the children they care for and improved physical, cognitive, social and emotional outcomes. Our preliminary findings have shown acceptance and commitment by carers to create a healthy home environment and positive lifestyle changes in the children.

Discussion: Our implementation road map, case study examples, and the HEALing Matters knowledge exchange platform will be presented.

Midwives adding the mouth to the bump in their antenatal care role

Authors: Ms Gillian Lang¹

Affiliations: ¹Dental Health Services Victoria, Carlton, Australia

Abstract:

Background: The state of maternal oral health can impact on their child's oral health, yet less than one third of pregnant women visit the dentist during their pregnancy. Midwives are uniquely placed to support pregnant women to make changes that will improve their oral health and contribute to better pregnancy outcomes. While National Australian Guidelines include oral health promotion in antenatal care, oral health education for midwives remains limited. Dental Health Services Victoria partnered with The Centre for Oral Health Outcomes & Research Translation, Western Sydney University, to adapt their online Midwifery Initiated Oral Health (MIOH) Education Program to the Victorian setting.

Methods: The MIOH training focused on incorporating oral health promotion, assessment and referral into midwifery practice. A mixed-methods evaluation was embedded including pre and Post training questionnaires and semi-structured follow-up interviews.

Results: 282 Victorian midwives completed the training and 76% of Victoria's maternity services have >2 antenatal care midwives trained in oral health promotion. Preliminary results showed increase in midwives oral health knowledge and confidence overall, and a greater focus and confidence to incorporate oral health promotion, discussions, assessments and referrals into their practice strengthened by relationships with local public dental service. Since the delivery of the initiative Victorian Public Dental data shows a 50% increase in the number of pregnant women accessing the public dental service in 2017.

Conclusion: Midwives provide an ideal workforce to implement oral health promotion and referrals of pregnant women to oral health services for improved maternal and child health outcomes.

Students and teachers' perception on sexual and reproductive health: A qualitative study

Authors: Mr. Sharan Ram¹, Dr. Masoud Mohammadnezhad¹, Dr. Sari Andajani-Sutjahjo²

Affiliations: ¹Fiji National University, Suva, Fiji, ²Auckland University of Technology, North Shore Campus, New Zealand

Abstract:

Background: Adolescent sexual and reproductive health (SRH) remains a challenge. This study aims to gauge the perceptions of students, and SRH education teachers towards the delivery of SRH education in mainstream public secondary schools in Fiji.

Methods: A qualitative study design was used to collect the data from students and SRH education teachers in Suva, Fiji from July-August 2018. The inclusion criteria were teachers who taught SRH education within the last 2 years, Y9-13 students who received SRH education. All groups were stratified by gender due to the sensitive nature of topic. FGDs were conducted in their respective schools during school hours and data collected was transcribed verbatim. Data was thematically analyzed.

Results: The study findings reveal that implementation of SRH education is vague, not mandatory and not comprehensive. Students highly valued sex education for sexual decision making and preferred it to be delivered in schools by their regular teachers. They preferred separate sessions for the sensitive topics such as conception, contraception and that related to STIs. Teachers lacked adequate information and skills, feared negative parental reaction, felt uncomfortable delivering sensitive topics and in most cases felt apprehensive to discuss sexuality issues in light of lack of training and resources.

Conclusion & Recommendation: To ensure comprehensive SRH education in school, Ministry of Education needs to make implementation mandatory. To improve SRH delivery, there needs to be a focus on strengthening capacity building of teachers.

Preventing meningococcal infection: Adolescents' awareness of the vaccination program is key

Authors: Miss Dieu Vo^{1,2}, Professor Angus Cook², Professor Donna Mak^{1,3}, Professor Paul Effler^{1,2}

Affiliations: ¹Communicable Disease Control Directorate, Western Australian Department Of Health, Perth, Australia, ²University of Western Australia, Perth, Australia, ³University of Notre Dame, Fremantle, Perth

Abstract:

Background: Invasive meningococcal disease (IMD) is a life-threatening vaccine preventable disease. In response to an increase in rising number of IMD notifications in Western Australia and international evidence that high carriage rates in this age group contribute significantly to disease transmission, a vaccination program for 15 – 19 year olds was introduced in 2017. By the end of 2017, vaccine uptake in 18 and 19 year olds (15%) was much lower than in 15-17 year olds (65%). This research project aimed to identify the factors influencing meningococcal ACWY vaccination uptake among 18 and 19 year olds in Western Australia.

Body: Western Australian residents aged 19 – 20 years in 2018, (i.e. those who were eligible for the vaccine in 2017) were invited to complete an online survey which was publicised via social media. Five hundred and ninety-nine survey responses were analysed. After adjustment for socioeconomic status and sex, in a multivariate model, significant factors affecting vaccine uptake included knowledge of eligibility for the program (OR=27.9), a high perceived severity of the disease (OR=2.75), and being enrolled in a university (OR=2.47). The most common reasons reported by survey respondents for not being vaccinated were because they did not know the vaccine was free or how to access it.

Summary: This study has highlighted the need for increased awareness of the vaccination program among older adolescents. Campaigns should contain strong messaging that the vaccine is free and information about where vaccines are available.

What influences parents to allow their daughter to receive the HPV Vaccination?

Authors: M.Ph Kurnia Wijayanti¹, Dr Heike Schütze¹

Affiliations: ¹University Of Wollongong, Gwynneville, Australia

Abstract:

Introduction: The human papilloma virus (HPV) vaccine is effective in preventing HPV-related diseases, including cervical cancer, which killed 270,000 females in 2015. Approximately 118 million females worldwide have received the HPV vaccine since 2006. However, only 1 percent were from low-and-middle income countries, where 90% of deaths occur. As parents play

a vital role in allowing their daughters to receive the vaccine, there is a need to understand parents' attitudes to the HPV vaccine.

Methods: A comprehensive literature review was undertaken. Seven electronic databases were searched for papers published between 2008 and 2018 and supplemented with hand searching. Papers were included if they were in English, full text, peer-reviewed, and had a focus on parents' knowledge, attitudes, beliefs and uptake to the HPV vaccine. Forty six papers were included in the final review.

Results: Three themes were identified as vital predictors for acceptance among parents: knowledge of the vaccine and HPV-related diseases; recommendations from health care providers; and the monetary cost associated with vaccination. A lack of knowledge about what causes cervical cancer and the efficacy of the vaccine exists, as does a belief that their daughters are too young to be vaccinated as they are not yet sexually active.

Conclusion/Recommendations: Increased efforts are required to clarify any misconceptions around sexual activity, the need for the vaccine and any side effects. Considering health care providers play a pivotal role in advising parents in low-and-middle income countries, routine recommendations from health care providers could benefit uptake of the HPV vaccine.

2B - Rapid Fire

Clarendon Room A, 3:30pm - 5:00pm

Aboriginal led partnerships leading the way to Women's health

Authors: Ms Nikki McGrath¹, Ms Louise Lyons², Ms Susan Forrester²

Affiliations: ¹Department Of Health And Human Services, Melbourne, Australia, ²Victorian Aboriginal Community Controlled Health Organisation, Collingwood, Australia

Abstract:

Introduction: Rates of cancer screening participation in Victoria are lower in Aboriginal and Torres Strait Islander people. Recent changes to the National Cervical Screening Program (NCSP) provided an opportunity for the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Department of Health and Human Services (department) to partner and effectively communicate changes to the Aboriginal health sector. VACCHO is the peak body for the health and wellbeing of Aboriginal Victorians. The department leads population screening and cancer prevention policy with a strong focus on equity.

Methods: This collaboration resulted in a department staffer working at VACCHO leading up to the renewal of NCSP. This placement helped to implement the cervical screening program in the Aboriginal health sector.

Results: Joint planning identified opportunities to build knowledge of the NCSP. This was achieved by VACCHO delivering accurate and up to date information to their Aboriginal Community Controlled Health Organisations (ACCOs) through VACCHO clinical staff, community workers and dedicated cervical screening education webinars. Increased, trust, understanding and collaboration between the department and VACCHO improved the project's reach within the Aboriginal sector and built a strong, ongoing working relationship between all parties.

Conclusion and recommendations: The strengthened partnership is integral to advancing the importance of Aboriginal community-led health policies and practices, and the Victorian Government's commitment to Aboriginal self-determination. This model of collaboration has since been extended to other key programs, and is being developed as a best practice engagement and strength-based model between the department, ACCOs and Aboriginal Communities.

Factors contributing to the sustainability of an early childhood obesity prevention intervention

Authors: Dr Penny Love¹, Dr Rachel Laws², A/Professor Kylie D Hesketh², Professor Karen J Campbell¹

Affiliations: ¹Deakin University, Institute for Physical Activity and Nutrition, Waurn Ponds, Australia, ²Deakin University, Institute for Physical Activity and Nutrition, Burwood, Australia

Abstract:

Introduction: The Infant Program addresses obesity risk in the first year of life using a universally delivered system. Many lessons have been learnt from its origins as a cluster randomised control trial to its community-wide implementation within Victoria, Australia. This study aimed to describe factors contributing to sustained implementation of the Infant Program by Maternal and Child Health and Community Health services.

Methods: This study used a multi-site qualitative exploratory approach. Facilitators trained in the Infant Program were sent an online survey (RR: 54%), representing all Victorian Local Government Areas who had undergone training since program scale-up. Follow-up telephonic interviews were conducted with a sub-sample of respondents, representing LGAs who had never implemented the program, had discontinued implementation and were still implementing the program. Responses were framed and mapped to the Consolidated Framework for Implementation Research (CFIR) to identify elements of program sustainability.

Results: Facilitator training was regarded as providing a high level of knowledge and confidence for program implementation. Sites never implementing the program described limited funding and resources as main barriers to implementation. Sites with discontinued implementation described a lack of resourcing and group attrition as main barriers to ongoing implementation. Sites with sustained implementation described management support, funding availability, staff confidence, adequate recruitment, and integration into routine practice as main enablers. Barriers and enablers identified in this study align closely to the literature, supporting the proposition that key factors contributing to intervention sustainability require strategic planning, leadership commitment, funding stability, organisational capacity, and partnerships.

Parent's reactions to unhealthy vs. pro-health sponsorship options for children's sport.

Authors: Assoc. Prof. Helen Dixon^{1,2,5}, Ms. Maree Scully¹, Prof. Melanie Wakefield^{1,5}, Prof. Simone Pettigrew^{2,3}, Assoc. Prof. Bridget Kelly⁴

Affiliations: ¹Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia, ²School of Psychology, Faculty of Health Sciences, Curtin University, Bentley, Australia, ³Western Australian Cancer Prevention Research Unit, Bentley, Australia, ⁴Early Start, School of Health and Society, University of Wollongong, Wollongong, Australia, ⁵Melbourne School of Psychological Sciences, The University of Melbourne, Parkville, Australia

Abstract:

Introduction: Unhealthy food marketing through sport contradicts public health efforts to promote healthy eating. This study

tested parents' responses to sponsorship of children's sporting activities by (A) non-food branding (control), (B) unhealthy food branding, (C) healthier food branding, or (D) public health nutrition campaign branding.

Methods: N=1,331 Australian parents of children aged 6 to 9 years were randomly assigned to one of four sponsorship conditions (A-D) using an online survey experimental design. They viewed a video and promotional flyer for a fictional junior sports program, with sponsor content edited to reflect their assigned sponsorship condition. Afterwards, parents' brand awareness, brand attitudes, and preference for food sponsors' products were assessed.

Results: Exposure to unhealthy food sponsorship promoted higher awareness of and more favourable attitudes towards these brands and prompted an increase in the proportion of parents showing a preference for unhealthy food sponsor products compared to the control condition. Exposure to either healthier food or public health nutrition campaign sponsorship reoriented parents' preferences towards healthier food sponsor products. Healthier food sponsorship also promoted higher awareness of these brands. Exposure to public health nutrition campaign sponsorship promoted more favourable attitudes towards these campaign brands and less favourable attitudes towards unhealthy food sponsor brands.

Conclusions & Recommendations: Restricting food sponsorship of children's sporting activities to healthier food brands meeting set nutritional criteria or to public health nutrition campaigns could help promote healthier product preferences among parents. Junior sport organisations should be encouraged to phase out unhealthy food sponsors and pursue pro-health sponsorship options.

Is it time to revisit healthy food availability in school canteens?

Authors: [Monique Reardon¹](#), [Julie Dunbabin²](#), [Kate Depaoli¹](#), [Natasha Meerding¹](#), [Kylie Smith³](#)

Affiliations: ¹Department of Health, Hobart, ²Tasmanian School Canteen Association, Hobart, ³Menzies Institute for Medical Research, University of Tasmania, Hobart,

Abstract:

Introduction: Many canteen interventions assume that removing RED (unhealthy) foods, limiting AMBER (less healthy) foods and having at least 50% GREEN (healthy) foods on the menu will result in students purchasing the healthy options. The aim of this study was to examine the association between availability of GREEN items on the menu and canteen sales.

Methods: Canteen menus were obtained from eight primary schools participating in the Tasmanian School Canteen Accreditation program. Dietitians classified each menu. Sales data were collected from each school every day the canteen was open for one week. Linear regression was used to examine the association between percentage of GREEN foods on the menu and GREEN foods sold.

Results: The availability of GREEN items ranged from 41% to 71% of the menu. Sales of GREEN items ranged from 12% to 74%. On average, sales of GREEN items were 2% higher for every additional 1% of GREEN items available (β :2.14%, 95% CI:1.22, 3.06%, $R^2=0.84$). When the menu was at least 65% GREEN, at least 65% of sales were for GREEN items. When GREEN items contributed less than 50% of the menu, only 20% of sales were GREEN.

Conclusion and Recommendation: For GREEN items to represent over 50% of sales, at least 65% of the menu needed to be GREEN. To create environments where healthy food and drink choices are the 'norm', it is time to revisit school policies and programs and increase the availability of healthy foods on the canteen menu to at least 65%.

Parents perceived knowledge in packing healthy lunchboxes: does it translate into practice?

Authors: [Mrs Renee Reynolds¹](#), [Dr Rachel Sutherland^{1,2,3,4}](#), [Mrs Lisa Janssen¹](#), [Dr Nicole Nathan^{1,2,3,4}](#), [Mr Christophe Lecathelinais¹](#), [Mrs Clare Desmet¹](#), [Miss Alison Brown^{1,2,3,4}](#), [Ms Vanessa Herrmann¹](#), [Associate professor Luke Wolfenden^{1,2,4}](#)

Affiliations: ¹Hunter New England Population Health, Wallsend, Australia, ²Priority Research Centre for Health Behaviour, University of Newcastle, Callaghan, Australia, ³Hunter Medical Research Institute, New Lambton, Australia, ⁴School of Medicine and Public Health, University of Newcastle, Callaghan, Australia

Abstract:

Background: Australian primary school students' lunchboxes contain a high number of discretionary foods, and parents are primarily responsible for packing lunchboxes. This study aimed to determine the association between parents' perceived knowledge and skills in packing a healthy lunchbox consistent with the Australian Dietary Guidelines and the nutritional content of their child's lunchbox.

Methods: A cross-sectional study was conducted in primary schools in the Hunter region of New South Wales, Australia in 2017. Parents were invited to complete a Computer Assisted Telephone Interview (CATI) to assess knowledge and skills in packing a healthy lunchbox. Mean number of discretionary foods in lunchboxes and percentage of lunchboxes with no discretionary foods was assessed via a valid and reliable lunchbox observational audit tool.

Results: The CATI was completed by 982 parents, of which 728 reported to be the primary packer and had at least one child complete a lunchbox observation. The majority of parents (82%) agreed to five statements reporting they had knowledge and skills necessary to pack a healthy lunchbox. Lunchboxes from parents who agreed to all five statements contained less serves of discretionary foods in comparison to lunchboxes from parents who agreed to four or less statements (2.35 vs 2.94, $p=0.003$). However, only 14% of lunchboxes from parents who agreed to all five statements contained no discretionary foods (14% vs 8%, $p=0.06$). There were no significant differences between sub-groups.

Conclusion: Parents may perceive they have the knowledge and skills to pack a healthy lunchbox but this may not translate into practice.

Addressing the complex problem of obesity in ACT high schools

Authors: Ms Samantha Chapman^{1,2}, Ms Cal Chikwendu¹, Professor Steven Allender², Mr Andrew Brown²

Affiliations: ¹ACT Health Directorate, Woden, Australia, ²Deakin University, Geelong, Australia

Abstract:

Introduction: Overweight and obesity is a major health problem in Australia. A systems thinking approach in the school setting, applying group model building techniques from system dynamics, has shown promising results for preventing obesity in children. This study looked at how participating in group model building workshops assists teachers to address the complex problem of obesity in the school setting.

Methods: Two group model building workshops were conducted with one group of high school teachers in the ACT. Participants (n=13) built a causal loop diagram using scripts from the system dynamics literature. Participants completed pre-test post-test questionnaires, a 'Communication, Insight, Consensus, Commitment' questionnaire and participated in follow-up interviews to evaluate the systems insights they gained through participating in the workshops.

Results: Teachers were able to identify issues and opportunities to address obesity through the development of a causal loop diagram using group model building techniques. Their insights into the problem and understanding of systems was confirmed through the evaluation of the group model building workshops that revealed participants developed system insights in line with the 11 levels of system insights model. The causal loop diagram produced in the workshops provided meaningful insights about the problem of obesity in ACT high schools.

Conclusion: This study presents a method to apply systems thinking in childhood obesity prevention in the school setting. Group model building represents a method that can be replicated among other groups that assists teachers to develop systems insights and identify issues and opportunities to address the drivers of obesity.

Economic evaluation of a mHealth intervention targeting parents: The Growing healthy program

Authors: Dr Rachel Laws¹, Dr Sharyn Lymer²

Affiliations: ¹Institute for Physical Activity and Nutrition, Deakin University, Melbourne, Australia, ²NSW Ministry of Health, Sydney, Australia

Abstract:

Background: Mobile phone delivered interventions (mHealth) have high potential reach at a low cost, however little is known about their impact on health service usage. This paper examines the impact of a mHealth intervention to support optimal infant feeding practices (Growing healthy) on health service usage and out of pocket costs for families in the first nine months of life.

Methods: A quasi-experimental design was used with a mHealth intervention group and a non-randomised comparison group. Parents were recruited when infants were less than 3 months of age. Intervention participants received a free mobile phone app and access to a website aimed at promoting optimal infant feeding. Self reported data were collected about health service usage and out of pocket costs for consultations related to infant feeding from birth to 9 months.

Results: The comparison group were 2.5 times more likely to seek any advice on infant feeding and 90% more likely to consult a GP for these issues than the intervention group after controlling for sociodemographic characteristics and relevant co-variants. The intervention group was also 85% less likely to have out of pocket costs for health professional consultations related to infant feeding than the comparison group, due to the reduced use of services.

Conclusion: The Growing healthy program reduced health service use especially of GPs for infant feeding advice, while also reducing the financial burden on parents for out of pocket costs for consultations related to infant feeding without having any negative impact on infant feeding outcomes.

Consumer advocacy for systems change in childhood obesity prevention

Authors: Ms Alice Pryor¹, Ms Rebecca Hall¹

Affiliations: ¹Parents' Voice, Melbourne, Australia

Abstract:

Introduction: One of Australia's longest running collaborations for obesity prevention, Parents' Voice (formerly The Parents' Jury) was formed in 2004 by 12 empowered parents and is now a movement of over 10,000 Australian parents.

Parents' Voice campaign for change to our obesogenic environments, advocating for improvements across a variety of settings including schools, sports clubs, supermarkets and on our screens.

Outline: Working from a strong evidence base and combining parents, researchers and public health professionals on their steering committee, Parents' Voice puts human faces to the numbers.

This presentation will highlight Parents' Voice work to amplify the voice of ordinary Australian parents and examine what the tipping point is for parents to become change agents.

Additionally it will outline how some of their greatest campaign successes came from their consumer base and how an empowered network of parents guide the work they do.

Conclusion: Ideal for anyone working to create systems change, Parents' Voice will explore how to activate, engage and empower your community and work together to transform our environments.

Nutritional quality of Australian primary school children's lunchboxes.

Authors: Ms Alison Brown^{1,2,3,4}, Dr Rachel Sutherland^{1,2,3,4}, Dr Nicole Nathan^{1,2,3,4}, Dr Serene Yoong^{1,2,3,4}, Mrs Renee Reynolds¹, Ms Alison Walton¹, Mrs Lisa Janssen¹, Mrs Clare Desmet¹, Mr Christophe Lecathelinais¹, Ms Karen Gillham¹, Ms Vanessa Hermann¹, Associate Professor Luke Wolfenden^{1,2,3,4}

Affiliations: ¹Hunter New England Population Health, Wallsend, Australia, ²School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, ³Hunter Medical Research Institute, New Lambton Heights, Australia, ⁴Priority Research Centre for Health Behaviour, University of Newcastle, Callaghan, Australia

Abstract:

Introduction: More than 85% of Australian children bring a packed lunch to school each day. This study depicts the nutritional quality and energy density of primary school children's lunchboxes.

Methods: A cross sectional study was conducted in 12 Catholic primary schools in the Hunter region of New South Wales, Australia in 2017. Mean kilojoule (kJ) content, and categorisation of foods and drinks in lunchboxes as 'everyday' (healthy) or discretionary (sometimes) foods was assessed via a valid and reliable lunchbox observational audit tool. Subgroup analyses by sex, socio-economic status, age and weight status was also conducted.

Results: Of the 3772 students enrolled in Kindergarten to Grade 6, 1769 lunchboxes were observed (47%). The proportion of lunchboxes containing only 'everyday' foods was 12%. The mean energy from foods and drinks packed in school lunchboxes was 2748 kJ, of which 61.23% of energy was from 'everyday' foods and 38.77% of energy was from discretionary foods. Children in Kindergarten-Grade 2 packed more serves of 'everyday' food (3.32 vs 2.98, p=0.002), and children in Grades 3-6 had a higher percent of energy from discretionary foods (39.14% vs 33.78%, p<0.001). Children from the most socioeconomically disadvantaged areas had higher total energy in the school lunchbox, compared to the least disadvantaged students (2842 kJ vs 2544 kJ, p=0.03).

Conclusion and Recommendation: Foods packed within school lunchboxes are a significant contributor to energy imbalance. The development of public health interventions are warranted to improve the nutritional quality of children's lunchboxes.

State-wide school canteen policy compliance: an objective assessment

Authors: Ms Megan Sauzier¹, Mrs Amanda Ferguson¹, Ms Gael Myers^{2,3}, Ms Simone Pettigrew², Mrs Claire Hyland¹

Affiliations: ¹Western Australian School Canteen Association Inc., East Perth, Australia, ²School of Psychology, Curtin University, Perth, Australia, ³Cancer Council WA, Perth, Australia

Abstract:

Introduction: The Department of Education's Healthy Food and Drink (HFD) policy has been implemented in WA public schools since 2007. It is underpinned by a traffic light system of categorising food and drinks as green, amber and red, based on their nutritional value. The WA School Canteen Association (WASCA), funded by Department of Health, supports schools to implement the policy's five-core areas, including canteen menus. Over a decade since implementation, it was important to objectively examine compliance.

Methods: School principal self-reporting (2017) revealed 99% of school menus comply with the requirements of the policy. Validating this via objective assessment of online canteen menus (n=136) was required. Each menu item was colour coded as green (fill the menu), amber (selected carefully) or red (off the menu; lack nutritional value).

Results: The majority of schools offered ≥60% green items (84%) and ≤40% amber items (90%) and over half (52%) of the menus also excluded red items. Primary schools and metropolitan schools were more likely than their secondary/regional counterparts to meet menu policy requirements. On average, 70% of items were green (fruit; sandwiches), 28% were amber (pie; fruit muffin) and 2% were red (flavoured water; icy poles).

Conclusion & Recommendations: The menu audits revealed high levels of policy compliance. A large proportion of menus included red items, however it is important to note that the actual number of red items identified was low. Increasing support to secondary and regional schools was identified, and recently actioned, as a priority area to further increase compliance.

A community approach to supporting healthy children by using systems thinking

Authors: Ms Jenny Burrows¹

Affiliations: ¹Numurkah District Health Service, Numurkah, Australia

Abstract:

Background: The rural area of Moira Shire has high adult chronic disease along with multiple risk factors (obesity, smoking). There is concern this generational cycle perpetuates in Moira children.

Local area monitoring research of children provided evidence that obesity, dental caries and associated risk factors are indeed alarmingly high. A different approach was introduced to build community capacity to facilitate change across this complex issue.

Body: Deakin University conducted 10 week pilot training in the systems thinking process. Community engagement was launched by the lead (backbone) agency with group model building (GMB) workshops. Participants developed a shared understanding of the problem, identified contributing factors and developed a community specific, causal loop 'map'.

A community forum developed key priorities, actions and plans to progress initiatives. This activity stimulated community interest and enthusiasm to begin creating change in their own settings.

A ground swell of action has ensued with over 100 interventions to date. The backbone agency monitors progress, maintains momentum and shares learning's. Communicating to stakeholders and community has been strengthened by the More4Moira branding; developed to provide community identity and ownership in creating the change.

Summary: Supporting healthy children is complex, it requires community engagement, ownership and drive for action. The systems thinking GMB process allowed sharing of knowledge, experiences and understanding of the issues contributing to the problem. Causal map development was significant to build community ownership, foster action at the local level and visualise the possibilities.

Monitoring research will be repeated in 2019 to support long term evaluation.

2C - Rapid Fire

Clarendon Room B 15:30 - 17:00

Alcohol: a missing piece in mental illness and suicide prevention discussions

Authors: Ms Patricia Hepworth¹, Dr Rebecca Matthews^{1,2}, Ms Anna Rafferty¹

Affiliations: ¹Foundation For Alcohol Research And Education, Deakin, Australia, ²ACT Health, Civic, Australia

Abstract:

Context: Alcohol is a psychoactive, addictive drug and a depressant, yet it is frequently absent in policy discussions on mental health and suicide prevention.

Process: A literature review was conducted to understand the range and magnitude of connections between alcohol, mental health and suicide, with a view to identifying appropriate policy interventions.

Analysis: Evidence indicates that more than 20 per cent of people who die by suicide in Australia have an alcohol use disorder at time of death. In Australia, suicides and sudden or unnatural deaths involving alcohol predominantly happen at night, in the home environment.

Acute alcohol consumption increases the risk of attempted suicide, and at a population level, greater levels of consumption are associated with a greater likelihood of suicide risk.

Alcohol use disorders often coexist with mental health disorders, and when they do, disease is more severe and treatment is more challenging.

Alcohol also impacts on the mental health of third parties; people with a problematic drinker in their life have worse mental health, and people with fetal alcohol spectrum disorder (FASD) are disproportionately affected by mental health comorbidities and disproportionately at risk of suicide attempt or completed suicide.

Outcomes: Strategies to reduce alcohol consumption and availability at a population level are critical to effective suicide prevention and reducing the burden of mental illness in Australia. In particular, we hypothesise that reducing the availability of off-premise alcohol that can be consumed late into the night in the home environment could help to prevent some cases of suicide.

Attitudes and awareness to alcohol labelling in Australia

Authors: Ms Alice Bastable¹, Ms. Gael Myers³, Ms. Nina Sapountsis², Ms. Liyuwork Dana², Professor Simone Pettigrew², Ms. Jenny Atkins³, Mr. Steve Pratt³, Ms. Alison McAleese¹,

Affiliations: ¹Cancer Council Victoria, Melbourne, Australia, ²Western Australian Cancer Prevention Research Unit, Perth, Australia, ³Cancer Council Western Australia, Perth, Australia

Abstract:

Background: Alcohol is a significant contributor to the total burden of disease in Australia. Alcohol product labelling, including the addition of health warnings and other information, can play a role in reducing alcohol-related harm and illness. Understanding public awareness, acceptance, and understanding of alcohol labelling is important for determining public support and informing policy.

Methods: As a part of the 2018 Shape of Australia survey, we investigated public perceptions surrounding attitudes to and awareness of alcohol labelling. The survey was conducted by Cancer Council Victoria and Cancer Council Western Australia. An online survey was administered to 2,010 Australians aged 18+ years. The sample was nationally representative in terms of age, gender, and socioeconomic status.

Results: Two-thirds of people surveyed supported alcohol packaging, including kilojoule labelling, an ingredients list, more prominent standard drink measures, pregnancy warning labels, and other health warnings. There was poor awareness of the currently self-regulated pregnancy health warning labels. Less than one-third of respondents had seen either the pictorial or text pregnancy warning labels on alcoholic products. Respondents were more likely to notice the warning on wine products.

Conclusion: This research demonstrates there is high public support for more detailed labelling on alcohol products, in particular the use of pregnancy warning labels. This is relevant as mandatory pregnancy warning labels are in the process of being implemented by government. The results indicate there is very low awareness of current pregnancy labelling in Australia, potentially because it is not mandatory and due to the variation in formats used.

Countering alcohol industry interference in the development of Australia's National Alcohol Strategy

Authors: Trish Hepworth, Dr Jenny Goodare¹

Affiliations: ¹Foundation For Alcohol Research And Education, Deakin, Australia

Abstract:

Context: Australia has not had a national alcohol strategy since 2011. A new National Alcohol Strategy for 2018-2026 is currently in development. A draft of this Strategy was released for public consultation in December 2017.

Process: A content analysis was undertaken of alcohol industry submissions to the public consultation. Seventeen relevant submissions were identified, which comprised almost 17 per cent of the total public submissions. Comparisons were made across submissions to extract industry-wide positions. From this, eight consistently used industry frames were identified.

Analysis: Four frames will be discussed which are particularly misleading and problematic for public health: ‘the alcohol industry is a legitimate stakeholder and partner in reducing alcohol harm’; ‘Australia is already making good progress on alcohol and therefore no change is needed’; ‘moderate alcohol consumption has population health benefits’; and ‘population-wide measures are ineffective and unjustified’.

Outcomes: The inaccuracy of the claims will be briefly discussed, but the focus of this paper will be on what this analysis tells us about Big Alcohol’s strategy in Australia to counter the Government’s attempts to introduce strong alcohol policies to counter alcohol harm. This research will also be set in the context of wider industry interference in the development of the National Alcohol Strategy, and will discuss counter-strategies employed by the public health sector.

Cost benefit analysis of a community youth alcohol prevention initiative in Australia

Authors: Julie Abimanyi-Ochom², Dr Bosco Rowland¹

Affiliations: ¹*Deakin University, Faculty of Health & Communities that Care, Burwood, Australia*, ²*Deakin University, Faculty of Health, School of Health Economics, Burwood, Australia*

Abstract:

Introduction: Internationally, adolescent populations are at an historic high. Adolescent alcohol consumption is one of the major preventable causes of health and social problems. In the USA, the Communities that Care (CTC) prevention framework has been shown to be cost-effective in reducing adolescent social problems.

Methods: This paper estimated the short-term cost benefit of CTC to reduce adolescent alcohol use in four CTC communities. Targeted cohorts were aged 10-14 years and older adolescents as these cohorts aged.

Results: CTC as an adolescent alcohol prevention strategy was cost-effective with a return of approximately \$2 AUD for each dollar invested. Per youth, the weighted average cost was \$125 AUD and the benefit \$268 AUD. CTC became more efficient with later implementations.

Conclusion: This study demonstrates that implementation of CTC is likely to be cost-effective in Australia as an adolescent alcohol prevention strategy. This study extends the range of cost-effective interventions available in the international context to prevent adolescent health and social problems. It suggests that mobilizing communities to work within a prevention framework to either implement evidence-based programs or reorient services can be cost-effective.

Time to rethink self-regulation for alcohol control

Authors: Miss Clare Slattery¹

Affiliations: ¹*McCabe Centre for Law and Cancer, Melbourne, Australia*

Abstract:

Context: The alcohol industry has for decades played a leading role in the design, development, implementation and enforcement of both domestic and international alcohol control regulatory measures. The involvement of a powerful industry together with uneven political will, the social and cultural acceptability of alcohol in many parts of the world, and debate in relation to the level of alcohol consumption that minimises health risks, has resulted in self-regulation dominating alcohol control legal landscapes around the world. However, evidence has consistently found that self-regulatory measures result in uneven progress in combatting alcohol-related harm. Recent years have seen strong evidence emerge that there is no safe level of alcohol consumption and call into question the role of a profit-driven industry in alcohol control regulatory measures.

Process: An examination of why countries who have recently announced mandatory alcohol control measures have moved away from self-regulation.

Analysis: In 2018, Ireland, Australia and New Zealand all took steps to move from self-regulation to legislative approaches for alcohol control on public health grounds. All three countries decided on new mandatory labelling requirements for alcoholic beverages – New Zealand and Australia decided to introduce mandatory pregnancy warning labels and Ireland became the first country in the world to pass legislation requiring cancer warning labels for alcoholic beverages – following periods of ineffective self-regulation.

Lessons learned: This presentation will explore the challenges associated with self-regulatory approaches to alcohol control highlighting emerging evidence on the harms of alcohol consumption and recent cases of countries moving towards legislative measures.

Alcohol Cultures: A guide to public health action on risky-drinking cultures

Authors: Dr Karen Turner¹, Associate Professor Virginia Lewis²

Affiliations: ¹*Vichealth (Victorian Health Promotion Foundation), Carlton, Australia*, ²*Australian Institute for Primary Care & Ageing, La Trobe University, Melbourne, Australia*

Abstract:

Context: The influence of culture on alcohol consumption and harm is widely recognised, but poorly defined and implemented in alcohol prevention programs. Consumption data can tell us how much and how often individuals consume alcohol products, but it doesn't tell us where, what, why and with whom people drink.

Process: In collaboration with partners, VicHealth developed the Alcohol Cultures Framework which is a planning tool for practitioners interested in changing risky-drinking cultures to reduce harm from alcoholic products. The Framework defines 'alcohol culture' as the way a group of people drinks, including their shared understanding of formal rules, social norms, practices, values and beliefs around what is and what is not socially acceptable for a group of people when they get together. It shifts the focus from the behaviours of individuals to the shared practices of a group, which we call a social world. The Alcohol Culture Change Initiative currently supports nine project teams to undertake interventions in risky-drinking social worlds in Victoria. The investment supports an overarching evaluation which includes a world-first common suite of indicators to measure change in drinking cultures, contributing to the impact and outcome assessment of all nine projects.

Analysis: We describe the key thinking that underpins the Framework, the common indicators and early learnings based on data from the nine projects.

Outcomes: Our experiences suggest that applying an alcohol culture change framework is a promising way forward to create and measure coordinated action for alcohol harm reduction.

Top Spin – engaging young people on alcohol industry tactics

Authors: Ms Sarah Posner¹, Ms Emma Saleeba

Affiliations: ¹*VicHealth, Carlton, Australia*

Abstract:

Background and context: Young people are drinking less alcohol than previous generations making them a voice for change. VicHealth's Top Spin is a statewide competition asking young Victorians (18-29 years) to call out the sneaky tactics used by the alcohol industry to influence them to drink.

Aim: Top Spin raises awareness among young Victorians about the role of alcohol companies to increase public support for better alcohol policies and practices.

Strategy: By using a statewide competition, young adult Victorians developed creative communications, which fed into the broader conversation. There was no paid media assigned to the initiative so it relied on earned public relations activity and partners to achieve reach.

Program process: In 2018 and 2019, Top Spin ran over five weeks with entries ranging from text, image or a short video. Each week, one entry was awarded a \$1000 major cash prize.

Outcomes: The 2018 pilot achieved promising results: over 230 entries and over 4,000 unique website visits.

A survey of participants demonstrated that Top Spin was successful (92%) in increasing concern around alcohol.

Our evaluation also highlighted easy program changes to address barriers to participation.

So what'/Implications: The power of young adult voices and their concerns is evident. In 2019, VicHealth continued this conversation improving program design and co-designing with young people to facilitate participation (year two results will be available at conference).

Harm reduction in gambling: approaches to reducing electronic gambling machine numbers

Authors: Ms Cassandra de Lacy-Vawdon¹, Associate Professor Charles Livingstone¹

Affiliations: ¹*Monash University, Melbourne, Australia*

Abstract:

Introduction: Electronic gambling machines (EGMs) are the most harmful gambling form in Australia. EGM harm prevention approaches have concentrated on individual behavioural interventions. Population-level interventions may be more effective, including reducing EGM accessibility in communities.

Methods: Regulatory interventions (including proposed and implemented) for permanently reducing EGM numbers in community settings, in Australia and overseas, were reviewed. Academic, grey and governmental sources of literature were searched.

Results: Interventions were diverse with mixed results. These included: outright bans (Russia and Albania); municipal 'sinking lid' schemes (New Zealand); a government-run monopoly that temporarily banned high-intensity EGMs before re-introducing lower-intensity EGMs (Norway); trading schemes (ACT and South Australia); an incentivised reduction scheme (ACT); and, proposals to remove EGMs from community venues (Tasmania and South Australia). Despite legal delays, Norwegian interventions appear most effective. Russian bans appear associated with increased illegal casino and reverse engineering activities. New Zealand interventions appear slow acting, failing to address immediate harms. Australian approaches have seen limited EGM reductions.

Conclusion and recommendations: Interventions to reduce EGMs have often involved punitive measures. These have seen some success, and some undesirable consequences. Overseas interventions have favoured substantial changes to the EGM market, whilst gradual changes have been sought in Australia and New Zealand. Other interventions may be more effective in reducing gambling-related harm in Australia and should be explored further. EGM reductions should be prioritised in areas of high concentration and social stress, and differential treatment of hotel and club EGM venues in Australia and New Zealand should be reviewed.

Love the Game, Not the Odds: Preventing Gambling Harm Through Victorian Sport

Authors: Ms Sharin Milner¹

Affiliations: ¹*Victorian Responsible Gambling Foundation, Melbourne, Australia*

Abstract:

Context: Sports betting is the fastest growing form of gambling in Australia. In the five years between 2011 and 2016, the amount spent by Victorians on sports betting more than doubled. Saturation advertising and increased accessibility through smartphones are major contributors to this upsurge.

In 2018 the Victorian Responsible Gambling Foundation completed an independent review of its Love the Game Sporting Club program, an initiative that aims to shift focus away from gambling and back to the love of sport.

More than 300 community and elite sporting clubs – including all ten Victorian AFL clubs - have signed on to the Program's Charter, affirming their commitment to refusing partnerships with sports betting agencies and raising awareness of gambling harm.

Outcomes: This presentation will outline the key findings of a strategic review that is now informing the Love the Game program's evolution, including a shift to prevention and targeting young people through capacity building of their key influencers (parents, coaches, elite athletes) so they may have conversations with teenagers that disrupts the normalisation of betting and sport. The program will continue to support Victorian sporting clubs to create supportive environments through activities that reduce the exposure of young people to gambling promotion in the setting.

Love the Game is truly smashing silos in an effort to reshape social norms and instil more critical thinking around the potential impact and harms stemming from the insertion of gambling as a regular part of how we experience sport.

HEPReady regional viral hepatitis workshops, An evidence based approach.

Authors: Mr Martin Forrest¹

Affiliations: ¹*Hepatitis Victoria, Brunswick, Australia*

Abstract:

This presentation seeks to explore the available evidence base that is considered when designing a regionally integrated health promotion response to high levels of viral hepatitis in our community.

Supported by the Department of Health and Human Services, Hepatitis Victoria is conducting a series of professional development workshops with associated media and community engagement events in areas where disease prevalence is high, or treatment uptake rates are low.

With the aim of providing information on testing, treatment, management and prevention of hepatitis B & C, as well as promoting relevant regional referral pathways, it is hoped that the high levels of liver cancer associated with the diseases can be reduced.

The regional campaigns rely on strong partnerships with local community and health services to upskill all staff who may work or engage with, people living with, or at risk of viral hepatitis.

The workshops are specifically designed for a wide range of community and health service staff, including, migrant and refugee, drug and alcohol, Aboriginal health and community, homeless, custodial and primary and allied health among others.

In addition to the workshops, awareness raising media campaigns combined with community engagement events are designed to extend the reach across the regional community and encourage the uptake of testing and treatment and a reduction in the levels of stigma associated with the conditions.

Promoting Mental Health: The Get Healthy at Work Brief Health Check

Authors: Dr Joe Xu¹, Mr Alexander Williems¹, Ms Vincy Li¹, Professor Chris Rissel¹

Affiliations: ¹*NSW Office Of Preventive Health, Sydney, Australia*

Abstract:

Introduction: Get Healthy at Work (GHaW) is a state-wide NSW Government program to reduce chronic disease among workers and supports workplaces to promote healthier practices such as healthy eating, physical activity, and active travel. A key component of the program is the Brief Health Check (BHC), which assesses individuals' risks of lifestyle-related chronic diseases, particularly diabetes and heart disease, and provides tailored advice and referrals to appropriate services when needed. To

adopt a more holistic approach to promoting workplace health, the BHC is being expanded to include mental health and wellbeing.

Method: Mental health researchers and clinicians were consulted about the best brief instruments to incorporate mental health and wellbeing into the existing BHC, including developing tailored advice and identifying appropriate referral pathways for individuals identified to be at risk of mental ill-health. The new BHC was piloted with three NSW Government agencies.

Results: The new BHC and tailored advice has been received positively by the pilot participants. Around 80% of participants have indicated that the new questions are appropriate and easy to understand, and over 90% have agreed with their risk scores. Three quarters of the participants who were referred to other services indicated that they intend to use that service.

Conclusion: Based on the pilot findings, the addition of mental health and wellbeing into the BHC has been highly acceptable, appropriate, and useful. The expanded BHC and associated resources could be incorporated into other health promotion activities, particularly those for workplaces.

2D - Rapid Fire

Clarendon Room D, 3:30pm - 5:00pm

Obesity, body image and past screening experiences: impacts on breast screening participation

Authors: Dr Kate Mcbride¹, Mr Sam Hogan¹, Professor Jane Ussher¹

Affiliations: ¹Western Sydney University, Penrith, Australia

Abstract:

Background: Obesity is a growing global health issue and increases risk of chronic diseases, such as breast cancer. Evidence suggests individuals with a higher body mass index (BMI) are less likely to engage in preventative health screens due to self-stigmatisation and poor experiences, despite being at higher risk of chronic disease.

Methods: An online survey investigating breast screening participation, body shame and past screening experiences was distributed to women in Australia via targeted social media marketing using Facebook. Descriptive statistics, chi-square tests of independence and generalised linear regression were used to analyse the data.

Results: Among the women who completed the survey (n=892), negative past screening experiences were correlated and reduced levels of rescreening (p = 0.0001). Higher BMI was also associated with reduced rescreening (p = 0.007) compared to those with a lower BMI. Increased body shame scores were also linked to negative previous screening experiences (p <0.0001). These data also suggest body image disturbances may be correlated with BMI. Low body shame was associated with higher healthcare seeking scores (p <0.0001).

Conclusion: Body image, obesity and past screening experiences influence how women access breast screening programs. Having a higher BMI appears to contribute to negative screening experiences via increased body image shame, both of which may reduce screening among obese women. Consideration of these issues is warranted if screening participation is to be optimised in this group of higher risk women, as well as education for mammographic staff on sensitive handling of obese women.

Type 2 diabetes and cardiovascular disease prevention in Victoria – Life! program

Authors: Bianca Caputi, Madelaine Griffith, Elleni Kaias, Lauren Martin

Abstract:

Context: The Life! program continues to evolve using an action-based research approach to continuous improvement. In 2018, new activities were trialed to increase program intensity and duration in order to align Life! with similar international prevention programs. Life! is funded by the Victorian Government and coordinated by Diabetes Victoria and is one strategy to reduce the incidence of type 2 diabetes (T2D) and cardiovascular disease (CVD) in Victorian adults.

Process: Research was undertaken to inform the technical design and development of an online platform and 12-month session (12MS). Content for these program enhancements was developed using co-design and traditional consultation methods with various stakeholders. The 12MS was piloted and the online platform underwent user testing to inform implementation from July 2018. The first phase of the online platform consists of emails and SMS reminders. Life! participants and stakeholders continue to provide valuable input enabling Life! to deliver a more effective intervention.

Analysis: Life! participants and stakeholders support the inclusion of the 12MS and online platform. Early analysis indicates an ongoing reduced risk of T2D and CVD compared with pre-intervention levels. Participants have engaged with the online platform and to date the online platform has achieved an above industry standard email open rate of 57 per cent, a low unsubscribe rate of 1.7 per cent and on average 3-minute view time.

Outcomes: Ongoing evaluation of these program enhancements and continued incorporation of feedback from stakeholders enables the program to progress towards alignment with evidence-based guidelines and international diabetes prevention programs.

Giving Women a Sporting Chance: Putting gender on the agenda

Authors: Bernadette Duffy¹

Affiliations: ¹Djerriwarrh Health Services, Melton, Australia

Abstract:

Background: Violence against women is a serious, prevalent and preventable epidemic that won't be stopped by one person, one organisation or one action alone.

Sporting clubs are recognised as important settings for challenging rigid gender stereotypes and for taking action towards achieving gender equity, therefore increasingly being an environment that prevents and rejects violence against women.

Body: The 'She's Game: Women in Sport' awards and campaign were developed to acknowledge the important role that sporting clubs have in increasing female participation and broadening the opportunities, including leadership opportunities, that women and girls have. This was achieved by recognising the numerous contributions of women and girls to clubs and associations.

We had previously experienced reluctance from some local clubs when offering support to explore gender equity or how their club could assist in the prevention of violence against women. ‘She’s Game’ provided an opportunity for clubs to reflect on their own achievements, become aware of the actions of other clubs and to identify gaps that they could address.

In front of an audience of over 250 people, 8 women were acknowledged with ‘She’s Game’ awards and a further 3 with encouragement awards, representing 9 different sports across the Melton municipality.

Summary: Engaging with sporting clubs in prevention work involves acknowledging that they are complex and dynamic places, often relying heavily on volunteer support. Encouraging and awarding sporting clubs for their progress should not be underestimated. This process of engagement with clubs has generated allies and mentors ready for further action.

A Collaborative Approach to making the Healthy Choice the Easy Choice

Authors: Miss Kat Thorn¹, Miss Linda Hunt¹, Miss Gemma Paton²

Affiliations: ¹Wellington Primary Care Partnership, Sale, Australia, ²Central Gippsland Health, Sale, Australia

Abstract:

Background: Central Gippsland Health’s (CGH) cafeteria serves approximately 45,000 meals each year and has the ability to make a difference to the health of their community by making the healthy choice the easy choice. The CGH Health Plan 2012-2022 states the initiative ‘Healthy choices: food and drink guidelines for Victorian public hospitals’ (Healthy Choices) is to be fully implemented as a part of CGH’s primary prevention strategy to address cardiovascular disease and obesity. Wellington Primary Care Partnership (WPCP) is co-located at CGH and works to support projects with a preventative focus in the community.

Body: Wellington Primary Care Partnership supported the implementation of the ‘Healthy Eating’ benchmark of the Achievement Program at CGH, under the guidance of Alfred Health. CGH demonstrates leadership in health promotion and population health by making the healthy choice the easy choice through a number of initiatives which includes reviewing menus, modifying the physical environment, adding posters and signage (‘nudge cards’), education, and policies supporting making healthier choices.

Summary: The partnership worked together to increase the availability and promotion of healthier food and drink choices and have reduced the availability and promotion of less healthy choices in the CGH cafeteria. This has resulted in a 7% increase in “green” items being purchased and a 7% reduction of “red” items, as well as a 17% increase in overall revenue. The development of a partnership and working group with wide representation helped to overcome some barriers associated with implementing a Healthy Choices compliant menu in a hospital cafeteria.

Unhealthy food and drink promotion - what are the Government levers?

Authors: Dr Karen Menigoz¹, Ms Cathie Gillan¹, Ms Simone Braithwaite¹, Mr Roger Meany¹

Affiliations: ¹Queensland Department of Health, Brisbane, Australia

Abstract:

Context: Unhealthy food and drink promotion contributes to the consumption of products linked to obesity. State and Territory Governments in Australia have undertaken various approaches to reduce or ban advertising of unhealthy food and drink, alcohol and other products linked with social harms, such as gambling and weapons. These approaches have primarily focused on advertising on public transport infrastructure and follows the example set overseas, including bans on advertising of various unhealthy products in London, Amsterdam and Ireland.

Process: With consideration to the Queensland Government target to achieve a 10 per cent increase in healthy weight by 2026, the Department of Health undertook a cross-government scoping exercise to understand how unhealthy food and drink was advertised on Government advertising spaces in Queensland. This scoping exercise sought to: (1) identify the range of Government advertising spaces across agencies, and (2) understand the mechanisms to influence advertising content on those spaces.

Analysis and Outcomes: The scoping exercise identified over 2,000 advertising spaces controlled by various Queensland Government agencies. Some were on public transport infrastructure, while others were on roadsides and in stadiums. Considerable cross-government engagement occurred to understand what options were available to reduce the promotion of unhealthy food and drinks in the Queensland context. Further outcomes will be discussed during the presentation.

Local food environments in Melbourne, Victoria: translating evidence into policy and practice

Authors: Dr Maureen Murphy¹

Affiliations: ¹The University Of Melbourne, Melbourne, Australia

Abstract:

Introduction: Obesity is a major public health challenge and risk factor for non-communicable disease. Spatial access to food outlets may influence dietary intake and diet-related diseases, including obesity. The aims of this research were to conceptualise and develop local food environment indicators to inform urban planning policy and practice, and to make recommendations for governance actions to advance healthy local food environments. This presentation focuses on efforts to translate research findings into Victorian policy and practice.

Methods: Using a mixed-methods approach, population survey data for 3,128 adults in Melbourne, Australia were analysed to examine associations between access to supermarkets and fast food chains, dietary intake and BMI. Key stakeholder interviews with 27 government, non-government and private sector policymakers from urban planning, public health and urban economics were conducted.

Results: Supermarket density within 800 m and 1000 m was protective of BMI for participants residing in high disadvantage areas. In established urban areas, fast food chain density within 800 m and 1000 m was associated with higher BMI. While government, non-government and private sector stakeholders have a role in influencing food environments, responsibilities were dispersed. Contextual factors that influence the development of local food environments were identified.

Conclusion: Modifying the local food environment for improved health outcomes requires coordinated and comprehensive governance action, including urban planning and design policy, partnership development, and leadership from multiple levels of government and sectors, including civil society. This presentation identifies opportunities on the way forward to support healthy local food environments through policy and practice.

Implementation of obesity prevention policies and practices in family day care settings

Authors: Dr Jannah Jones^{1,2,3,4}, Mr Allen Stanley¹, Ms Maryann Falkiner¹, Dr Meghan Finch^{1,2,3,4}, Ms Vanessa Herrmann¹, Ms Sue Green¹, Ms Melanie Lum¹, Dr Serene Yoong^{1,2,3,4}

Affiliations: ¹Hunter New England Population Health, Wallsend, Australia, ²School of Medicine and Public Health, University of Newcastle, Australia, ³Hunter Medical Research Institute, Newcastle, Australia, ⁴Priority Research Centre for Health Behaviour, University of Newcastle, Australia

Abstract:

Introduction: This presentation will describe the findings and implications of a study that examined the current implementation of recommended obesity prevention policies and practices in a sample of Australian family day care services.

Methods: All family day care service providers (those responsible for managing organisational structures) (n=16) and a sub-sample of family day care educators (n=174) located across the Hunter New England region of NSW, Australia participated in a telephone survey in 2018. Service provider surveys assessed organisational characteristics together with implementation of 13 recommended healthy eating and physical activity promoting policies and practices. The survey with educators assessed the implementation of seven of these practices.

Results: The most prevalent practices implemented by service providers and educators included ensuring educators have access to suitable physical activity equipment (>98%) and communicating with families when children's lunchboxes were not compliant with dietary guidelines (>80%).

Policies and practices assessed that had lower implementation rates included: physical activity (31%) and small screen (19%) policies; educators trained in physical activity (19%); appropriate use of small screen recreation for children (19-36%); and the provision of daily fundamental movement skill activities for children aged 3 to 5 (31-76%).

Conclusion & Recommendation: There is considerable scope to improve the implementation of obesity prevention policies and practices in family day care settings, particularly for physical activity. Future research examining barriers and enablers to implementation, together with establishing effective approaches to improve the implementation of recommended policies and practices is required to ensure health benefits for children attending these services

The population health benefits of reducing consumption of discretionary foods in Australia

Authors: Dr Anita Lal¹, Ms Jaithri Ananthapavan¹, Dr Vicki Brown¹, Ms Phuong Nguyen¹, Ms Utsana Tonmukayakul¹, Associate Professor Gary Sacks¹, Prof Marj Moodie¹, Prof Anna Peeters¹

Affiliations: ¹Deakin University, Burwood, Australia

Abstract:

Background: Over one third of Australians' daily energy intake is from discretionary foods and drinks, which are caloric dense. This study estimates the obesity-related health benefits and healthcare cost-savings of reduced consumption of various discretionary foods in Australians.

Methods: A reduction in one serve per week of sugar-sweetened beverages (SSBs), ice cream, chocolate, sweet biscuits, cakes, and salty snacks was modelled to estimate the impact on energy consumption (kilojoules) and population body weight, assuming no compensation of other foods. Discretionary food intake was based on the Australian Health Survey 2011 and serving sizes were defined by the Australian Dietary Guidelines. Proportional multi-state multiple-cohort Markov modelling estimated lifetime reductions in obesity-related diseases, health adjusted life years (HALYs) gained and healthcare costs saved.

Results: Reduced consumption of one serve of sweet biscuits (2-3 biscuits, approximately 35g) per week would result in 135,440 HALYs gained and \$1.304B in healthcare cost savings. It would prevent 53,012 cases of type II diabetes, 24,285 cases of ischaemic heart disease, 9,939 cases of stroke, 25,497 cases of osteoarthritis and 6,830 cases of cancer. Reduced consumption of one serve of sugar sweetened beverages (SSBs) (375ml) per week had the second highest impact. Other discretionary foods had lower yet substantial impacts on each of the obesity-related diseases and healthcare cost savings, ranging from \$1.302B (SSBs) to \$441M (salty snacks).

Conclusions: The results provide evidence for policy makers to target certain products for reduction, and also for health promotion practice, highlighting key foods that contribute most to the health burden.

Priority setting for obesity prevention: results from the ACE-Obesity Policy study

Authors: Ms Jaithri Ananthapavan^{1,2}, Dr Victoria Brown^{1,2}, Associate Professor Gary Sacks², Professor Marj Moodie^{1,2}, Ms Phuong Nguyen^{1,2}, Professor Lennert Veerman³, Dr Ana Maria Mantilla Herrera⁴, Dr Anita Lal^{1,2}, Professor Anna Peeters², Professor Rob Carter¹

Affiliations: ¹Deakin Health Economics, Institute for Health Transformation, Deakin University, Burwood, Australia, ²Global Obesity Centre, Institute for Health Transformation, Deakin University, Burwood, Australia, ³School of Medicine, Griffith University, , Australia, ⁴The University of Queensland, , Australia

Abstract:

Background: Addressing the obesity epidemic in Australia will require a comprehensive societal response. Informed action requires comparative evidence on the costs, benefits and broader implementation aspects of policy options.

Objective: To present the results from the Assessing Cost-effectiveness (ACE) of Obesity Prevention Policies in Australia priority setting study.

Methods: Using a societal perspective, cost-effectiveness and implementation analyses were undertaken for sixteen obesity policy interventions across a range of sectors and levels of government, and the private sector. The ACE approach which combines methods for technical cost-effectiveness analyses with qualitative analysis of key implementation considerations (strength of evidence, equity, acceptability, feasibility and sustainability) was utilised. The long term health and economic impact of changes in weight resulting from each intervention was modelled over the lifetime of the 2010 Australian population using a multi-cohort Markov model. Key outcomes of the modelled analysis included incremental health adjusted life years (HALYs), intervention costs, health care cost savings and incremental cost-effectiveness ratios (ICERs). Extensive uncertainty analyses were performed and results presented with 95% uncertainty intervals.

Results: All sixteen interventions were assessed as cost-effective for the Australian context. Eleven interventions were assessed as being both cost-saving and health promoting (dominant). Increased alcohol taxation was ranked highest in terms of cost-effectiveness and health benefits, followed by a 20% tax on sugar-sweetened beverages and restricting television advertising of unhealthy foods. Implementation issues varied across interventions.

Conclusion: There are a range of cost-effective obesity prevention strategies that could be considered when developing a comprehensive obesity prevention strategy.

Collaboration and relationship building: a case study of the Obesity Advocacy Targets

Authors: Ms Ainslie Sartori¹

Affiliations: ¹PHAIWA, Bentley, Australia

Abstract:

Context: When you ask public health practitioners in Western Australia what their top five asks for obesity are, you can almost guarantee that there will be no consensus. Unlike other areas such as physical activity or tobacco, the obesity sector in WA is not yet organised to identify where resources are best placed to address the ever increasing obesity crisis. Recognising that overweight and obesity like many significant public health issues, is not caused – nor can it be solved – by a single individual, organisation or community, the Public Health Advocacy Institute of Western Australia (PHAIWA) committed to conducting a consensus-led process in 2019 to develop Western Australian obesity targets.

Process: To provide context for the development of the advocacy targets, PHAIWA selected five evidence-informed obesity themes as the basis on which to develop obesity targets at an Obesity Advocacy Targets (OAT) forum. Keynotes were briefed to only focus on the future needs, to not repeat what we already know and provide inspiration for the development of the targets. Criteria for formulating the targets was developed for to guide the development of the advocacy targets. Analysis

The collaboration between expert keynotes and delegates at the Obesity Targets Forum resulted in a consensus-led, evidence informed obesity advocacy strategy for public health professionals in Western Australia that resulted in the first step to smash down the silos.

Outcomes: The advocacy targets have become the blueprint for Western Australian advocates and policy makers as Western Australia strives towards reducing the obesity epidemic.

Reflections on an advocacy campaign to reduce junk food advertising

Authors: Ms Wendy Watson¹, Ms Korina Richmond¹, Ms Bernadette Roberts¹

Affiliations: ¹Cancer Council NSW, Woolloomooloo, Australia

Abstract:

Context: Studies have found a high prevalence of unhealthy food advertisements on NSW train platforms and around schools. Unhealthy food marketing contributes to childhood overweight and obesity. Overweight children are more likely to be

overweight adults, increasing their risk of 12 different cancers. Advocacy efforts have focused on Commonwealth government regulation, however state governments have a role.

Cancer Council NSW facilitates the community to advocate for changes to cancer-related public policy. Advocacy leading up to the NSW election (March 2019) included a policy recommendation that the next NSW Government remove junk food advertising from state-owned property to reduce children's exposure; and support national regulations on food marketing to children.

Process: The recommendation was developed through analysis of public policy and research; and consultation with staff, advocates and external stakeholders. Approximately 100 skilled volunteer advocacy leaders met with decision-makers, facilitated local forums, elicited media and told their personal stories. Research was also undertaken during the life of the campaign and published in time to provide critical media opportunities.

Analysis: This overview of the advocacy campaign will focus on the development of the policy recommendation, research and advocacy strategies. The outcome of the campaign will be discussed reflecting on what worked well and areas for improvement in future advocacy campaigns to reduce the risk of cancer through healthier food policy.

Outcomes: Advocacy campaigns can raise public and political awareness of the role of food policy in addressing childhood obesity, increase public ownership of the issue and set an agenda for future campaigning.

2E - Rapid Fire

Clarendon Room E, 3:30pm – 5:00pm

Quality Appraisal of Economic Evaluations done on Oral Health Preventive Programs-A Review

Authors: Prof Rodrigo Mariño¹, Dr Gayatri Ravisankar¹, A/Prof Carlos Zaror²

Affiliations: ¹University Of Melbourne, Parkville, , ²Universidad de la Frontera, Temuco, Chile, Temuco, Chile

Abstract:

Introduction: This study was undertaken with the purpose of identifying economic evaluations done on oral health preventive programs and to assess the standard of economic evidence in this field.

Methods: A systematic search was conducted using four major electronic databases in order to search for economic evaluations done on oral health preventive programs. This included economic evaluations that were published between January 1975 and June 2016 on preventive interventions for periodontal disease, oral cancer screening, and other common oral health conditions. To avoid duplications with previous studies, for dental caries interventions, this review included studies from April 2012 and June 2016. "Guidance to undertaking reviews in health care", developed by York University, was used to assess the quality of reporting in the evaluations, using which strengths and shortcomings were identified.

Results: A total of 2026 records were found in the initial search. After title and abstract screening, and elimination by full text review, 32 relevant economic evaluations were identified. Majority of the economic evaluations included were conducted on dental caries prevention; a few were done on periodontal disease, oral cancer screening and general preventive dentistry (health promotion, oral hygiene etc.).

Conclusions: In comparison to the findings observed in previous reviews, there has been a significant improvement in the quality of reporting in economic evaluations. Discrepancies were observed in the use of terminology.

Economic evaluation of genome sequencing for preventing an outbreak of resistant E.Coli

Authors: Associate Professor Louisa Gordon¹, Mr Thomas Elliott¹, Dr Xing Lee²

Affiliations: ¹QIMR Berghofer Medical Research Institute, Brisbane, Australia, ²Queensland University of Technology, Brisbane, Australia

Abstract:

Introduction: There are an estimated 8,000 deaths from sepsis each year in Australia. Antibiotic-resistant bacteria are a major threat to hospital patients and physicians who manage outbreaks. This economic evaluation assessed the value of genome sequencing in successfully containing a large-scale hospital outbreak of a novel strain of resistant E. coli (OXA-181) which had not been previously detected in Australia.

Methods: We built a hybrid simulation model to examine hospital ward dynamics, pathogen transmission and associated hospital costs during a five-month outbreak in 2017. Model parameters were determined using microbiology and genome sequencing data, hospital admission databases and local clinical knowledge. The model was calibrated to mirror the actual pathogen detections within each ward affected. We tested different sequencing availabilities and estimated their associated outbreak size and hospital cost. Sensitivity analyses were performed to address uncertainty in the model parameters.

Results: An estimated 197 patients were colonized during the outbreak with 75 patients detected from 79 sequencing tests. The total outbreak cost was AU\$460,137 with 6.1% spent on sequencing. Without sequencing, the outbreak was estimated to result in 352 colonized patients costing AU\$766,921. With earlier sequencing which enables positive confirmation of an outlying strain with the first case detection, the estimated outbreak size was three patients and involved two sequencing tests and cost AU\$65,374.

Conclusions: Genome sequencing of pathogens from patients suspected of hospital-associated infections was associated with smaller outbreaks and hospital cost-savings. This study supports more routine use of genome sequencing in preventing serious large-scale hospital-associated infection outbreaks.

Economic evaluations of public health implementation-interventions: Systematic review and guideline for practice

Authors: Ms Penny Reeves^{1,2}, Ms Kim Edmunds³, Professor Andrew Searles¹, Professor John Wiggers^{2,1,4}

Affiliations: ¹Hunter Medical Research Institute, New Lambton Heights, Australia, ²University of Newcastle, Callaghan, Australia, ³Griffith University, Brisbane, Australia, ⁴Hunter New England Health District, New Lambton, Australia

Abstract:

Background: Implementation-interventions applied in public health use proven strategies to influence the uptake of evidence-based prevention and health promotion initiatives. The cost of these interventions is often overlooked resulting in sub-optimal investment in public health.

Body: The purpose of this study was to assess the extent to which economic evaluations have been applied to implementation-interventions in public health and to provide practical guidance to improve the quality and reporting of future evaluations. We

conducted a systematic review of empirical studies examining the costs and consequences, cost effectiveness or cost-benefit of strategies directed toward enhancing the implementation of public health interventions and policies in developed countries.

The search strategy applied to articles published since 1990 returned 3,229 records from which we included 14 economic evaluations. Twelve of the 14 evaluations were based on controlled trials and two reported hypothetical modelled scenarios. The methodologic rigour and compliance with reporting guidelines for economic evaluations was highly varied. Public health topics predominately included increasing cancer screening. None of the included papers explicitly included equity measures.

Summary: Our findings offer the first insight into the application and methodologic rigour of economic evaluations of implementation strategies supporting public health policies and interventions. To usefully inform public health policy and investment decisions, there needs to be greater application of economic evaluation to understand the cost-effectiveness of alternative implementation efforts. This review highlights the great paucity and mixed quality of the evidence on this topic.

Economic cost of preventable disease Australia: systematic review of estimates and methods

Authors: Paul Crosland^{1,2}, Jaithri Ananthapavan^{1,2}, Alfred Deakin Professor Rob Carter^{1,2}

Affiliations: ¹Deakin Health Economics, Burwood, Australia, ²The Australian Prevention Partnership Centre, Sydney, Australia

Abstract:

Background: A considerable amount of health burden in Australia is attributable to modifiable risk factors. Smoking, alcohol consumption, physical inactivity, obesity and an unhealthy diet result in poor health outcomes that lead to increased health care costs and reduced productivity.

Body: A systematic review was conducted to establish the current state of evidence on the economic cost of preventable disease in Australia and ascertain the methods used to derive these estimates. Nine databases were searched. 6,986 publications were found and eighteen studies were included after screening. Each risk factor had at least three studies examining its attributable costs and economic impact. Estimates varied widely depending on the risk factor examined, methods used, and the source of input data. Annual health expenditure attributable to obesity was estimated to be up to \$4.6 billion, and up to \$13.69 billion when overweight was included. Annual attributable health expenditure for other risk factors was: \$415 million for tobacco; up to \$2.6 billion for alcohol; up to \$850 million for physical inactivity and up to \$990 million for inadequate vegetable consumption. Annual estimates of productivity loss attributable to individual risk factors were between \$840 million and \$14.9 billion due to obesity; up to \$10.5 billion due to tobacco; between \$1.1 billion and \$6.8 billion for excess alcohol consumption; up to \$15.6 billion for physical inactivity and \$561 million for individual dietary risk factors.

Summary: The economic case for acting on preventable disease is robust and compelling.

A regional data linkage platform and research centre addressing local health needs

Authors: A/Prof Judy Mullan¹, Dr Luise Lago¹, A/Prof Victoria Westley-Wise², Mr David Webster¹, Mr Brendan McAlister², Dr Kelly Lambert¹, Dr Pippa Burns¹, Dr Christine Metusela¹

Affiliations: ¹University of Wollongong, Wollongong, Australia, ²Illawarra Shoalhaven Local Health District, Wollongong, Australia

Abstract:

Introduction: Linking routinely collected health data provides an excellent opportunity to support the rapid translation of research findings into clinical practice and policy change. However, in regional Australia, there is often a lack of available infrastructure and research expertise to integrate and analyse multiple routinely collected data sets. This is essential to ensure data is safely and securely accessible to clinicians and researchers wanting to investigate locally relevant health priority areas. This strategy addresses this identified gap.

Methods: A research partnership between the Illawarra Shoalhaven Local Health District and the University of Wollongong was established in 2016. The partnership founded the Centre for Health Research Illawarra Shoalhaven Population, a multidisciplinary research team, and the Illawarra Health Information Platform, a powerful stand-alone data repository and linkage information technology system, including up to 30 years of data from multiple providers.

Results: This regional model has established governance and ethics approval processes, and enables multiple complex datasets to be securely managed, shared and analysed by the research collaborators. This model facilitates research capacity building both within the local health district and the university and disseminates research findings via peer reviewed publications, conference presentations and workshops (research translation and data analytics).

Conclusion & Recommendation: This model demonstrates that research addressing local health priorities can be undertaken through the provision of a safe, secure and accessible data platform together with access to experienced multidisciplinary researchers. The model provides new opportunities for rapid research translation and should be used nationally as a regional demonstration framework.

VicHealth Indicators: Population data to strengthen policy and practice

Authors: Dr Annemarie Wright¹, Ms Yasmeen Hassan², Ms Jane Shill¹

Affiliations: ¹Victorian Health Promotion Foundation (VicHealth), Carlton, Australia, ²The University of Melbourne, Parkville, Australia

Abstract:

Background: Timely availability of population health data is critical for the development of effective public health policies and strategies. The VicHealth Indicators (VHI) Survey is a health and wellbeing risk factor survey timed to inform state wide and local planning including Municipal Public Health and Wellbeing Plans (MPHWP).

Method: The VHI 2015 survey of over 22,000 adults from Victoria, was stratified to include approximately 300 respondents for each of the state's 79 local government areas. To share this data, a suite of resources was developed including local area data profiles, evidence based action guides and a digital data interface to enable data analysis by planners and practitioners. An audit of MPHWP's and a survey of local planners was conducted to assess impact of the data on local health promotion policy and practice.

Results: VHI data products were cited in 50% of MPHWP's, with similar rates of use across geographic regions. 96% of local planners surveyed indicated that the VHI products had influenced their practice, more so in planning rather than action. Indicators commonly used by planners included physical activity (87%), general wellbeing (85%), perceptions of safety (79%), risk of alcohol harm (79%), attitudes to gender equality in relationships (70%) and resilience (68%).

Conclusions: Timely provision of survey data in a range of accessible formats can ensure that local health promotion planning has a foundation of evidence. In response to this study and other research, future work will focus on strengthening the utility of associated evidence based action and evaluation guides.

Healthy Wellington: An integrated approach to health and wellbeing planning

Authors: Miss Kat Thorn¹

Affiliations: ¹Wellington Primary Care Partnership, Sale, Australia

Abstract:

Background: "Healthy Wellington" is the integrated plan for our local health promotion funded agencies and the Municipal Public Health and Wellbeing Plan for Wellington Shire Council. Now in its second phase, Healthy Wellington 2017-2021, brings together a range of organisations and communities to work towards shared health and wellbeing outcomes for all. Wellington Primary Care Partnership (WPCP) plays a key role facilitating this Plan, allowing for greater efficiency, reduced duplication, and 'gap' analysis.

Body: Currently Healthy Wellington has 4 focus areas, with 11 priority areas – given the health demographics of Wellington which highlight inequalities and poorer levels of health in comparison to the state average. The strengths and lessons from the previous plan have allowed us to work more collaboratively, with actions growing from 46 actions in 2013-2017, to 105 actions in the current plan. As well as aligning with emerging best practice, other adaptations have included: engaging new partners; creating 'live' action plans on Google Drive; stream-lining online reporting; employing lenses (including an analysis of the gaps in focused projects); encouraging leverage and increased partnership approach to local health issues; and the reforming of working groups to take a settings-based approach, convened by WPCP. The Healthy Wellington Action Group was created to guide the plan, and involves partners from health, community, and private sector.

Summary: The Healthy Wellington Plan has grown and evolved since its initial phase, ensuring the value of the collaborative approach continues to be recognised. The facilitation from WPCP has been integral to this success.

Systems thinking – from theory to practice

Authors: Ms Hannah Opeskin¹, Mr Clint Wilkie¹, Ms Laura Ayres¹

Affiliations: ¹Caulfield Community Health Service, Caulfield, Australia

Abstract:

Context: In 2017, Victorian Community Health Services were mandated to adopt systems thinking and place-based approaches. Caulfield Community Health Service's systems thinking journey has shifted from struggling with systems thinking theory, to action and practice. It was challenging translating systems theory into tangible health promotion practice. Engaging our multidisciplinary team (health promotion and clinical staff) with varied expertise was difficult; challenged by complex systems theory.

Process: The CCHS Health Promotion team created a shared understanding of 'placed-based/systems thinking approaches', including what this means for our team, our work, and our local community. The team adopted a systems change framework from The Australian Partnership Prevention Centre (TAPPC), minimised jargon, incorporated 'everyday systems practices' into daily tasks and reflected on mental models/work practices. A 'Systems Thinking in everyday practice' course was completed to ensure and reinforce the practical application of place-based systems thinking.

Analysis: The decision to move from systems theory to practices involved simplifying our work into 4 categories outlined in the TAPPC Systems Change Framework: defining the situation, gaining clarity, finding leverage and acting strategically. These categories guided our transition; implementing practical approaches led us through an in-depth exploration of our community using a systems thinking lens.

Outcomes: The local community and stakeholders have been engaged using group model building sessions to explore issues using place-based systems thinking principles. The health promotion team and clinical staff are now increasingly confident working across whole systems and using place-based approaches to drive systems change.

Overcoming silos with partnerships for telehealth: Preventing conduct disorder in rural NSW.

Authors: Cherie Puckett¹, Rebecca Hammond²

Affiliations: ¹*Southern NSW Local Health District, Queanbeyan, Australia*, ²*Royal Far West, Manly, Australia*

Abstract:

Background: Children in rural and remote Australia are more likely to be developmentally vulnerable and experience mental health problems compared to their urban counterparts. Thirty-two percent of children living in rural and remote areas cannot access the health services they need.

Got It! is a NSW Health, school-based program for parents of children with early signs of conduct problems. The Telehealth Approach to Got It! is a two-year implementation study investigating feasibility, acceptability and outcomes of Got It! delivered via telehealth. The partnership between Southern NSW LHD, Murrumbidgee LHD and Royal Far West, with strategic research leadership from the University of Sydney, is funded by the Translational Research Grants Scheme.

Methods: This study takes a Realist Evaluation approach to understand what works – and under what circumstances – for the Got It! program via telehealth.

Results: This project is gathering detailed data regarding the use of telehealth for mental health prevention in partnership with schools, including capacity development of teachers around mental health. Preliminary results indicate that sector collaboration is key to reaching vulnerable children in rural areas. Knowledge has arisen around what works and specific modifications required for delivering Got It! via telehealth.

Conclusion: Findings from this study are likely to provide useful information regarding future commissioning and/or partnership for delivery of paediatric mental health services between LHDs, Department of Education and health NGOs.

Population Health Approach to Prevention: developing leadership within the Victorian public service.

Authors: Dr Helen Jordan¹, Steve Ballard², Associate Professor Lucio Naccarella¹, Tim Fry², Angela Simons², De Gilby², Rob Kennedy², David Malone², Professor Rob Moodie¹

Affiliations: ¹*Melbourne School of Population and Global Health, The University Of Melbourne, , Australia*, ²*Department of Health and Human Services, , Australia*

Abstract:

Context: The Victorian Department of Health and Human Service (DHHS) progress on prevention is supported organisationally, by key leadership structures, planning policies and processes, and its recent and ongoing program to build leadership capacity in the population health approach to planning, implementation and evaluation.

Process: In 2018 DHHS (North Division) and the University of Melbourne formed a partnership to co-design and deliver a program to build the capacity of the division executive leadership to promote the implementation of this approach. The program was informed by one-to-one interviews with the executive to identify current attitudes, knowledge and areas for further guidance and support. These were followed by three workshops, framed by a co-designed logic model of the population health approach, and a program of ongoing support and guidance across the Division.

Analysis: Thematic analysis of interviews pre-program, and anecdotal and formal feedback during and following each workshop informed the content and design of the program. A formal action research approach has been adopted to facilitate a continuous process of shared learning and co-design.

Outcomes: DHHS (North Division) executives have developed: a greater awareness of the 'authorising environment'; the importance of adaptive and distributive leadership; and positive attitudes and a shared commitment towards the adoption of a population health approach. However there is more to do. This presentation reflects on the story to date of an action research co-design model of leadership capacity building to support a population health approach to prevention within the Victorian DHHS.

Attention to prevention in a Victorian health service

Authors: Gemma Smoker¹, Emma Dean¹, Kia Noble¹, Kethly Fallon¹

Affiliations: ¹*Alfred Health, Melbourne,*

Abstract:

Introduction: While Alfred Health recognises the importance of treating illness and disease, prevention is also a key factor for our organisation. To successfully achieve this, it was essential to take a place-based approach focussing on local needs and priorities, engaging the community as an active partner in developing solutions, and maximising value by leveraging multiple networks, investments and activities to deliver the best outcomes.

Methods: A partnership forum was conducted in 2018, coordinated by the Primary Care and Population Health Advisory Committee. This forum engaged internal and external stakeholders in proposing priorities, partnerships and possible actions. In preparation for the forum, a scoping report was collated detailing demographic data and health issues across Alfred Health's catchment. An experienced facilitator enabled high level participation and the 'harvesting' of ideas and themes during the forum.

Results: The forum was attended by 54 representatives including local government, primary health network, local community health services, peak bodies, consumer organisations and non-for-profit organisations. The resulting priorities for action were:

- Reducing the harm from tobacco
- Reducing the harm from alcohol
- Healthy living (healthy eating and physical activity)
- Improving mental health
- Vaccinations and prevention of blood-borne viruses.

Conclusion: A place-based approach has been effective in engaging stakeholders to address prevention priorities and raise the profile of the role and importance of prevention within a health service. Alfred Health is endeavouring to achieve positive change, with an official prevention strategy supporting ongoing action and reporting on progress internally and back to community/stakeholders.

Thursday 13 June 2019

3A – Conversation Starter

Clarendon Auditorium, Level 1, 11:00am -12:30pm

Brain and body health: Integrating the prevention agenda

Authors: Hazel Fetherston¹, Dr Maria Duggan¹, Mr Ben Harris¹

Affiliations: ¹Australian Health Policy Collaboration, Victoria University, Melbourne, Australia

Abstract:

Introduction: An estimated 342,000 Australians have dementia. Based on current trends in population growth and ageing, the number of people with dementia will reach almost 400,000 by 2020 and 900,000 by 2025. Over 30% of dementia cases can be prevented or delayed through a coordinated approach to tackling multiple risk factors for many chronic diseases, particularly cardiovascular disease.

Methods: A national roundtable event took place including a wide range of individuals and organisations encompassing expertise in population health and prevention of chronic disease, including dementia and cardiovascular disease. A policy paper and a national consensus statement was developed on the importance of incorporating dementia risk reduction into current chronic disease prevention strategies.

Results: A set of policy and practice-level actions have been proposed. These include establishing a national prevention policy on brain and body health; promoting and supporting Absolute Cardiovascular Risk Assessment through primary care; delivering a public awareness campaign about dementia and how risk can be reduced across the life course; implementing policies to reduce harmful use of alcohol; and establishing programs to increase physical activity across the life course.

Conclusion: Australia needs to make a stronger commitment to an ambitious, integrated and coordinated prevention agenda which recognises that the brain and body are interdependent. Implementation of sound, evidence-based policies will significantly reduce the current and anticipated dementia and chronic disease burden.

Engaging carers of people with dementia to inform quality-of-care

Authors: Ms Sandra Robinson¹

Affiliations: ¹Monash University, Level 2, 553 St Kilda Road Melbourne, Australia

Abstract:

Background: Approximately 436 000 Australians live with dementia with an estimated 1.2 million people caring for them each year. Caring for someone with dementia is a unique experience due to the progressive nature of the disease and constantly changing symptoms however, carers are often excluded from healthcare planning.

Clinical quality registries (CQRs) collect clinical data, monitor outcomes and can inform quality-of-care. In 2017, the pilot Australian Dementia Network (ADNet) CQR was funded. Carer Reported Outcome Measures (CROMs) have not been used in CQRs to date but can inform additional aspects of quality-of-care from the carer perspective. The aim of this study was to test acceptability of the CROMs for ADNet.

Methods: A systematic scoping review was completed to identify CROMs currently used in dementia care. This informed acceptability testing via qualitative focus groups. Carers were recruited via support groups and social media. Feedback from focus groups formed an iterative process, refining CROM development throughout.

Results: The review identified 91 publications that met the inclusion criteria and described over 80 different CROMs. The most common was the Zarit Burden Interview. Preliminary focus group findings indicated that unmet need surveys were more acceptable than surveys focusing on stress/burden. Participants emphasised that personable language (not clinical) across the continuum of care was needed.

Conclusion: There is growing recognition of the efficiencies that CQRs offer in monitoring quality of dementia care. Incorporating the carer voice in CQR development is an example of 'smashing the silos', reducing the segregation between health professionals, researchers and consumers.

Capturing the voice of patients with dementia in understanding quality of care.

Authors: Ms Madeleine Gardam¹, Dr Darshini Ayton¹, Ms Sandra Robinson¹, Dr Elizabeth Pritchard¹, Dr Rasa Ruseckaite¹, Dr Stephanie Ward², Professor John McNeil¹, Scientia Professor Henry Broadat², Professor Elsdon Storey¹, Associate Professor Arul Earnest¹, Associate Professor Robyn Woods¹, Professor Mark Nelson³, Professor Jane Banaszak-Holl¹, Professor Danny Liew¹, Dr Joanne Ryan¹, Associate Professor Susannah Ahern¹

Affiliations: ¹Monash University, Melbourne, Australia, ²University of New South Wales, Sydney, Australia, ³University of Tasmania, Australia

Abstract:

Introduction: Dementia is a progressive disease characterised by cognitive and functional decline. Over 430,000 Australians currently live with dementia with highly variable survival time and quality of life (QoL) post-diagnosis.

Clinical quality registries (CQRs) collect clinical data, monitor outcomes, and report on healthcare quality and safety. Patient-Reported Outcome Measures (PROMs) assess the patient's perspective of clinical care and the impact on symptoms, function and QoL. Inclusion of PROMs in CQRs captures the patient perspective.

The aim was to test acceptability of PROMs with people living with dementia to inform the pilot Australian Dementia Network (ADNet) Registry, funded by a Boosting Dementia Research Grant.

Methods: A systematic scoping review was completed to identify existing PROMs in dementia care. People with dementia participated in qualitative interviews to elicit their experiences of care and completed relevant PROMs via a think-aloud approach. Content analysis facilitated identification of PROM items for inclusion and explored acceptability of the PROM.

Results: The search yielded 4,288 studies, with 21 studies included in the review. Dementia specific PROMs most used were the QoL-AD (n=12), the DemQoL (n=5), and the QualiDem (n=1). The review identified that no PROMs were currently used in dementia CQRs. Qualitative results regarding acceptability of the PROMs will also be presented.

Conclusions: This innovative acceptability study in collaboration with people living with dementia ensures that the voice of the individual is heard. The inclusion of PROMs in the ADNet registry will enhance understanding of patient experiences and contribute to improving quality of care outcomes.

Prostate cancer awareness and early diagnosis: Interviews with undiagnosed men in Australia

Authors: Ms Ashwini Kannan¹, Dr Maggie Kirkman¹, Dr Rasa Ruseckaite¹, Professor Sue Evans¹

Affiliations: ¹Monash University, Clyde North, Australia

Abstract:

Background: Previous research in Victoria (Australia) has found observed differences in prostate cancer outcomes in regional and metropolitan areas. This study extends this research to a metropolitan and regional South Australian population of non-cancerous men, to further examine the disparities in perceptions, attitudes and experiences towards prostate cancer. Our aim was to add to the existing body of evidence that contributes to better outcomes in prostate cancer care.

Body: Qualitative semi-structured interviews were used to elicit explanation and meaning. 15 men (10 metropolitan, 5 regional) not diagnosed with prostate cancer were recruited through the South Australian community. Thematic analysis was used to analyse the transcripts. Five main themes were identified where men shared their perspectives and experiences with prostate health: Men's perceptions on addressing prostate health, men's experiences with and expectations of GPs, differences in care between regional and metropolitan areas, discourse on Australian masculinity and achieving early diagnosis. Contrasts identified between metropolitan and regional areas were mostly related to limited availability and consistency of GPs in regional areas.

Summary: This study highlights the significance of awareness regarding prostate checks and the associated risk and benefits. The imperative of community engagement is to engage men without a diagnosis of prostate cancer in addressing prostate health. A systematic approach is required to improve prognosis for the future generation of Australian men.

LiverWELL: An interactive mobile app for liver health management

Authors: Mark Pearce¹

Affiliations: ¹Hepatitis Victoria, Brunswick, Australia

Abstract:

Background/Approach: A growing body of evidence suggests that digital healthcare tools and apps can be effective in improving health outcomes. Hepatitis Victoria conducted a series of focus groups and asked people living with viral hepatitis what tools would be useful to help manage their condition. The response was clear; a mobile app that would do at least four things: help log and remind them of their appointments with health professionals; manage and remind them of their schedule of medications; record their test results and provide the most up to date hints and tips on liver health.

Method: Hepatitis Victoria has developed a mobile app titled 'LiverWELL' launched on World Hepatitis Day (28 July) 2018.

Results: The aims and intended impact from the development and promotion of LiverWELL is to improve liver health via increased awareness and better self and clinical management.

Outcome 1: Increased awareness about hepatitis and liver health

Outcome 2: Increased adherence to liver health check-ups

Outcome 3: Improved liver health outcomes

The tool will help people manage their treatment regimes, understand the importance of treatment adherence and provide reminders to take medicines. Users of the app will be able to track their management and treatment progress by a visualised lab test result.

Conclusion: The development of eHealth interventions such as LiverWELL are a novel and innovative way to assist people living with viral hepatitis in managing their condition and improve their liver health.

Implementing value based oral health-care in Victorian public dental services

Authors: Ms Roisin McGrath¹, Ms Susan McKee¹, Dr Kate Raymond¹

Affiliations: ¹Dental Health Services Victoria, Carlton, Australia

Abstract:

Context: Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. In 2018, DHSV transitioned to a value-based oral health-care (VBOHC) model based on the outcome-focused commissioning model of the United Kingdom's National Health Service, which funds health improvements resulting from care, rather than volume of services provided. This model is associated with reduced variation in care, improved access, increased prevention, lower costs and better health outcomes. DHSV operationalised the VBOHC model by applying principles of: person-centred systems organised around need; a 'right service, right person, right place' approach; integrating care across facilities; and measuring outcomes and costs for every client.

Process: DHSV commenced implementation the VBOHC model at the Royal Dental Hospital of Melbourne (RDHM) in 2018. A 'proof of concept' involved testing operational processes and care pathways based on individual oral health risk and care needs. Oral health coaches enhanced the focus on risk identification and individualised oral health care-planning to prevent oral disease.

Analysis & outcomes: Findings from a mixed methods evaluation demonstrate VBOHC can be successfully integrated into service provision within the Australian public dental sector. Client and staff feedback indicate the VBOHC model is improving consumer and staff experience. There has been an increase in preventive care and a reduction in the provision of low-value dental treatment. Successes include client and staff co-design of the VBOHC model and collaborative partnerships which resulted. VBOHC will boost service cost-effectiveness through incremental roll out across RDHM and other Victorian public dental services in 2019-2020.

Riding with robots: The likely impact of autonomous vehicles on cycling trends

Authors: Professor Simone Pettigrew¹, Professor John Nelson², Associate Professor Richard Norman¹

Affiliations: ¹Curtin University, Perth, Australia, ²University of Sydney, Sydney, Australia

Abstract:

Background: Autonomous vehicle (AV) technology is progressing quickly and AVs will soon be part of national road systems. The effects will be widespread across multiple domains, including substantial anticipated implications for various forms of active transport. This study explored the likely impact of the advent of AVs on cycling behaviours.

Methods: Interviews were conducted with 32 experts representing the public, private, and non-government sectors. Interviewees were sourced from local, state, and federal government departments responsible for health, transport, and/or infrastructure; academia; technology firms; insurers (public and private); AV manufacturing/servicing companies; the law; trade unions; and transport policy consortiums. Average interview length was 67 minutes. The interview transcripts were imported into NVivo qualitative data analysis software for coding and analysis.

Results: The interviewees provided insights into the various cycling-related scenarios that could play out once AVs are commonplace. It was noted that AVs could either promote or discourage cycling, depending on policy and infrastructure decisions made during the AV implementation process. Important areas that need to be considered in future efforts to ensure cycling rates are optimised were noted to be: (i) the provision of demarcated paths or laneways for cyclists to allay any proximity concerns; (ii) efforts to facilitate multi-modal trips that include a cycling component; and (iii) ensuring effective bicycle-to-vehicle communication systems to enhance safety and promote confidence.

Conclusion: The impending AV revolution represents an opportunity to increase cycling prevalence due to greater rider safety. This study provides insights into how this potential can be effectively harnessed.

Financial Counselling - empowering better health choices

Authors: Mrs Bernadette Pasco¹

Affiliations: ¹Financial and Consumer Rights Council

Abstract:

Background: Financial counsellors are professional advocates that provide assessment, information, advice, and referral for people in financial difficulty; they are free and regulated by ASIC. The Financial and Consumer Rights Council [FCRC] is the peak body for financial counsellors in Victoria, reduces silos for consumers building the prevention framework through specialist roles.

Non-financial counsellors providing debt advice and negotiating for clients risk being sued for financial / non- financial loss.

Methods: FCRC's "Dignity and Debt –getting older and financial difficulty" project [2015-2017] revealed significant gaps in information about financial rights and ways to manage debt, impacting on the ability of older Victorians to make health / care

decisions. This work links directly to health sector economics and elder abuse prevention. FCRC educates other professionals about financial counselling.

Results: Older people impacted by financial abuse stay in hospital longer and make poor health decisions; decisions about care are marred by financial difficulty- clients selecting out of care options when they cannot pay. Anxiety / health issues escalate prior to discharge when abuse exists; representations to ED occur when there is no ability to pay for medications, treatment, transport etc.

The Integrated Model of Care embeds financial counselling alongside counselling and social work in the ACAS assessment process.

Conclusion: Financial counsellors avoid the risk of incorrect advice. A financial health check assessment identifies barriers, reducing economic impacts of financial abuse. Co-assessment models demonstrate success - using a specialist to remove debt barriers improves health outcomes.

Go4Fun Online - Statewide Rollout

Authors: Leah Choi¹, Jaimee Moyle¹, Vincy Li¹, Christine Innes-Hughes¹, Prof. Chris Rissel^{1,2}

Affiliations: ¹NSW Office Of Preventive Health, Liverpool, Australia, ²Sydney School of Public Health, Sydney University, Sydney, Australia

Abstract:

Introduction: Go4Fun is an evidence based community weight management program for children aged 7-13 years who are above a healthy weight and their families. The program was recently adapted to extend the reach and accessibility for families located in rural and remote communities. Delivering face-to-face programs in rural and remote communities is often not practical or possible, and participants in these areas are also more likely to withdraw from the program, compared to those in major cities.

Methods: The Go4Fun Online model delivers key nutrition, physical activity and behaviour change information via an online platform, over 10 weekly modules. Families also receive a weekly telephone call from a trained and qualified health coach, SMS and email reminders, access to a closed Facebook group for support, and an incentive reward system. The program was successfully piloted from February to April 2018, and transitioned to state-wide rollout in May 2018.

Results: Since February 2018, 267 families have participated in the Go4Fun Online program. Participants achieve significant health benefits including increased consumption of fruit, vegetables and water, reduced consumption of unhealthy foods e.g. snack and discretionary foods, increased activity, improved positive self-esteem and reduced screen time. In addition, participants have achieved a mean reduction in BMI of 1.2kg/m². As of December 2018, 62% of participants were from rural areas, 18% from regional areas and 20% from metropolitan areas.

Conclusion: Go4Fun Online has been successful in improving program access, and providing positive health outcomes for participants.

Evaluation of the NSW Healthy Town Challenge 2014–2018

Authors: Michael Cecilio¹, Vincy Li¹, Dr Santosh Khanal¹, Julie Anne Mitchell², Prof Chris Rissel¹

Affiliations: ¹NSW Office of Preventive Health, Liverpool, Australia, ²National Heart Foundation of Australia, East Sydney, Australia

Abstract:

Introduction: The NSW Healthy Town Challenge is a whole-of-community competition-based initiative that aims to promote health and wellbeing in small NSW regional and rural towns. Run annually since 2014, five competitively selected towns are provided a \$15,000 grant to develop and implement local infrastructure initiatives, policies and lifestyle programs over six months. A winning town is selected at the end of each Challenge based on their success in implementing strategies to improve the health of community members.

Methods: A mixed methods evaluation was undertaken in early 2019. Semi-structured interviews were conducted with contacts from participating towns to assess program implementation as well as the sustainability of initiatives post-Challenge. A secondary analysis of quantitative data from individuals referred to the Get Healthy Information and Coaching Service (GHS) during the Challenge period assessed changes to their lifestyle behaviours and health outcomes.

Results: Evaluation findings will be presented. Preliminary findings highlight the value of the Challenge in promoting healthier lifestyle behaviours to people living in regional and rural communities. Changes made and sustained by participating towns as a result of the Challenge include healthier food options and catering policies, working with local councils to install water fountains and walking tracks, and establishing walking groups and physical activity classes. Challenge participants referred to GHS also lost an average of 2.5kg over the six-month period.

Conclusion: The Healthy Town Challenge shows how valuable competition-based health promotion models can be in influencing health behaviour changes and enhancing social wellbeing in small regional and rural communities.

Economic evaluation of prevention initiatives at the local level - recommendations

Authors: Ms Penny Reeves^{1,2}, Professor Andrew Searles^{1,2}

Affiliations: ¹Hunter Medical Research Institute, New Lambton Heights, Australia, ²University of Newcastle, Callaghan, Australia

Abstract:

Introduction: Australia's Productivity Commission has commented that despite the potential for significant returns from investments into preventative healthcare, the field suffers from a relative lack of funding [1]. Investment is hampered owing to the lack of evidence on the cost-effectiveness of prevention programs. This presents an opportunity for local level evaluators in health services, universities and MRIs to develop specific expertise in applying economic evaluation to prevention policies and interventions.

Methods: An MRFF funded national Health Systems Improvement and Sustainability working group was established to map local level evaluation infrastructure within health services around Australia and to provide recommendations to ensure prevention initiatives could be appropriately supported by economic evidence. The project involved (i) a targeted review of the grey and peer literature to understand best practice local level evaluation; (ii) a series of consultations with local level health service managers and policy makers and (iii) framework development using an expert panel.

Results: The research identified the following barriers to effective local level evaluation of prevention initiatives:

- A shortage of people with evaluation skills
- A general lack of education and training in evaluation
- Poor resourcing and financing for evaluation at the local level
- Poor sharing of data and evaluation outcomes between health services
- An overall lack of monitoring and evaluation post-implementation

Conclusion: A redesign of Australia's local level evaluation infrastructure is needed to ensure a focus on prevention and the sustainability of the health budget.

[1] Productivity Commission. Efficiency in Health. Canberra, 2015

Accounting for non-market investments in preventative health - the example of breastfeeding

Authors: Dr Julie Smith¹

Affiliations: ¹Research School of Public Health, College of Health and Medicine, ANU, Canberra, Australia

Abstract:

Introduction: Time is an important health resource. Preventative health care is provided by households and the market sector but policy makers focus on the latter. Breastfeeding is an important example. Women's time investments in breastfeeding and infant care remain poorly recognized as preventative health care despite being central to the evolved food system for infants and young children. Policies promote breastfeeding, yet global sales of milk formula are booming. This is consistent with the general invisibility of women's productive work in economic statistics and its under-resourcing by governments. Feminist economic analysis calls attention to the need for better frameworks and data to inform policy-making.

Method: This paper uses the example of breastfeeding to provide a feminist economic critique of internationally significant statistical frameworks for measuring economic activity and health care investments, the System of National Accounts (SNA) and the System of Health Accounts (SHA).

Results: Applying gender analysis to these key global statistical systems using the example of breastfeeding reveals important conceptual gaps and bias in economic and health statistical systems. Important non-market investments in preventative health care behaviors such as breastfeeding are invisible to policymakers despite their importance for public health.

Conclusion and Recommendations: The invisibility of crucial health care activities within current statistical frameworks is likely to produce incoherent preventative policy approaches, poorly focused data collections, inadequate resourcing of key preventative health activities, and ineffective implementation of public health policies.

Preventative health policy should be informed by feminist economic analysis and time use data on non-market economic activity.

Looking through their lens: Refugee women's recommendations for screening programs in Australia

Authors: Ms Jamuna Parajuli¹

Affiliations: ¹La Trobe University, Bundoora, Australia, ²Your Community Health, East Reservoir, Australia

Abstract:

Background: While several studies have examined the nature of cultural barriers that deter refugee and immigrant women from accessing cervical and breast cancer screening programs, little research attention has been given to the perspectives and preferences of women and what they would like to see in such screening programs. If participation in cervical and breast

screening by this group is to become normal practice and public health education needs to be improved in several ways, and women's views need to be incorporated into the design of screening and education programs.

Objective: To find out what refugee women want in cervical and breast screening programs.

Method: In-depth interviews with 30 Bhutanese refugee women resettled in Melbourne, Australia.

Result: Two practice models were identified: a doctor-initiated model involving opportunistic screening during consultations for other purposes; and a group screening model. Participants emphasised the need for a supportive environment with culturally appropriate services, community education and peer networks to encourage and facilitate participation in cervical and breast cancer screening services by refugee women. General practitioners can provide guidance, opportunistic screening that includes education, and advice about follow-up. The need for the routine use of professional interpreter services was reinforced.

Conclusion: This study brings attention to the role and practices of doctors in preventive health care for refugee women. Group screening for this population needs to explore as an option.

Multimorbidity among adults hospitalised in a regional district – patterns and implications

Authors: Dr Victoria Westley-Wise^{1,2}, Dr Luise Lago², Associate Professor Judy Mullan², Ms Franca Facci¹, Ms Rebekah Zingel¹, Professor Kathy Eagar²

Affiliations: ¹Illawarra Shoalhaven Local Health District, Warrawong, Australia, ²University of Wollongong, Keiraville, Australia

Abstract:

Introduction: Unplanned readmission rates are increasingly being used as a metric of the quality and integration of care. Monitoring of, and interventions to reduce, readmissions are commonly disease-focussed, and limited to those with the same physical morbidities at index admission and readmission.

The aim of this study was to describe morbidity and multimorbidity patterns among adults admitted to a regional health service, in terms of the occurrence and co-occurrence of the same and different morbidities at index admission and readmission.

Methods: This cross-sectional study estimated unplanned readmission rates by selected sociodemographic, admission and diagnostic (morbidity) characteristics. Proportions of readmissions ('early' within 30 days, and 'late' within 1-6 months, of discharge) were calculated for the same and different morbidities recorded as the index admission.

Results: The risk of readmission increases with age, disadvantage, and the severity, frequency and co-occurrence of physical and mental health conditions. The majority of early and late readmissions are in different diagnostic groups and specialties and for different primary morbidities to the index admission. Overall 61% of readmissions were in a different Major Diagnostic Category to the index admission, and 82% in a different Adjacent Diagnosis Related Group.

Conclusion and Recommendations: The complex picture of multimorbidity and other vulnerabilities among people at increased readmission risk highlights the need to move beyond a single disease focus in the design of hospital avoidance and chronic disease programs. More holistic person-focussed interventions that address the prevention and management of multiple physical and mental health conditions are required.

Australian health services: too complex to navigate

Authors: Mr Tyler Nichols¹

Affiliations: ¹Australian Health Policy Collaboration, Victoria University, Melbourne, Australia

Abstract:

Introduction: Australia's health care system is not meeting the evolving health challenges of today, particularly the rise in chronic diseases, which account for 90% of all deaths and disproportionately affect disadvantaged communities. One third of chronic disease is considered preventable. Comprehensive and coordinated care that is ongoing, rather than episodic, and additional or different infrastructure, services and skills are required to effectively prevent and manage chronic disease. Successive Australian governments have sought advice on how to deal with the pressures on the health system, instigating multiple national reviews over the past 35 years.

Methods: An Australian-first report by the Australian Health Policy Collaboration analyses 16 reviews into Australia's health system over the last 35 years and the associated government responses.

Key Findings: Successive reviews have consistently identified system stewardship, system financing, service design and service quality as the major contributors to Australia's complex and often inefficient health system. The report illustrates the considerable agreement across reviews, presenting a clear roadmap for reform.

Conclusion and Recommendation: Australia needs governments and health leaders to take the advice that is in place and get on with building a health system that is simpler, fairer and more affordable for all Australians. Structural reforms, backed by collaborative leadership and action, are essential. The two immediate priorities for change are to establish a national steward to oversee the implementation of a long-term plan for the health system and to reform the financing of health care to make it simpler and more focused on outcomes.

QLD's largest preventative health program 'My health for life': an integrated evaluation

Authors: Nicole McDonald^{1,2}, Professor Debra Anderson^{1,2}, Dr Joy Parkinson^{1,2}, Dr Charlotte Seib^{1,2}, Stephanie Zietek^{1,2}, Lyn Hamill³

Affiliations: ¹Griffith University, Logan, Australia, ²Menzies Health Institute Queensland, Gold Coast, Australia, ³Diabetes Queensland, Milton, Australia

Abstract:

Background: The My health for life (MH4L) program is a state-wide, integrated risk assessment and lifestyle modification program aimed at improving Queenslanders who are at high risk of developing chronic diseases, funded by Queensland Health. The novel public health program is multi-modal, cross-culturally tailored and contains complex social marketing, community engagement, risk assessment and health promotion inputs. Such, a complex multi-component, systems approach evaluation framework was developed to ensure successful and timely evaluation of the program.

Body: In addition to the evaluation design, a focus on the integration of the evaluators in the program has highlighted strengths in allowing a continuous improvement model enabling feedback and opportunities for innovative solutions to be developed and implemented in a timely manner. The evaluation also further adopts observational, goal-based and pretest-posttest design features to assess the program, its modalities, program adaptations and other unique features.

Summary: This evaluation project is a current example of an integrated evaluation approach in a large successful preventative health program. The fully integrated evaluation also highlights the strength of the evaluator-program relationship. The evaluation has been strategic and systematic in its efforts to date, which include aspects of continuous quality reviews, process evaluation and reporting for the program. Further, the embedded design will ensure the program is continually empowering the program to not only monitor progress in the future but also implement evaluation aspects as the program progresses.

Could your workplace save your life?

Authors: Ms Lisa Hochberg¹, Ms Lisa Joyce¹, Ms Janelle Finn¹, Ms Gaynor Henderson², Ms Katrina Wells¹, Ms Helen Shingles¹

Affiliations: ¹BreastScreen Victoria, Melbourne, Australia, ²Monash Health, Melbourne, Australia

Abstract:

Background: BreastScreen Victoria (BSV) provides free breast screening to women aged 40+; targeting women aged 50-74. BSV has identified that many women do not have a biennial breast screen due to work commitments. The majority of BSV appointments are available during standard work hours.

As part of Breast Cancer Awareness Month (BCAM) 2018, BSV partnered with Monash Health to promote and encourage breast screening to their employees.

Body: A comprehensive communications campaign was led by Monash Health including, flyers, intranet banners, screen-savers, and all-staff emails. The campaign included BSV's key messages and encouraged employees to screen during work.

Two permanent BSV clinics located in Monash Health facilities supplied additional appointments exclusive to Monash Health employees. A direct phone line was used to book appointments, or staff could walk in on the day.

72 Monash Health employees screened during the initiative - 44 new to the program, and 14 lapsed (not screened within recommended period) were re-engaged.

A post screening survey identified work commitments as the key barrier to why women had not previously screened. Majority also reported that support from their employer encouraged them to screen.

Summary: Partnering with workplaces to promote and encourage breast screening to their employees is an effective way to break down work commitments as a barrier to screening.

BSV will continue to partner with workplaces across Victoria ensuring eligible women prioritize screening. BSV has developed a Workplace Resource Kit to facilitate engagement. BSV and Monash Health will deliver this initiative annually during BCAM.

Designing effective, evidence-based workplace mental health programs

Authors: Mr Daniel Pejic¹, Ms Samantha Barker¹

Affiliations: ¹ISCRR, Monash University, Melbourne, Australia

Abstract:

Introduction: Mental health is one of the major health issues affecting Australians, representing 12% of the overall burden of disease. It is estimated that one in five working Australians will experience an affective, anxiety or substance use disorder in any given year and the cost of mental health conditions to Australian business is estimated at \$10.9 billion per year. WorkSafe Victoria, through the Institute for Safety, Compensation and Recovery Research (ISCRR), has invested in a range of research projects to improve preventive workplace mental health programs.

Methods: ISCRR's program of work in this area has included: systematic reviews of available evidence, environmental scans of best practice initiatives globally, evaluations of current programs and analysis of workplace compensation claims data.

Results: This research has led to many valuable insights, including:

- Programs that effectively prevent work-related mental health conditions deliver a financial return.

- Workload management is critical to preventing work-related stress and tools exist to assist organisations to better manage workload.
- Tools have been developed that provide a more accurate measure of the effectiveness of prevention programs than injury or time loss data.
- There are critical links between musculoskeletal injuries and mental health conditions that must be understood to prevent both injury types.

Conclusion & Recommendation: ISCR has been actively translating research findings to inform the development of new workplace mental health programs, including Victoria's new \$50 million state-wide initiative, WorkWell. Organisations planning workplace mental health programs can utilise the growing evidence base to identify effective approaches.

Patient reported information continuity between providers – measures and implications

Authors: Ms Sarah Jones¹, Ms Claire Sparke¹

Affiliations: ¹*Australian Institute Of Health And Welfare, Bruce,*

Abstract:

Background: People with chronic conditions often see multiple health care providers and receive fragmented care. Current information about continuity of care across Australia is limited. Using the 2016 Survey of Health Care, we assessed patients' experiences of information transfer between health care providers and their usual General Practitioner or place of care as a measure of information continuity.

Methods: The Survey of Health Care is a cross sectional observational study. In 2016, adults aged 45 and over across Australia who visited a GP in the preceding 12 months were asked questions about whether their GP seemed informed about their care received by other providers (such as specialists and hospitals). Participants were also asked about the availability of test results.

Results: Deficits in information transfer vary across health providers and by sociodemographic characteristics such as age, main language spoken and health status. The concept of a regular GP is important. Nationally, people who reported no regular GP reported worse experiences of information transfer.

Patients living in rural and remote areas are more likely to experience poor information transfer compared to their urban-dwelling counterparts.

Almost a quarter of patients who visited an emergency department reported a failure of information transfer back to their usual GP.

Conclusion: The results provide useful insights about information flow points between health care providers and where improvements can be made to enhance continuity of care, potentially reduce readmissions and prevent future inefficiencies across the health system. This is new information which will be published in June 2019.

Consumption of ultra-processed foods and obesity among Australian adults

Authors: Ms Priscilla Pereira Machado¹, Dr Euridice Martinez Steele², Dr Gyorgy Scrinis³, Prof Carlos Augusto Monteiro⁴, Prof Timothy Gill⁵

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Abstract:

Background: Rapid simultaneous increase in ultra-processed foods sales and in obesity prevalence has been observed worldwide, including in Australia. This study aims to explore the association between ultra-processed food consumption and obesity among Australian adults.

Methods: We performed a cross-sectional analysis of anthropometric and dietary data from 8,640 Australians aged ≥ 20 years from the National Nutrition and Physical Activity Survey 2011-12. Food consumption was evaluated through two 24-h recalls. NOVA system was used to identify ultra-processed foods (foods formulated from multiple ingredients that have undergone a series of industrial processes). Measured weight and height data were used to calculate the Body Mass Index and diagnosis of obesity ($BMI \geq 30$ kg/m²). Regression models were used to evaluate the association of dietary share of ultra-processed foods (quintiles) and obesity status, adjusting for socio-demographic variables, physical activity and smoking. Additional models were adjusted for total energy intake and the possible effect of reverse causality.

Results: Ultra-processed foods represent 39% of total energy intake among Australian adults. Those in the highest quintile of ultra-processed food consumption had significantly higher BMI (1.09 kg/m²; 95%CI 0.53, 1.64; Ptrend<0.001), and higher odds of being obese (OR=1.57; 95%CI 1.23, 1.98; Ptrend<0.001) compared with those in the lowest quintile of consumption, regardless total energy intake and possible effect of reverse causality.

Conclusion: Our findings support the potential role of ultra-processed foods in contributing to the obesity epidemic in Australia.

Australians' use of and support for nutrition labelling

Authors: Mr Steve Pratt¹, Ms Gael Myers¹, Ms Alice Bastable³, Ms Nina Sapountsis², Ms Liyuwork Dana², Professor Simone Pettigrew², Ms Alison McAleese³, Ms Jenny Atkins¹

Affiliations: ¹Cancer Council Western Australia, Subiaco, Australia, ²Curtin University, Bentley, Australia, ³Cancer Council Victoria, Melbourne, Australia

Abstract:

Background: Obesity poses an immense threat to Australia's physical and economic health; a coordinated and comprehensive approach to obesity prevention is needed. Providing adequate information on the nutritional value of foods and drinks allows consumers to make informed decisions about what they consume, and is considered to be an essential component of a comprehensive obesity prevention strategy. An online questionnaire focused on Australians' lifestyle behaviours was administered to a sample of 2,010 Australians aged 18+ years. The survey included questions on the type of nutrition information looked at on food packages and agreement with various potential new food labelling components. The sample was broadly nationally representative in terms of age, gender, socioeconomic status, and household location.

Body: Many respondents reported always or often using the nutrition information available on food packages, including two in five who use the nutrition information panel and front of pack information, one-third who use the Health Star Rating, and three in ten who look at health claims. Most respondents supported the inclusion of added sugar labelling on food packages and the majority were in favour of kilojoule labelling on fast food menus, although the proportion who felt confident to interpret kilojoule labelling was smaller.

Summary: The results indicate that there is strong public support for improving the amount of nutrition information available to consumers on food labels and at the point of sale. Food labelling initiatives should incorporate a community education component to ensure that labelling information is interpretable by consumers

Disseminating lunchbox messages to parents through mobile apps: examining feasibility and acceptability.

Authors: Mrs Renee Reynolds¹, Mrs Lisa Janssen¹, Dr Rachel Sutherland^{1,2,3,4}, Dr Nicole Nathan^{1,2,3,4}, Dr Rebecca Wyse^{1,2,3,4}, Mr Christophe Lecathelinais¹, Dr Kathryn Reilly^{1,2,3,4}, Ms Alison Walton¹, Associate Professor Luke Wolfenden^{1,2,4}

Affiliations: ¹Hunter New England Population Health, Wallsend, Australia, ²Priority Research Centre for Health Behaviour, University of Newcastle, Callaghan, Australia, ³Hunter Medical Research Institute, New Lambton, Australia, ⁴School of Medicine and Public Health, University of Newcastle, Callaghan, Australia

Abstract:

Background: Research indicates that children overconsume discretionary foods. Given the high number of discretionary foods packed in school lunchboxes, improving the nutritional content of lunchboxes has the potential to improve child diet. However, traditional methods of engaging parents in lunchbox programs have had minimal success. This research aimed to assess the feasibility and acceptability of using mobile phone apps to disseminate healthy lunchbox messages to parents.

Body: In 2015, a Computer Assisted Telephone Interview (CATI) was conducted with parents to assess likely use of a hypothetical app and preferred app content. In 2016, a second CATI was conducted with primary school principals to assess current use of school-based mobile apps and acceptability of a third party delivering healthy lunchbox messages via the app. Both CATI's were conducted within the Hunter New England region of NSW.

Results: Of 228 parents surveyed, 78.9% were either interested or very interested in using a lunchbox app with the majority (75.8%) indicating they would be likely to use the app at least weekly. Parents were most likely to use the app for: ideas and tips for packing a healthy lunchbox (85.2%); information regarding new lunchbox products (79.1%); and, links to websites for additional information (75.5%). Of 196 principals surveyed, 59% currently use a school-based mobile app to communicate with parents. The provision of lunchbox messages to parents via the app appeared an acceptable model of delivery for principals.

Summary: Mobile apps may represent an innovative way of delivering parental support to encourage the packing healthy lunchboxes.

Collaboration - the key to food environment reform in community venues

Authors: Mrs Claire Hyland¹, Ms Megan Sauzier¹, Mr Tristan Schwartzkopff¹, Ms Nadine Radin², Ms Corinne Hunt², Ms Jenny Atkins³, Mr Craig Johnson⁴

Affiliations: ¹Western Australian School Canteen Association Inc. (WASCA), East Perth, Australia, ²South Metropolitan Health Service, Murdoch, Australia, ³Cancer Council Western Australia, Subiaco, Australia, ⁴City of Mandurah, Mandurah, Australia

Abstract:

Introduction: Community venues, including sport, recreation and entertainment venues are an ideal setting for health promotion and food environment reform. Many venues promote healthier lifestyles through physical activity, yet there is often a disconnect with the food and drinks offered. Collaboration between health promotion agencies and consistent messaging can create positive change in community venues.

Methods: In WA, Mandurah Aquatic and Recreation Centre (MARC) transformed their food environment. MARC worked with South Metropolitan Health Service (SMHS) to implement Fuel to Go & Play, an initiative of the WA School Canteen Association

(WASCA), funded by Healthway. Fuel to Go & Play uses a traffic light system to rate food and drinks based on their nutritional value, aiming for menu targets of >40% green items (e.g. fruit, sandwiches, water) and <30% red items (e.g. sugary drinks, deep fried food).

Summary: MARC is the first WA local government recreation centre engaged in the Fuel to Go & Play project to reach healthy menu targets and healthy green choices predominantly feature in display cabinets. MARC received a Healthway grant to transform the café by replacing junk food advertising. Café barriers, wall stickers and TV screens now display Cancer Council WA's Eat Brighter LiveLighter message promoting fruit and vegetables. A case study video showcasing the successful strategies at MARC was developed to motivate and inspire other community venues.

Conclusion & Recommendations: Collaboration between multiple agencies enabled food environment reform at MARC. This practical and applicable model is evidence for other local government operated community venues

Finishing with the Right Stuff: Creating healthier NSW junior community sporting clubs

Authors: Shay Saleh¹, Mr Kurt Morton¹, Ms Christine Innes-Hughes¹, Dr Chris Rissel¹

Affiliations: ¹NSW Office of Preventive Health, Sydney, Australia

Abstract:

Junior community sporting clubs are a key setting for creating healthy environments for children and families. The Finish with the Right Stuff program is a NSW Health initiative that encourages 5-16 year old children to drink water instead of sugar sweetened beverages while participating in sports, and supports provision and promotion of healthy food and drink options to players and patrons in junior sporting club settings. An accreditation scheme is used to support and monitor the adoption of the key practices by participating clubs in NSW.

The program has been delivered across NSW since July 2016, and directly contributes to the NSW Premier's Priority to reduce childhood obesity prevalence by 5% by 2025. As of December 2018, 320 junior sporting clubs are participating in the program with the majority (74%) from regional and rural NSW.

Despite previous research demonstrating that health is not on the radar for this setting, this presentation will show that participating clubs have been able to make positive changes. These include the number of clubs who successfully increased their proportion of healthy food options (76%) to at least 20% of their menu, and reduced their unhealthy food (40%) and drink (48%) options to less than 50%.

Quantifying unhealthy sport sponsorship at the 2017 AFL grand final

Authors: Tegan Nuss¹, Maree Scully¹, Melanie Wakefield^{1,2}, Helen Dixon^{1,2,3}

Affiliations: ¹Centre for Behavioural Research in Cancer, Cancer Council Victoria, Melbourne, Australia, ²Melbourne School of Psychological Sciences, The University of Melbourne, Parkville, Australia, ³School of Psychology, Faculty of Health Sciences, Curtin University, Bentley, Australia

Abstract:

Background: Exposure to marketing via sport sponsorship can influence spectators' attitudes and preferences for food and beverages, and emerging evidence suggests that gambling sponsorship of sport may be particularly harmful to vulnerable groups.

Method: A content analysis was undertaken to assess the frequency, duration and nature of unhealthy food and sugary drink, alcohol, and gambling marketing (and pro-health marketing as a comparison) during the highest rating sporting event in Australia in 2017 – the AFL Grand Final. Episodes were coded if visible for at least one second. For each episode, the duration, brand, product type, and type of promotion was coded.

Results: There were 559 unhealthy marketing episodes (47 minutes 17 seconds). Most (81%) were for unhealthy food and sugary drink products, while alcohol (9%) and gambling (10%) were less frequent. The total duration of unhealthy marketing was delivered primarily via fixed advertising (55%), dynamic advertising (32%), and branded objects (11%). For unhealthy food and sugary drinks, at least one episode was visible 25% of the time. For each of alcohol and gambling, at least one episode was visible 4% of the time. Unhealthy food and sugary drink marketing peaked in Quarter 2. Pro-health marketing was limited, with 26 episodes (2 minutes 59 seconds).

Conclusion: The televised match featured a high frequency and extensive duration of unhealthy marketing, especially for unhealthy food and sugary drink brands. Findings strengthen evidence supporting calls to increase regulation of sport sponsorship by unhealthy brands.

Impact and cost of the peer-led program on energy balance related behaviours

Authors: Associate Professor Smita Shah¹, Dr Louise Hardy¹, Ms Tammie Jakstas¹, Dr Vanessa Shrewsbury²

Affiliations: ¹Primary Health Care Education and Research Unit, Western Sydney Local Health District, Sydney/Westmead, Australia, ²Newcastle University, Newcastle, Australia

Abstract:

Background: Overweight and obesity are major global problems. Our aim was to determine the impact of an established peer-

led Students As LifeStyle Activists (SALSA) program on energy balance-related behaviors (EBRBs) and intentions in 13-14 year old high school students, and the program's implementation costs.

Methods: A pre- and post-program assessment involved Year 8 students, across 23 high schools, who completed an online questionnaire. Questionnaire items assessed the following energy balance-related behaviors (EBRBs): frequency of eating breakfast; daily intake of fruit, vegetables and SSBs; frequency of participation in 60 minutes/day of MVPA, and weekday recreational screen-time outside school hours. The questionnaire also assessed students' intentions relating to these EBRBs for the following month, except SSB intake. We used generalized estimating equations to estimate changes in EBRBs and intentions (at an individual level) with adjustment for clustering. Standard methods were used to estimate implementation costs.

Results: 2,056 Year 8 students (83%) completed both pre and three month post questionnaires. Following the intervention, there were significant improvements in eating > 2 fruit serves/day (pre-program:52%; post-program: 57%) and > 4 vegetable serves/day (22%; 25%), and reductions in drinking ≥ 1 cup/day of sugar-sweetened beverages (53%; 47%). The average actual cost of implementing the SALSA program in 2014–2015 was AUD\$1,388 (US\$958) per school and AUD\$9.97 (US\$6.88) per student.

Conclusion: The SALSA peer education program had a positive impact on the dietary EBRBs examined. Moreover, the cost evaluation showed that it is a relatively low-cost program to implement.

Gender auditing for action to promote equality and prevent gendered violence

Authors: Ms Meredith Carter¹, Ms Suzanne Peck¹, Ms Sarah Gruner¹, Ms Emily Lee-Ack¹

Affiliations: ¹Office for Women, Department of Premier and Cabinet, Victorian Government, Melbourne, Australia

Authors:

Context: Victoria's Royal Commission into Family Violence (2016) confirmed family violence as a leading contributor to the burden of disease for women, gender inequality as a key driver of violence against women, and workplaces are important settings in which to change the story. In 2017 the Victorian government undertook a pilot of gender auditing in the public sector. With gender equality plans mandated in proposals for Australia's first gender equality legislation in Victoria, the pilot aimed to explore whether public sector agencies can collect useful data and if not, why not, and then to identify a baseline and highlight where action to promote gender equality is most required within agencies and across the public sector.

Process: The process involved a collaborative approach to the development of a gender audit tool, building on existing instruments and including advice from a reference group with diverse expertise including the Victorian Public Sector Commission (VPSC). Measures the audit addressed ranged from pay equity, recruitment and leadership, to experience of sexual harassment, and access to parental leave and family violence leave.

Analysis and Outcomes: While the pilot was designed to review the utility of the audit tool itself, and capacity of agencies to collect data sought it also created a benchmark for subsequent audits and highlighted areas for action within individual participating agencies. A roadmap for next steps including proposed actions to address gender equality was created. An additional outcome was agreement by the VPSC to expand its annual sector wide data collection.

Evaluation of a Health Justice Partnership in inner-city Sydney: Qualitative Findings

Authors: Dr Maja Moensted², Dr Heidi Coupland¹, Dr Reid Sharon², Dr Bethany White¹, A/Prof Carolyn Day²

Affiliations: ¹Drug Health Services, Sydney Local Health District, Camperdown, Australia, ²Faculty of Medicine and Health, University of Sydney, Camperdown, Australia

Abstract:

Introduction: Health Justice Partnerships (HJPs) involve the provision of legal services within a health service to address social determinants of health via legal remedies. HJPs assist with issues such as housing, debt, family violence and child protection issues, which are common among clients with substance use disorders (SUD). HJPs are relatively new to Australia, and in 2015, the first HJP in New South Wales was established between the Redfern Legal Service and Sydney Local Health District (SLHD), based at Drug Health Services (DHS). This study aimed to examine the participants' experiences with the HJP to enhance our understanding of services appropriate for highly disadvantaged clients.

Methods: Convenience sampled interviews were conducted with HJP clients. Human Research Ethics Committee approval was granted by SLHD and the Aboriginal Health and Medical Research Council.

Results: Eight female and four males aged 28-52 years were interviewed. Nine participants identified as Aboriginal. Most clients reported seeing the HJP solicitor for more than one issue, most commonly for housing and child protection issues. Clients identified mutual respect, trust and honesty; accessibility and flexibility; and continuity-of-care as the key aspects of HJP success. Legal privilege – the ability to seek help without risk of mandatory reporting – was also an important feature of the service.

Conclusion: HJPs can provide non-judgmental compassionate care in a flexible and accessible manner and facilitate access to justice for people with SUDs. An important finding was the powerful influence that 'fear of stigma' has on disadvantaged groups' willingness to engage with services

3B – Rapid Fire

Clarendon Room A, 11:00am – 12:30pm

Indicators of socioeconomic inequalities in chronic diseases

Authors: Dr Michael de Looper¹

Affiliations: ¹*Australian Institute Of Health And Welfare, Canberra,*

Abstract:

Background: People who experience socioeconomic disadvantage have, on average, a greater burden from chronic disease.

These people are a priority population for action in the Australian Government's National Strategic Framework for Chronic Conditions.

Methods: Area-level indicators of socioeconomic inequalities in cardiovascular disease (CVD), diabetes and chronic kidney disease (CKD) incidence, prevalence and mortality were calculated using latest data from national administrative and disease registry datasets. Trends were assessed where feasible.

Individual-level indicators of chronic disease mortality by income, education and housing tenure were calculated using the de-identified ABS Death Registrations-to-Census linked dataset.

Results: Lower levels of income, education, housing and socioeconomic area are associated with a person's likelihood of developing and dying from chronic disease. The mortality gap between lowest and highest socioeconomic groups continues to widen.

Heart attack rates in 2016 were more than 1.5 times as high in the lowest socioeconomic group compared to the highest, while deaths from CKD were at least 1.6 times as high.

Men and women with secondary education or lower were almost 3 times as likely to die from diabetes as those with a Bachelor degree or higher.

If everyone had the same chance of dying from these diseases as people in the highest socioeconomic group, there would have been 8,600 fewer CVD deaths, 6,900 fewer diabetes deaths and 4,800 fewer CKD deaths in 2016.

Conclusion: This evidence will assist in developing policies and delivering programs aimed at preventing and managing chronic diseases across the entire social gradient.

Leadership role for implementation of chronic disease programs at local health district

Authors: Dr Selvanaayagam Shanmuganathan¹, Dr Feisul Idzwan Mustapha², Dr Carmen Huckel Schneider¹, Professor Andrew Wilson¹

Affiliations: ¹*Menzies Centre for Health Policy, Faculty of Medicine and Health, University of Sydney, Randwick, Australia,*

²*Disease Control Division, Ministry of Health, Putrajaya, Malaysia*

Abstract:

Introduction: Chronic diseases impose a major health challenge in most developed and developing countries. Virtually, all health care organizations within a system that deliver services, including planning, funding and coordinating services play a major role in chronic disease prevention, management and sustainability. Good leadership has been identified as a key contributing factor in the successful implementation and sustainability of chronic disease programs at the community level.

Methodology: We explore the concept and practices of leadership at the district level in Malaysia, using a people-centric approach. Between 1 January and 28 February 2019, 14 in-depth interviews were conducted among district health officers who were identified as the key informants in a leadership role, across urban and rural health districts.

Results: Study findings highlighted key aspects and approaches to leadership in implementing chronic disease programs at the district level. Several underlines include fostering shared leadership, setting a clear vision, engaging the community and management of human resources at district level.

Conclusion: Effective and committed leadership is extremely important and should be emphasised for the implementation and sustainability of chronic disease programs. Concrete measures to develop leadership qualities in healthcare systems across all levels, within various political, cultural and socio-economic contexts are required to strengthen the management of chronic disease programs in Malaysia.

Safe as Houses: wrap-around support to prevent homelessness caused by family violence

Authors: Ms Angela Gazey¹

Affiliations: ¹*School Of Population And Global Health, The University Of Western Australia, Crawley, Australia*

Abstract:

Background: Preventing homelessness is a public health imperative given the enormous disparity in health status, multiple morbidities, high levels of trauma and poor mental health among people without stable accommodation. Women experiencing

family and domestic violence are at substantial risk of homelessness, however current support services are often fragmentary and are unable to address the complexity of issues that transcend the legal, housing, health and social sectors. The Safe as Houses Program, an innovative collaboration between three community legal centers, Tenancy WA, The Women's Law Centre of WA and Street Law WA, aims to address this gap by providing wrap-around legal, financial and social support to prevent homelessness amongst women who have experienced family and domestic violence.

Body: In-depth qualitative interviews with clients and focus groups with staff from the three legal services involved were undertaken as part of an evaluation that aimed to examine client and staff perspectives on the successes and barriers of the program and its impact as experienced by clients. The integrated nature of support allowed complex financial and social issues to be addressed in tandem with legal needs and reflects the reality of complex intertwined issues in clients' lives. Clients identified information sharing as a key feature of the program which enabled them to engage without the re-traumatisation of re-explaining their experiences.

Summary: The Safe as Houses model provides a unique service that addresses the complexity of clients' circumstances, enables clients to obtain or maintain secure accommodation and reduces their risk of entering homelessness.

Preventing chronic disease - how does Australia score?

Authors: Tenille Fricker, Madeleine Day¹

Affiliations: ¹*Foundation For Alcohol Research And Education*

Abstract:

Introduction: Chronic diseases or non-communicable diseases (NCDs) are the leading cause of illness, disability and death in Australia, accounting for 90 per cent of all deaths in 2011. As a member of the United Nations and World Health Organization (WHO), Australia has pledged to tackle this health burden. However, current policy action does not appear to match commitment.

Method: Using a scorecard analysis, this study aimed to assess Australia's current implementation of 18 of the WHO's 'Best Buys' and Other Recommended Interventions for the Prevention and Control of Noncommunicable Diseases. Experts in tobacco, alcohol, nutrition and physical activity used a five-point Likert Scale to assess all governments' action - state, territory and federal - in the implementation of the policies. Final scores were recorded for each policy and an overall score was allocated to each risk factor area.

Results: Australian government progress on the prevention and control of NCDs has been ad-hoc. This has resulted in inconsistent implementation of policies across the country. Anti-smoking policies are 'good', yet efforts to address alcohol, physical activity and nutrition all rate poorly.

Conclusion and recommendations: The need for action is clear. By preventing illness, Australians can achieve better health and wellbeing and as a result live happier, longer and more productive lives. While there are some successes in individual jurisdictions, Australian governments are not working in a coordinated fashion and are not taking key strategic actions to implement the WHO 'best buys'.

Understanding Australian potentially preventable hospitalisation (PPH) data to improve performance

Authors: Doctor Harrison Edwards¹

Affiliations: ¹*University Of Queensland, Brisbane, Australia*

Abstract:

Background: Potentially preventable hospitalisations (PPHs) are those which could have been prevented by appropriate early management in primary care; it does not mean that the patient did not need to be hospitalised at the time of admission. The rate of PPHs is an Australian Institute of Health and Welfare (AIHW) performance indicator, and in 2016-17 (latest published data), 6% of admissions were PPHs.

Body: AIHW describes PPHs in the following categories:

1. Vaccine-preventable diseases, including influenza and pneumonia, accounting for 8% of annual PPHs.
2. Acute conditions that may not require hospitalisation if timely non-hospital care is received. These include pre-eclampsia, cellulitis, urinary tract infections, dental conditions, and ear, nose and throat infections, accounting for 46% of annual PPHs.
3. Chronic conditions and their complications that may be preventable through lifestyle change and/or timely non-hospital care. These include diabetes, asthma, heart disease, hypertension, and nutritional deficiencies, accounting for 47% of annual PPHs.

Three types of information are commonly reported when summarising PPH data:

1. Comparisons between geographic regions.
2. Breakdowns by condition and population subgroups.
3. Trends in rates of PPHs.

The data reveal, for example, that Northern Territory and Western Queensland have the highest rates of acute and chronic PPHs, and NT and southwest Sydney have the highest rates of vaccine-preventable PPHs.

Summary: Such information allows prioritisation of initiatives to improve national PPH performance by allowing early identification of emerging trends and priorities for action, such as specific conditions, geographic areas, and populations with comparatively high rates of admission.

Stakeholder alliances: delivering QLD's largest preventative health program 'My health for Life'.

Authors: Mrs Lyn Hamill¹

Affiliations: ¹*Diabetes Queensland, Milton, Australia*

Abstract:

Context: The 'Healthier Alliance' Queensland is a group of NGOs formed to provide, through its collective strength, a statewide chronic disease preventative health program. Seven thousand high risk Queenslanders have commenced the My Health for Life program developed by the Alliance.

Process: The Alliance is Diabetes Queensland, Stroke Foundation, Heart Foundation, Ethnic Communities Council of Queensland, Queensland Aboriginal and Islander Health Council and the seven Queensland Primary Health Networks. Each brings specific skills and experience to the program in Community Engagement, Social Marketing, Intervention Delivery and ICT, Community Risk Assessment, Primary Care Engagement, Delivery of Culturally Suitable Health Programs and Engagement with Aboriginal and Islander healthcare organisations.

Analysis: The Alliance governance structure operates around key principles of mutual respect, encouraging change to drive efficiency, creating a culture of responsibility and accountability and maintaining transparent communication. The organisations work cohesively to deliver the program with identifiable added value, including marketing and communications opportunities, engagement and leverage of networks. Each partner's reputation adds significant value to the program.

Outcomes: The Alliance is an example of successful stakeholder relations in the delivery of a preventative health program. The strong organisational partnership across the Alliance has contributed to successful state-wide program delivery.

Applying behavioural insights to implementation of a real-time prescription monitoring service

Authors: Dr Breanne Kunstler¹

Affiliations: ¹*BehaviourWorks Monash University, Melbourne, Australia*

Abstract:

Introduction: Deaths from accidental prescription-drug overdose are rising in Australia. A Real-time prescription monitoring (RTPM) system, SafeScript, is being introduced in Victoria to address this problem. The purpose of this study was to identify behavioural strategies to optimise SafeScript uptake by general practitioners (GPs) and pharmacists, in order to assist Victoria's Department of Health and Human Services in SafeScript implementation.

Methods: The study comprised three phases. First, a rapid desktop and literature review examined target behaviours in the context of behaviour change science, generating potential evidence-based strategies to support adoption of RTPM. Second, a half-day dialogue with GPs and pharmacists was held prior to the SafeScript roll-out to explore use intentions and barriers and facilitators to other target behaviours. Finally, following the roll-out of SafeScript, one-on-one interviews with GPs and pharmacists explored underlying beliefs and attitudes amongst users and non-users. All qualitative data were transcribed verbatim and thematically analysed.

Results: 21 GPs and 15 pharmacists participated in the pre-pilot dialogue (six GPs, four pharmacists) and post-pilot interviews (15 GPs, 11 pharmacists). Findings from all phases highlighted key behaviour change strategies including use of two-way communication to positively engage with and gather feedback from the target community; harnessing local opinion leaders; making SafeScript use socially desirable; tailoring uptake strategies to specific professional groups; acknowledging safety and other concerns; addressing technical issues; and monitoring for 'alert fatigue'.

Conclusion and Recommendation: Partnerships between government and academia can support the evidence-based implementation of new initiatives, such as SafeScript by Victorian GPs and pharmacists.

Long-term cost-effectiveness analysis of primary prevention versus early detection for melanoma control

Authors: Associate Professor Louisa Gordon¹, Professor Adele Green¹

Affiliations: ¹*QIMR Berghofer Medical Research Institute, Brisbane, Australia*

Abstract:

Introduction: Primary prevention through sun protection, and prevention of melanoma deaths through clinical examination and detection of curable melanomas, are the two main control strategies for melanoma. We compared the health and economic outcomes of each strategy to inform decision-making within constrained health budgets.

Methods: A 30-year Markov cohort model was constructed to estimate the costs, numbers of melanomas and melanoma deaths, and quality-adjusted life-years in people of average age 50 years. We compared doubling the current rate of 1) daily sunscreen use (primary prevention) with 2) whole-body clinical skin examinations (early detection) and both against

maintaining 3) the status quo. Model inputs were derived from randomized trials, epidemiological and costing reports, and included flow-on effects for keratinocyte cancers and actinic keratoses. We addressed parameter and structural uncertainty by using univariate and probabilistic sensitivity analyses.

Results: For every 100,000 individuals, primary prevention produced \$89.5 million in cost savings (-15% in costs), 353 (-15%) fewer melanomas, 14 (-4%) fewer melanoma deaths and 11,471 (-14%) fewer keratinocyte cancers compared with early detection. There were negligible differences in life-years saved (-0.005%) and quality-adjusted life-years (0.03%). Influential model inputs were the skin examination costs; health utility (quality of life) decrements for keratinocyte cancers; and the probability of multiple benign lesions.

Conclusions: Compared with early detection, primary prevention through daily use of sunscreen emerges as the priority for investment in the control of melanoma and other skin cancers in high-risk populations like Queensland's.

Project ROSE (Removing Obstacles to cervical ScREening): design thinking applied to screening

Authors: Assoc Prof Julia Brotherton², Prof Yin Ling Woo¹, Prof Patti Gravitt³, Dr Nazrila Hairizan Bt Nasir⁴, Dr Farhana Sultana², Ms Jananezwaray Kanapathy⁵, Ms Liyann Ooi¹, Assoc Prof Marion Saville², on behalf of the PROJECT ROSE team^{1,2}

Affiliations: ¹Dept of Obstetrics and Gynaecology, University of Malaya, Kuala Lumpur, Malaysia, ²VCS Foundation, Melbourne, Australia, ³Milken Institute School of Public Health, George Washington University, USA, ⁴Primary Care, Ministry of Health, Malaysia, ⁵Cancer Research Malaysia, Kuala Lumpur, Malaysia

Abstract:

Background: To make significant inroads towards the elimination of cervical cancer as a public health problem, WHO recognises that the scale-up of both HPV vaccination and screening are essential. Determining how best to implement effective screening in a way that is acceptable to women, driving participation, and achievable for health care systems is the next step. Primary HPV based screening has high sensitivity, allowing lengthening of screening intervals, and allows self-collection by the woman, overcoming the need for speculum examination. Ensuring that HPV positive women complete further investigation/treatment is also critical to achieving impact.

Methods: We worked with staff of busy public clinics in Malaysia to design a cervical screening approach, utilising self collection, point of care HPV testing and local adaptation of a proven registry platform, canSCREENTM, including mobile phone interfaces for registration, SMS of results and tracking participants along the screening pathway.

Results: Over two pilot phases, 4188 women were screened, with 5% HPV positive. 91% of positive women engaged in follow-up care, with 67% initiating follow-up contact after receiving their result by SMS, 63% on the same day. In a telephone survey of 1000 participants, 97% would recommend ROSE to their friends and 99% would participate again.

Conclusion: Project ROSE overcame many barriers to cervical screening for Malaysian women and their health system. Public health partnerships are working together towards a Program ROSE for Malaysia. This approach is highly transferable and can inform feasible and effective approaches to cervical cancer elimination in our region and globally

Local Pain Educators: building capacity in regional communities to prevent persistent pain

Authors: Ms Angie Clerc-hawke¹, A/Prof Steve Kamper², Prof Lorimer Moseley¹

Affiliations: ¹Pain Revolution, University Of South Australia, Hackett, Australia, ²Institute for Musculoskeletal Health, University of Sydney, Sydney, Australia, ³Pain Revolution, University of South Australia, Adelaide, Australia

Abstract:

Introduction: In years lived with disability, persistent pain is the most burdensome health condition we face. Collaboration across sectors, creative implementation and capacity building strategies, and a 'whole of community' approach to pain education and training are required.

Methods: We developed a community-focussed program, focussing on embedding capacity to deliver best practice pain education and care in rural and regional communities. 13 health professionals enrolled in a 2 year training and community outreach 'Local Pain Educator (LPE) program', which included a post-graduate certificate in pain science and management, 1-to-1 mentoring, teleconferences/webinars, resource sharing and an interdisciplinary 'community of practice'. LPEs conducted context and community-specific public and professional education outreach events in their communities. Qualitative evaluation focussed on LPE experiences, LPE-projected sustainability and self-efficacy in delivering high value pain care and education. Quantitative evaluation included three items (rated 1 [strongly negative] – 5 [strongly positive]) relating to the post-graduate certificate, the mentoring program and the networking platform.

Results: Over 2018, LPEs delivered 18 public events (509 participants), 19 professional events (313 participants) and 6 mixed events (212 participants). Mean ratings were 5 for the post-graduate certificate (e.g. "challenging, comprehensive, useful"); 4.2 for the mentoring program (e.g. "great for accessing expert knowledge and experience"); and 3.6 for the networking platform ("good for sharing resources and ideas"). LPEs expressed challenges with coordinating schedules, becoming familiar with the networking platform, managing the workload of the certificate.

Conclusion & Recommendation: The LPE program is a promising initiative that has excellent reach, promising sustainability and scalability.

Retirement as opportunity or excuse: Increasing older people's engagement in physical activity

Authors: Professor Simone Pettigrew¹, Ms Rajni Rai¹, Dr Michelle Jongenelis¹, Dr Ben Jackson²

Affiliations: ¹*Curtin University, Perth, Australia*, ²*University of Western Australia, Perth, Australia*

Abstract:

Background: Physical activity levels decrease with age, resulting in older people suffering a disproportionate burden of inactivity-related diseases including cancer, diabetes, and heart disease. Retirement typically represents a period of increased discretionary time, and is therefore a life stage that could be effectively targeted with physical activity interventions. However, such interventions need to accommodate potential barriers to physical activity. This study aimed to identify appropriate intervention approaches for this group.

Methods: 425 retired Australians aged 60+ years (mean: 70 years) participated in interviews and wore accelerometers for a week. Participants reported whether and why their physical activity levels had stayed the same since retirement or had increased or decreased. Accelerometer data were used to assess whether they were currently meeting the ≥ 150 minutes of moderate to vigorous physical activity per week guideline.

Results: While health status (e.g., mobility limitations) was clearly important in determining participants' activity levels, psychological variables appeared to be more influential overall. In particular, the perception of retirement as an opportunity to enjoy themselves and live life to the fullest (rather than being perceived as 'the beginning of the end') tended to be associated with higher activity levels. For some (mainly women), family commitments such as babysitting were found to be all-encompassing and therefore preclusive of establishing an exercise routine.

Conclusion: Interventions designed to increase physical activity in later life may need to address stereotypes about the ageing process and focus on exercise as an integral aspect of a healthy, long, and enjoyable retirement.

3C – Rapid Fire

Clarendon Room B, 11:00am – 12:30pm

Experiences of workers in the prevention of men's violence against women field

Authors: Ms Ruby Marshall¹, Dr. Bernadette Sebar¹, Ms. Justine Devonport²

Affiliations: ¹Griffith University, Gold Coast, Australia, ²Women's Health and Wellbeing Barwon South West Inc., Geelong, Australia

Abstract:

Introduction: The Prevention of men's Violence Against Women (PVAW) is a growing area in health promotion practice. While there is scant research available on the PVAW workforce, current research suggests that health promotion workers in general, face high levels of staff turnover and low levels of job satisfaction. This study seeks to explore experiences of PVAW workers to identify their needs and to understand how organisations and governments can support this growing workforce.

Methods: Thirteen in-depth semi-structured interviews were conducted with PVAW workers. Participants were recruited by purposive sampling and qualitative data was analysed using a thematic analysis.

Results: Preliminary findings suggests that workers believe their work is worthwhile and have high levels of job satisfaction. However, there were three areas that led to workers being overwhelmed, stressed and questioning the impact and usefulness of their work. This included the lack of short term positive change, challenges in personal and social situations and misunderstandings about their role from other health professionals and the broader community. Positive results included, having strong supportive networks at regional and direct supervision levels and of those who are parents reported a positive consciousness when raising their children, by challenging traditional gender norms.

Conclusion: This research provided insight into workers in the PVAW space and the need to be aware of the challenging aspects of their roles. This offers insight into the support needed to work in this space, reduce staff turnover and retain a passionate workforce.

Equality for All: Addressing Intersectionality in Prevention of Family Violence

Authors: Kate Diamond Keith¹, Belinda Sue Parsons¹

Affiliations: ¹Women's Health Grampians, Ballarat, Australia

Abstract:

Intersectionality acknowledges that women who experience structural disadvantage and systemic discrimination - colonialism, ageism, racism, ableism, homophobia, transphobia – are at higher risk of violence and face compounded barriers to accessing support. Equality for All aims to increase understanding of discrimination occurring at an intersectional level, and support members of the Communities of Respect and Equality (CoRE) Alliance to take an intersectional approach when developing their plans to address family violence and gender inequality.

Method: Using the evidence associated with articulating first hand women's lived experiences as a successful approach for motivating action, EFA has recruited and trained 11 women facing a range of structural and systemic barriers to share their stories at key events such as leadership briefings, media communications, social media platforms, and in a short video. CoRE members engage the women as consultants in designing their activities to promote gender equality and in other contexts.

Results: The EFA participants have been highly engaged in the training and in co-designing the project overall. There is a strong response from CoRE members wishing to consult with the advocates and provide opportunities to speak at staff meetings etc. Participants report being empowered by the project and mutual learning opportunities.

Conclusions: The project is ambitious in working with women across a large geographical area where transport and other access issues present further obstacles to participation however the strong commitment from both participants and CoRE members indicates the value of the project and good potential for extension, replication and sustainability.

Bridging the silos: exploring better health and justice through partnership

Authors: Lottie Turner¹

Affiliations: ¹Health Justice Australia, Melbourne, Australia

Abstract:

Across Australia, a quiet revolution has seen community lawyers leaving their traditional shopfronts to work from the most unlikely of settings: hospitals and community health services. In Australia, health justice partnerships are collaborations between health and legal services that bring lawyers into the healthcare team to address the underlying drivers of poor health.

Health justice partnerships tackle the intersecting health and legal problems in people's lives, from mould in public housing causing respiratory problems or credit and debt exacerbating stress and diverting people from meeting their healthcare costs, through to family breakdown, family violence, child protection concerns and elder abuse.

From coronial inquiries to Royal Commissions, there is extensive evidence of the gaps created by siloed health and human services. This paper will facilitate discussion with conference delegates about the opportunities to develop health justice partnerships as a way to bridge those gaps. Drawing on Health Justice Australia's recently released foundational report mapping the national health justice landscape, discussion will explore the range of services that are currently working in health justice partnerships; how these partnerships operate; and the kinds of health-harming problems they can address. It will explore the role that health justice partnerships play to achieve both systems change, through small-scale reforms at the local level that can have a significant impact for immediate patient communities; and systemic change, by advocating for changes to the ways in which health and human (including legal) services are funded, designed and delivered.

Building capacity in men to prevent violence against women

Authors: [Anna Vu¹](#), [Shelley Hewson¹](#)

Affiliations: ¹HealthWest Partnership, Footscray, Australia

Abstract:

Context: Working with men in the prevention of violence against women is a complex, exciting, and challenging space. Men can be at times an under-utilised community resource and often the men most likely to be allies for women tend to believe that they have little to contribute and wish to empower by leaving the space open for women to keep leading the way.

Process: HealthWest Partnership trialled a project to engage men in conversations and action to prevent violence against women. Evaluation of the original trial showed the project to have potential to be significant for the violence prevention field by combining community engagement, community mobilisation and the engagement of men. Findings from the evaluation have led to the trial of the project model with a cohort of young men in a tertiary setting.

Analysis: Lessons learnt from the original project model have informed the design of the Momentum Project which aims to drive solutions to what is predominantly a men's problem in our communities. Key lessons include:

- The need for the project to prioritise men's accountability to women
- Consideration of recruitment methods of male allies to action
- Strengthening the critical reflection of men participating in the project

Outcomes: Navigating the challenge of creating safety requirements and accountability can result in less men connecting with projects in the early stages. Due to the complexity of this space it is crucial to be brave and share stories of success as well as setbacks.

Understanding Victorian violence prevention activity-An audit, case study and mapping approach

Authors: [Ms Emily Lee-Ack¹](#), [Ms Meg Harbourn¹](#), [Ms Sarah Barratt¹](#), [Ms Kate Liversidge¹](#)

Affiliations: ¹Office for Women, Department of Premier and Cabinet, Victorian Government, Melbourne, Australia

Abstract:

Context: The 2016 Victorian Royal Commission into Family Violence was followed by unprecedented investment in family violence prevention. In line with Free from Violence: Victoria's strategy to prevent family violence and all forms of violence against women, the Victorian Government commissioned an audit of primary prevention activity and infrastructure. This process aimed to identify current activity and stakeholders engaged in primary prevention, and gaps in the prevention system; and to inform future work to ensure a comprehensive primary prevention response.

Process and Analysis: The audit was conducted in 2018 with 300 organisations surveyed and 30 organisations participating in workshops. Key findings showed that a range of organisations were implementing primary prevention activity; organisations were connected through partnerships and networks; and workplaces were the most common setting for primary prevention. Six case studies were developed through key stakeholder interviews that document best practice initiatives for hard-to-reach population cohorts, and an online interactive map was developed to visually represent activity across geographical areas to inform the sector and community.

Outcomes: This multifaceted approach to understanding and disseminating findings on violence prevention activity built stakeholder engagement and strengthened sector understanding; identified gaps in rural/regional areas and specific settings; and provided best-practice guidance on working with population cohorts where targeted effort is required. The project supports leadership across government, the sector and community and can inform future decision-making and investment planning in prevention structures and systems, whilst also empowering the community through greater access to information about local primary prevention activity.

Western Bulldogs "Sons of the West" Connects Men to Their Community

Authors: [Mr Jeremy Vassallo¹](#), [Miss Catherine Dell'Aquila²](#)

Affiliations: ¹Victoria University, Melbourne, Australia, ²Western Bulldogs Community Foundation, Melbourne, Australia

Abstract:

Introduction: Statistics show men in the western regions of Victoria experience some of the poorest health outcomes (social,

physical and mental) in the state. Contemporary research indicates there is a lack of appealing initiatives and programs designed to engage men in health promotion.

Method: The Sons of the West (SOTW) is a health program that uses the brand of a professional football club (Western Bulldogs) to engage men. Delivered by the Western Bulldogs Community Foundation and local community health services and councils, the 10-week program brings together men from all walks of life. Weekly sessions consist of one-hour of health education and one-hour of physical activity. A pre-post evaluation design was used in 2018 to evaluate men's engagement within their community and measure changes in a range of health behaviours. Questionnaires were completed by diverse groups of men across the western region of Victoria.

Results: After surveying 679 men, results indicate the SOTW program has; significantly increased physical activity participation and ability to exercise in the community, created places for men to focus on their health, encouraged emotional expression, and reduced social isolation. The number of men who participated in organised community activities increased by 16% and the majority of men indicated that the SOTW program helped them to feel more part of their community.

Conclusion: The SOTW program can help a diverse range of men to socially connect and engage in their community. This innovative program seems to be an effective tool to challenge male isolation and social disconnectedness.

A regional approach to primary prevention of violence against women

Authors: Erin Soutter¹

Affiliations: ¹Women's Health West, Footscray, Australia

Authors:

Context: Established in 2010, Preventing Violence Together was the first regional primary prevention partnership and strategy of its kind nationally. Led by Women's Health West, Preventing Violence Together facilitates a strategic, coordinated, action-based approach to preventing violence against women in Melbourne's west.

Currently the partnership comprises 23 organisations, including all community health services, primary care partnerships and local governments in the west, several response sector services, a university, state government departments and other community organisations.

Process: In 2016, the partnership underwent a five-year retrospective evaluation, conducted through focus groups, interviews, an online survey and a review of documentation with 38 participants.

Analysis: The evaluation highlighted that Preventing Violence Together has functioned as a mechanism for realising its vision by offering signatories an enabling and coordinating context to undertake prevention actions. It has also enhanced collaboration between organisations and maximised the impact of prevention efforts. Recommendations to further strengthen the partnership have subsequently been implemented, enhancing the model as a means to progress primary prevention of violence against women.

Outcomes: Having enacted the recommendations, Preventing Violence Together provides a strong, replicable partnership model for implementing national primary prevention policy at a regional level. The presentation will canvass the different ways this model has succeeded, including the adoption of a formal partnership agreement, launching of a long-term strategy and development of a shared measurement and evaluation framework, the first of its kind in Australia. The presentation will also reflect on whether this model will continue to thrive in the post-Royal Commission landscape.

Ensuring self-determination in Aboriginal-led family violence prevention and early intervention program design

Authors: Luke Ablett, Trudy Rigney

Abstract:

Context: It is vital to prevent family violence before it occurs. Dhelk Dja: Safe Our Way – Strong Culture, Strong Peoples, Strong Families (Dhelk Dja), the new Aboriginal 10 Year Family Violence Agreement, states that all Aboriginal-specific family violence prevention and early intervention initiatives will be led by Aboriginal communities. This approach recognises that Aboriginal people have the right understanding and knowledge of local community needs, priorities and aspirations to deliver culturally appropriate solutions.

Process: The Preventing the Cycle of Violence (PCV) Aboriginal Fund makes available \$2.7 million over two years (2018-2020) for Aboriginal communities and their organisations to develop, deliver and evaluate family violence prevention and early intervention projects. Using the principles of self-determination, Family Safety Victoria (FSV) was able to facilitate an Aboriginal-led design process to determine the guidelines and requirements of the fund.

Analysis: A sub-working group of the Dhelk Dja Partnership Forum was convened to design the vision, guidelines and reporting requirements for the PCV Aboriginal Fund. This Aboriginal-led process was implemented to ensure that the PCV Aboriginal Fund was designed by the Aboriginal community for the Aboriginal community. Adopting this process ensured that the PCV Aboriginal Fund had the support of the Aboriginal community and is more likely to result in positive outcomes.

Outcomes: The design of the PCV Aboriginal Fund was endorsed by the Dhelk Dja Partnership Forum, the group with responsibility for the strategic leadership and implementation of Dhelk Dja.

The PCV Aboriginal Fund has been established with the support of the Partnership Forum and the funded Aboriginal-led projects have begun.

Preventing family violence: researchers and industry partners working systematically and collaboratively

Authors: Ms Anastasia Panayiotidis², Professor Helen Skouteris¹, Dr Mandy O'Connor¹

Affiliations: ¹Monash Centre For Health Research And Implementation, Clayton, Australia, ²Relationships Australia Victoria, Camberwell, Australia

Abstract:

Background: Men's Behaviour Change Program (MBCP) is a men's family violence prevention intervention designed to keep women and children safe. Gaps in the family violence prevention systems were identified in the Royal Commission into Family Violence (2016) and changes to MBCP have ensued. Relationships Australia Victoria (RAV) is Victoria's largest provider of MBCP with over 20 years' experience delivering programs. This stage of research extends the practice-based evidence through rigorous implementation and efficacy evaluations of RAV's updated MBCP.

Methods: A collaborative partnership between RAV and the Monash Centre for Health Research and Implementation (MCRHI) will conduct the evaluation. MBCP conducts group-based sessions weekly (2-hours) for 20-weeks at RAV centres. Research participants include: 100 men and their partners/ex-partners, 20 RAV program facilitators and 10 RAV family safety workers. Pre, during and post program data (quantitative surveys and qualitative focus groups) is being collected.

Results: A 2018 RAV MBCP evaluation reported improvements in men's: emotional and mental health, understanding of the impact of family violence and their family's needs and feelings, ability to manage stress and skills to repair the impact of family violence. Formative research with key stakeholders revealed a lack of evaluations of men's family violence programs, the need to examine the interactions of the men, their partners/ex-partners, program facilitators and family safety workers and a program implementation evaluation.

Conclusion: This research evaluates the system changes to MBCP programs and informs implementation and future development of family violence prevention interventions and preventative strategies to keep women and children safe.

Creating a Victoria free from violence – Victoria's journey

Authors: Ms Jac Nancarrow¹, Ms Maureen Murphy¹, Ms Kate Groves¹, Ms Georgia Ride¹, Ms Emily Lee-Ack¹

Affiliations: ¹Office for Women, Department of Premier and Cabinet, Victorian Government, Melbourne, Australia

Abstract:

Context: Following the ground-breaking Royal Commission into Family Violence, the Victorian Government committed to implementing all 227 recommendations. This presentation examines the Victorian Government's subsequent journey to create a Victoria free from violence and explores insights into what is working and what needs to be strengthened. Underpinning this journey is the long-term advocacy and innovation of the family violence support and prevention sectors over decades and the critical leadership of victim survivors.

Process/analysis: In 2016, the Victorian Government committed to a ten-year agenda for action with the release of Ending family violence: Victoria's plan for change and Safe and Strong, Victoria's first Gender Equality Strategy. This was followed by the first statewide primary prevention strategy in 2017, Free from violence, that focuses on changing the social norms, structures and practices that condone violence. The strategy is now in its second year of implementation, and has a focus on innovation and scaling-up projects that are already delivering real benefits, with promising indications of what is working well and what needs to be strengthened in the areas of leadership, workforce development, building the evidence, and partnerships for violence prevention.

Outcomes: Victoria's journey since the Royal Commission offers important lessons for practitioners and policy-makers worldwide in developing and implementing policy and programs to prevent family violence. With Australia's first gender equality legislation on the horizon, Victoria is building a comprehensive systems approach to the primary prevention of family violence and all forms of violence against women.

Communities at the Centre: A Place-based Equity and Wellbeing Initiative in Maroubra

Authors: Julie Dixon

Abstract:

Communities at the centre: A place-based equity and well-being initiative in Maroubra

Introduction: Using the Harwood community engagement approach developed by the Institute of Public Innovation, 10 government and non-government agencies and businesses have joined forces to implement a place-based equity and wellbeing initiative in socio-economically disadvantaged communities in Maroubra, eastern suburbs of Sydney.

The initiative reorients our focus towards people and places, rather than institutions and services, which is critical to reducing inequities and building community resilience.

Method: A number of government agencies met regularly with residents through organising a free coffee and conversations meeting point, on a street corner near local shops, to find out their aspirations, strengths and the issues facing their community and neighbourhood. This 'public knowledge' was analysed into strategic themes and a framework designed comprising four elements: a multi-purpose community hub (from refurbishing a shopfront); mobile outreach to surrounding public housing estates to co-produce and test solutions that residents said would make them happier and healthier; a network of voluntary

community connectors to offer support and culturally sensitive guidance to their neighbours to appropriate services and resources and a community grants initiative to enable residents to enrich community life by running social group activities like a choir and yoga class or other identified community-driven solutions.

Results: An evaluation framework comprising 'community' identified process, impact and outcome measures as well as a range of government and non-government agency data and information is being developed and collected to derive the short, medium and long-term outcomes for this place-based initiative.

3D - Rapid Fire

Clarendon Room D, 11:00am – 12:30pm

Collaborating to Embed Best Practice Smoking Cessation Support in Victorian Pharmacies

Authors: [Jeremy Wiggins¹](#), [Marty Pritchard⁴](#), [Amy Collie⁴](#), [Rachel Whiffen¹](#), [Emma Dean³](#), [Bill Suen²](#), [Marina Hanna³](#)

Affiliations: ¹Quit Victoria, Melbourne, Australia, ²Pharmaceutical Society of Australia (Victorian Branch), Parkville, Australia, ³Alfred Health, Melbourne, Australia, ⁴Cancer Council Victoria, Melbourne, Australia

Abstract:

Context: In an Australian first Quit Victoria, the Pharmaceutical Society of Australia Victoria Branch (PSAVB) and Alfred Health partnered to enhance best practice smoking cessation care in community pharmacies.

Best practice smoking cessation care consists of:

- i) brief advice – Ask, Advise, Help model
- ii) provision of pharmacotherapy as clinically appropriate
- iii) behavioural support through services such as Quitline or face-to-face counselling.

Reason: Smoking is the leading preventable cause of death and disease in Australia. Community pharmacists are a trusted and accessible source of health advice and in a strong position to deliver smoking cessation care.

Process: Ten training sessions were held across metropolitan and regional Victoria. Training was PSAVB accredited and delivered by Quit Victoria and Alfred Health. Training consisted of evidence-based knowledge, relating to the three components of smoking cessation care. A range of resources were developed (informed by focus groups with consumers and pharmacists) for use in-store to encourage brief advice conversations. Public education activities consisting digital, radio and out-of-home placement, promoted pharmacists as a trusted support for smoking cessation care.

Analysis: Over 200 pharmacists participated in training. From training evaluations (n=141), 98% strongly agreed/agreed that the brief advice model was a useful framework for helping patients to quit, and 96% were very likely/likely to change their practice. A follow-up survey with pharmacists is currently being conducted to assess the impact of public education activities.

Outcomes: A comprehensive approach incorporating training, resources and public education, within the community pharmacy setting, enhances access to best-practice smoking cessation care.

A breath of fresh air: a new approach to smokefree communications

Authors: [Gemma Smoker¹](#), [Emma Dean¹](#), [Linda Bradford¹](#), [Kia Noble¹](#)

Affiliations: ¹Alfred Health, Melbourne,

Abstract:

Introduction: Smokefree environments reduce exposure to passive smoke, denormalise smoking, prevent uptake as well as minimise risk of relapse in those who recently quit. Building upon significant investment in reducing the harms from tobacco, Alfred Health was keen to investigate different ways to communicate our totally smokefree policy.

Methods: An external agency was engaged to develop a creative communication solution that could be:

- tailored to a specific location and people within the vicinity to encourage compliance and offer support to quit
- varied over time to maintain currency and engagement of target audience (primarily Alfred Health visitors).

Consumer testing by survey were conducted with patients, visitors and staff around the perimeter of The Alfred.

Observational surveys of smoking were conducted during control and intervention periods. Data collected included: date, time, location and number of smokers (patients, staff, visitors).

Results: 91% of people surveyed felt the new communication solution was engaging and 75% of people had a preference towards the new signage compared to traditional signage. Qualitative feedback included words such as 'attractive', 'fun', 'different', 'relaxed' and 'non-confrontational'.

The observational surveys demonstrated a 29% reduction in overall smoking between intervention and control periods. Patients demonstrated a 14% reduction, visitors 22% reduction and staff 55% reduction.

Conclusion: Alfred Health's new smokefree communications are effective to further reduce smoking at The Alfred. This initiative complements the ongoing clinical work assisting those who smoke to quit, both patients and staff.

Tackling Tobacco in Mental Health Services - Translating Evidence into Practice

Authors: [Ms Lorena Chapman¹](#), [Ms Rachel Whiffen¹](#), [Ms Suzanne Turner²](#), [Mr Shane Sweeney²](#), [Mr Marty Pritchard³](#)

Affiliations: ¹Quit Victoria, Melbourne, Australia, ²NorthWestern Mental Health, Melbourne, Australia, ³Behavioural Sciences Division, Cancer Council Victoria, Melbourne, Australia

Abstract:

Introduction: Recognising the significant impact that smoking has on mental health consumers, Quit Victoria and NorthWestern Mental Health partnered in 2016 to embed evidence-based smoking cessation into routine care.

Methods: The Tackling Tobacco (TT) Framework was used to address challenges identified during initial consultations with consumers and staff, and identify best-practice smoking cessation strategies, including:

- Establishment of executive leadership group
- Revision of smoke-free policies and development of smoking cessation clinical pathways
- Delivery of staff training
- Implementation of consistent quit supports including smoking cessation peer support worker, tailored stop smoking resources, and upskilling of Quitline Specialists
- Recording consumer smoking status through a new smoke-free screening and assessment tool.

Results: Midpoint learnings based on analysis of 130 staff surveys, 180 training evaluation forms, key informant interviews, and 165 file audits indicate:

- Staff knowledge and confidence in providing smoking cessation increased by 34%
- 60% of staff now rate their service's capability to provide cessation support as extremely or very capable
- Staff members are more actively supporting consumers to quit with an increase in referrals made to Quitline
- The smoking cessation peer support worker is a key role to support consumers to quit
- Appropriate resources are important
- The collection of consumers' smoking status has increased
- That the TT Framework is adaptable across a range of service types.

Conclusion & Recommendation: Learnings from this pilot project will be used to advocate for embedding smoking cessation into routine care across Victorian mental health services.

Impact of "10000Lives", a regional smoking cessation campaign on referral to Quitline

Authors: Md Arifuzzaman Khan¹, Mrs Kalie Green², Associate Professor Gulam Khandaker^{1,2}

Affiliations: ¹Faculty of Medicine, The University Of Queensland, Brisbane, Australia, ²Central Queensland Public Health Unit, Central Queensland Hospital and Health Service, Rockhampton, Australia

Abstract:

Purpose: We aimed to assess the impact of a regional smoking cessation campaign on the referrals to Quitline services in Central Queensland (CQ), Australia.

Introduction: "10,000Lives" smoking cessation campaign launched by Central Queensland Hospital and Health Service (CQHHS) in November 2017, and aims to reduce the number of adult smoking in CQ from 16.7% to 9.5% by 2030. As part of the campaign, clinical and community taskforces were developed to promote the tobacco quitting helpline, Quitline, and a comprehensive quitting support including 12 weeks free nicotine replacement therapy has been offered to all adult smokers in CQ.

Methods: We evaluated the before (September 2016 to October 2017) and after (November 2017 to December 2018) campaign comparison of Quitline referrals from CQ region.

Results: Between November 2017 and December 2018, 3983 referrals to Quitline were made from CQ region compared to 2288 referrals in the preceding 14 months of pre-campaign period (74.5% increase, significant rise in mean monthly Quitline referrals during post-campaign; 163.4 ± 63 to 284.5 ± 33.5 , $P < 0.000$). During the post-campaign period, 60% of the referred smokers were aged between 45 and 65. 51% were Female and 14.2% were identified as Aboriginal and/or Torres Strait Islander. Majority of the referrals were self-initiated (78%) followed by hospital referrals (14%).

Conclusions: The first 14 months of "10000Lives" program (i.e. a targeted regional smoking cessation campaign) have shown promising impact. This model could be replicated in other parts of Australia.

Susceptibility to smoking initiation among Australian young adult e-cigarettes users

Authors: Dr Michelle Jongenelis¹, Ms Caitlin Kameron², Dr Daniel Rudaizky³, Professor Simone Pettigrew¹

Affiliations: ¹Curtin University, Bentley, Australia, ²Cancer Council WA, Subiaco, Australia, ³The University of Western Australia, Crawley, Australia

Abstract:

Introduction: In countries such as the US and UK, use of e-cigarettes has been found to significantly predict initiation of tobacco cigarette smoking among non-smokers. In light of recent calls to relax the current strict regulations imposed on e-cigarettes in

Australia, the present study sought to examine the potential for e-cigarettes to act as a gateway substance to tobacco cigarettes in a stricter regulatory environment.

Methods: A web-panel provider recruited 519 never smokers aged 18-25 years (55% female). Among these never smokers, 90 had used an e-cigarette at least once and 20 were current users of the devices. Respondents answered questions assessing their susceptibility to tobacco cigarette use, operationalised as curiosity about tobacco smoking, willingness to smoke, and intentions to smoke. Several individual and social factors were also assessed and included as covariates in regression models.

Results: Ever and current users of e-cigarettes were significantly more susceptible to future tobacco smoking than those who had never used an e-cigarette. E-cigarette use remained significantly associated with susceptibility to tobacco cigarette smoking after accounting for a wide range of individual and social covariates.

Conclusions and Recommendations: Results suggest that e-cigarettes have the potential to contribute to rather than ameliorate tobacco cigarette smoking among young adults. Relaxing the current strict regulations surrounding the sale of e-cigarettes in Australia may have unintended consequences. Ongoing monitoring of the potential for e-cigarettes to contribute to a new population of smokers is important to ensuring these devices do not undermine effective tobacco control efforts.

Building capacity of the criminal justice system to identify gambling harm

Authors: Dr Mark Halloran¹

Affiliations: ¹*Anglicarevic, Kyneton, Australia*

Abstract:

Introduction: Research conducted by the Centre for Criminology and Criminal Justice (2000) and the Productivity Commission shows that problem gambling constitutes a risk factor for offending in Australia. Therefore this prevention project funded by the Victorian Responsible Gambling Foundation (VRGF) aimed to educate criminal justice staff (i.e. correctional staff, police) about gambling-related harm in an attempt to increase referrals to Gambler's Help (GH) services.

Methods: The training was delivered to over 200 criminal justice staff in the Loddon Mallee region over a 2 year period. A pre and post training evaluation was provided to assess if the training had increased staff knowledge of gambling-related harm, the GH referral pathway, and likelihood of referring to GH services in the future.

Results: The findings were as follows: (1) the majority of criminal justice staff demonstrated a significant increase in understanding of the issues associated with gambling-related harm and in knowledge of GH services, as well as in the willingness to refer to a GH service on the post training evaluation, (2) the project was associated with an 8-fold increase in referrals in a minimum security male prison while counsellors now see about 20% of the client population from a female minimum security prison. In conclusion, this research showed that providing GH training to criminal justice staff increased their knowledge of gambling-related harm as well as of GH services and increased the likelihood that staff would refer clients to GH in the future.

Healthy Australian universities: Smoke-free campuses

Authors: Mrs Patricia Taylor¹

Affiliations: ¹*Deakin University, Cheltenham, Australia*

Abstract:

Background: With 120,000 employees and 1.3 million students, universities have the potential to effect great change by embedding health in their core business and values. Universities are a place of work, education and research, and have a large impact on the surrounding local community, as well as broader society through research and practice. Given the strong evidence linking healthy environments with positive health outcomes and lifestyle choices, universities can be considered leaders with the resources to champion healthy environments in Australia.

Body: This thesis investigates the approach taken by Australian universities in planning and implementing "smoke-free campuses". Smoke-free environments in Australia are a significant public health effort in tobacco control and are the most prevalent tobacco related health initiatives across Australian universities. Policy document analysis and semi-structured interviews with key stakeholders from 10 Australian universities were undertaken to understand the smoke-free university environment; the motivators for the smoke-free campuses; and the range of approaches to implementation. The findings from this study reveal significant variation across university policies and processes. The findings point to a range of internal and external drivers, as well as the various roles of both staff and students in the establishment of a health promoting culture.

Summary: The links between research, policy and practice in this study demonstrates the role of health promotion within the university setting. This research has the capacity to guide universities with their other health promotion goals, and to inform health promotion in settings more broadly.

Indigenous children miss out on prevention through the Child Dental Benefits Schedule

Authors: [Dr Neil Orr¹](#), [Dr Kylie Gwynne¹](#), [Dr John Skinner¹](#)

Affiliations: ¹*The Poche Centre For Indigenous Health, The University of Sydney, Australia*

Abstract:

Introduction: Dental health among Indigenous people is significantly poorer than for the non-Indigenous population. Preventive dental health services have the potential to significantly improve dental health across the population. The Child Dental Benefits Schedule is a Federal government strategy providing eligible children access to basic dental services. In this study, we sought to investigate levels of utilisation of the CDBS among Indigenous and non-Indigenous populations.

Methods: We obtained an extract of CDBS data from Medicare Australia for the period 2013/14 to 2016/17. This included patient counts by Indigenous status, age groups, remoteness, dental health services and Primary Health Network. The data was weighted to the Indigenous population. Estimates of the eligible populations were obtained from Report on the Third Review of the Dental Benefits Act 2008, published by the Commonwealth Department of Health.

Results: At June 2015, there were 2,944,413 children eligible for the CDBS. Levels of utilisation differed between states and territories. Higher levels of utilisation were found in major cities compared to outer regional and remote areas. In 2014-15 FY, there were 225,251 Indigenous children and 2,761,538 non-Indigenous or not stated children eligible. Of Indigenous children, 30,460 (13.5%), utilised preventive services compared to 707,587 (25.6%) non-Indigenous/not stated children.

Conclusion and recommendations: We found a significant difference in the level of utilisation of preventive dental services between the Indigenous and non-Indigenous/ not stated populations. This suggests ongoing inequality of access to dental services for Indigenous children compared to non-Indigenous children even when families are eligible for free dental care.

Getting Australia's Oral Health on Track

Authors: [Ms Jaimie-Lee Maple¹](#), [Mr Ben Harris¹](#)

Affiliations: ¹*Australian Health Policy Collaboration, Mitchell Institute, Victoria University, Melbourne, Australia*

Introduction: Oral health is neglected in public policy. Currently four out of ten young children and two out of three older children have experienced tooth decay. In addition, Australians aged 15 and over have an average of 12.8 decayed, missing or filled teeth. More than 63,000 Australians are hospitalised each year for preventable dental conditions.

Methods: In 2018 Australia's Oral Health Tracker was launched, providing specific targets and indicators for improving the oral health of Australians by the year 2025. To provide a policy response to Australia's Oral Health Tracker, the Australian Health Policy Collaboration at Mitchell Institute, Victoria University was commissioned by the Australian Dental Association to work with representatives of oral health professions to construct an Oral Health Policy Paper.

Key findings: The paper has recommendations to improve oral health outcomes and increase equity. It is a synthesis of evidence on the current state of Australian's oral health highlighting priority populations. In addition, international oral health programs have been summarised. Informed by this background information, the report proposes policy options such as improving fluoridation and prioritising access to oral health care for populations most at risk.

Conclusion: The collaborative approach taken to collate the best available Australian and international evidence provides rigour and credibility to the policy recommendations. This approach will help inform policy makers and guide improvements in oral health within Australia's population, and provide comfort to policy makers that adopting these recommendations will have broad support across the sector and the community.

Developing policy to extend the bite in the role of dietitians

Authors: [Ms Gillian Lang¹](#), [Ms Evelyn Volders²](#)

Affiliations: ¹*Dental Health Services Victoria, Melbourne, Australia*, ²*Monash University, Clayton, Australia*

Abstract:

Context: High sugar consumption is causing alarm across public health experts because of its association with high rates of obesity, diabetes, cardiovascular diseases, cancer, osteoporosis and dental diseases. In Australia oral conditions are the second most expensive disease group to treat. Although the link between oral health and diet is well accepted there is little evidence of dietitians incorporating oral health promotion into their practice.

Process: Following a needs assessment, DHSV developed a partnership with Dietitians Association of Australia (DAA) to develop a policy statement on oral health and nutrition. Experts in nutrition, oral health and health promotion disciplines worked collaboratively to provide evidence-based oral health information for dietitians and guide integration of oral health into practice.

Analysis: There is increasing realisation that oral health is everyone's business. Non-dental professionals can have an impact when oral health promotion and referral are included within their practice. Dietitians are well placed to include oral health in their role.

Outcome: In 2016 a joint position statement was launched providing a framework for action to build the oral health knowledge and confidence of dietitians to incorporate oral health promotion into their practice by exploring essential aspects of oral

health and relevance to dietitians across a range of common work settings. It is one of a limited number of position statements demonstrating collaboration between dietitians and dental professionals. As the evidence around the impact of oral health on general health expands this position statement becomes an important tool for teaching and shifting professional practice.

3E - Rapid Fire

Clarendon Room E, 11:00am - 12:30pm

Stepping in the right direction: Addressing diabetes in NT Aboriginal youth

Authors: Mrs Liz Kasteel¹

Affiliations: ¹Northern Territory Department Of Health, Darwin, Australia

Abstract:

Context: Aboriginal Territorians are 4.7 times more likely to have diabetes than non-Aboriginal. A Northern Territory (NT) study published in 2013 indicated increasing prevalence and burden of type-2 diabetes in NT Aboriginal young people. They represent 88% of youth type-2 diabetes diagnoses. This was supported by internal data recently released (not for publication), which showed a rapid rise (52%), from 2013/14 to 2017/18, in Aboriginal aged <25 years diagnosed with type-2 diabetes. NT Aboriginal youth (43% of total NT youth) are at high risk of being the first generation (since 1880) to experience a shorter life expectancy than their parents due to the alarming presentation of type-2 diabetes – a condition once experienced primarily in the middle or later years of life.

Process and outcomes: A NT Government strategic approach to address this “epidemic” is the establishment of the NT Diabetes Network, which aims to turn the current trajectory to healthy Aboriginal young people. Smashing the silo, not only among health services, but also between health and non-health organisations is imperative for changes to occur.

Research findings guide the Network’s activities to utilise a life course approach solution commencing with addressing knowledge and understanding of type-2 diabetes in young people by clients, communities, health professionals and non-health organisations. Strengthening models of care by placing culture and youth at the centre are key strategies for the Networks over the next two years.

Go4Fun: Session 'dose' and optimal outcomes in a community-based obesity treatment program

Authors: Christine Innes-Hughes¹, Professor Chris Rissel¹, Leah Choi¹, Dr Santosh Khanal¹

Affiliations: ¹NSW Office Of Preventive Health, Liverpool, Australia

Abstract:

Introduction: Go4Fun is a community based weight management program for overweight and obese children aged 7-13 years and their families. It involves 10 weekly sessions delivered over a school term. As part of quality improvement, the dose relationship between program attendance and child health outcomes was explored. This study assessed the impact of the number and type of sessions attended on body mass index (BMI) z-score, fruit and vegetable intake and physical activity and sedentary behaviours to determine the number of sessions required to achieve optimal program outcomes.

Methods: Secondary analysis was conducted on pre and post participant program data collected over 3.5 years. Relationships between session attendance and program outcomes were assessed. Number of sessions required to achieve optimal program outcomes was determined.

Results: For 3,090 participants who attended at least five sessions, outcome measures improved significantly at post program compared with pre ($p < 0.01$). Sessions were characterised as skill or knowledge related. No relationships were seen between number and type of sessions attended and outcome measures for these participants.

Children of mothers without a post-school qualification (university or vocational qualification) were more likely to achieve lower levels of improvements in BMI z-score ($p = 0.02$) and vegetable intake ($P < 0.01$) than those children with post-school qualified mothers ($F = 3.68$, $p = 0.03$). Children of mothers without post-school education, that attended seven sessions or more, achieved significantly better BMI z-score outcomes ($p < 0.01$) than those who attended fewer sessions.

Conclusion: Maternal educational attainment influences program attendance and health and behavioural outcomes in this whole-of-family obesity treatment program.

Personal Activity Intelligence: A New Standard in Activity Tracking for Healthy VO₂peak

Authors: Dr. Javaid Nauman^{1,2}, Dr. Bjarne Nes², Dr. Nina Zisko², Dr. Ulrik Wisløff^{2,3}

Affiliations: ¹Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University, Al-Ain, United Arab Emirates, ²Department of Circulation and Medical Imaging, Faculty of Medicine and Health Sciences, Norwegian University of Science and Technology, Trondheim, Norway, ³Schol of Human Movement & Nutrition Sciences, University of Queensland, St Lucia, Australia

Abstract:

Introduction: Personal Activity Intelligence (PAI) is a novel activity metric that translates heart rate variations during exercise into a weekly score. Obtaining ≥ 100 PAI weekly at baseline, an increase in PAI score and sustained high PAI score over the years were found to delay premature death from cardiovascular disease and all causes. The objective of this study is to investigate the relationship between PAI and cardiorespiratory fitness (VO₂peak) in a large healthy population.

Methods: A total of 4334 healthy adults (2112 men & 2222 women) from Nord- Trøndelag Health Study (the HUNT Study) were tested for VO₂peak. Participant's weekly PAI score was calculated using a validated algorithm, and divided into 4 groups (PAI scores of 0, ≤50, 51-99, or ≥100). We used generalized linear model analyses to investigate the association between PAI and VO₂peak.

Results: There was a graded positive association between PAI and VO₂peak in both men and women. Compared with reference group (0 PAI), a PAI score ≥100 was associated with high VO₂peak: 5.4 mL/kg/min; 95% CI, 4.5 to 6.3 in men, and 4.1 mL/kg/min; 95% CI, 3.1 to 5.2 in women. The combined analysis of PAI, physical activity, and VO₂peak showed that PAI score of ≥100 was associated with high VO₂peak regardless of meeting or not meeting the current physical activity recommendations.

Conclusion: The results suggest that PAI may be an important tool when determining the sufficient amount of physical activity required to improve VO₂peak for significant health benefit in individuals from the general population.

Removing Sugary Drinks, nudge or nanny?

Authors: [Melissa Tinney¹](#), [Rowena Rittinger¹](#)

Affiliations: ¹Barwon Health, Geelong, Australia

Abstract:

Introduction: Sugar Sweetened Beverages (SSB's) are high in sugar, devoid of other nutrients and a focus for public health efforts to reduce sugar intake and improve health. SSB's were removed from sale in 2018 from all 4 Barwon Health retail food outlets and vending machines. This study looks at whether limiting access to nutrient-poor, energy-dense SSB's can reduce SSB consumption in the hospital retail environment. A common argument against reducing sugary drinks from sale is that adults have the 'right to choose'. This evaluation captured the consumer response to the removal of SSBs and the impacts on beverage choices.

Methods: A quantitative and qualitative approach was used to assess the impacts of removal of SSB's from retail outlets and vending machines. A survey of customers (n= 292) was conducted to investigate opinion on removal of SSB's. Drinks ordering data was collected to assess drink sales financial return and drink purchasing behaviour over an 18 month period, after removal of SSB's.

Results: The majority of respondents were supportive of removal of SSB's and drink purchasing behaviour was influenced. Drink sales data showed alternative drinks chosen were spread across the range of healthier options and financial return was maintained.

Conclusion / Recommendation: The freedom of choice response was in the minority and most survey respondents supported removal of sugary drinks. The 'nudge' of removal of SSB's led to some desired impacts on purchasing behaviour, and was further consolidated by calls for more healthy food choices.

Taxing sugar drinks, the obesity transition, and health inequalities in Indonesia

Authors: [Ms Emily Bourke²](#), [Prof Lennert Veerman¹](#)

Affiliations: ¹Griffith University, School of Medicine, Gold Coast, Australia, ²The University of Queensland, Brisbane, Australia

Abstract:

Background: Indonesia is in the early stages of the obesity epidemic, and a growing market for sugar-sweetened beverages. Taxation to reduce their consumption is considered. Little is known about how this would affect socio-economic health inequalities.

Methods: We modelled reduced daily energy intake and body mass following a \$0.30 per litre tax on sugar-sweetened beverages in Indonesia. Energy balance equations and potential impact fraction calculations were used to estimate future incidence of type 2 diabetes mellitus, ischaemic heart disease and stroke. Subsequent changes in prevalence, mortality and health-adjusted life years gained were estimated in a proportional multistate life table.

Results: The effect of the tax was greater for higher income quintiles than for low-income quintiles. Energy intake reduced most in higher income quintiles. Cases of overweight and obesity for women decreased by approximately 15 000 in the lowest income quintile, but 417 000 for the highest. For men, this was 12 000 and 415 000. Over 25 years, an estimated 63 000 cases of diabetes can be averted in the lowest quintile and 1 487 000 in the highest. Similar ratios were obtained for stroke and ischaemic heart disease. Tax paid over 25 years was \$0.5 billion for the lowest income quintile and \$15.1 billion for the highest.

Conclusion: Sugar-sweetened beverage taxation can avert part of the future obesity-related disease burden in Indonesia. Because wealthier Indonesians consume more SSBs and have a higher body mass than low income groups, health inequalities may initially increase. The tax is fiscally progressive.

Using modelling to smash silos and guide action on childhood obesity

Authors: [Ms Vincy Li¹](#), [Dr Jo-An Atkinson²](#), [Prof Chris Rissel¹](#), [Mr Mark Heffernan²](#), [Mr Nick Roberts³](#), [Dr Geoff McDonnell²](#)

Affiliations: ¹NSW Office Of Preventive Health, Ministry of Health, Liverpool, Australia, ²The Sax Institute, Ultimo, Australia, ³Health and Social Policy, NSW Ministry of Health, North Sydney, Australia

Abstract:

Introduction: Childhood overweight and obesity is a complex health problem. While there is strong agreement that a range of different strategies is needed, there is a lack of consensus on which strategies, or combinations of strategies, are likely to be most effective. Dynamic simulation modelling has the potential to test different policy and program scenarios and guide practical action.

Methods: A dynamic simulation model has been developed that captures the complexity of childhood overweight and obesity and simulates the impact of different intervention options. A participatory approach was used in 2016-2017 in New South Wales (NSW), Australia, to engage academic and policy experts, program planners, clinicians and health economists in developing the model, drawing on research evidence, grey literature, program data, and expert knowledge. Additional strategies have since been incorporated into this model.

Results: This presentation will provide an overview of the model developed, initial insights generated and ways in which the model has been used to guide action. The model demonstrates that it is theoretically possible to effectively reduce the prevalence of childhood overweight and obesity in NSW with an optimal combination of cross-sectoral policies and programs including enhancements to current and planned population health interventions.

Implications: The model was co-produced by researchers with policy makers and practitioners. Policy makers and practitioners have been able to gain insight into the potential impact and costs of various strategies, which has informed decisions around sustained investment in interventions that may have the biggest impact in the longer term.

Strengthening healthy eating and physical activity practices in NSW early childhood services

Authors: Ms Lara Hernandez¹, Ms Jaclyn Coffey¹, Ms Christine Innes-Hughes¹, Prof. Chris Risse¹

Affiliations: ¹NSW Office Of Preventive Health, Liverpool, Australia

Abstract:

Early childhood education and care (ECEC) services are important settings to establish lifelong healthy habits in children. The Munch & Move program is a NSW Health initiative which supports healthy eating and physical activity in children aged birth to 5 years through the provision of professional development, resources and ongoing support to educators working in NSW ECEC services. Local Health Promotion Officers use a number of strategies to support services to implement program adoption indicators (referred to as practices) derived from 6 evidence-based key messages.

As a result of a Premier's Priority target to reduce childhood obesity prevalence, the Munch & Move program practices were strengthened and new practices were introduced based on current evidence and alignment with the ECEC National Quality Framework. Strengthened practices include increasing time spent in active play and introducing educator role-modelling to policies. The new practices related to a healthy service menu, a supportive physical activity environment and having a breastfeeding policy. 16 practices were piloted for feasibility and appropriateness and were subsequently implemented state-wide from July 2017.

As of 31 December 2018, 3,439 (89%) centre-based ECEC services in NSW have completed Munch & Move program training and are being supported to implement these strengthened program practices. Currently 2,047 (61%) services are implementing the progressive target of 65% of strengthened practices. This adoption target which will be increased over time. This presentation will describe the practice review and implementation process, and discuss what is working by presenting to-date practice adoption data.

Cheap, heavily promoted and full of sugar: Don't Be Sucked In

Authors: Mr Steve Pratt¹, Ms Gael Myers¹, Ms Tegan Nuss², Ms Belinda Morley², Ms Jenny Atkins¹, Mr James Stevens-Cutler¹, Ms Tina Moukhaiber¹, Ms Jasmine Teo¹, Ms Melissa Ledger¹

Affiliations: ¹Cancer Council Western Australia, Subiaco, Australia, ²Cancer Council Victoria, Melbourne, Australia

Abstract:

Introduction: LiveLighter's Don't Be Sucked In (DBSI) campaign first ran in 2014 in response to the heavy marketing of sugary frozen drink products over the summer months. DBSI has run every summer in Western Australia (WA) since inception. The aim of the advocacy campaign is to stimulate public discussion by highlighting industry tactics in making unhealthy frozen sugary drinks easily available and affordable and to take over the advertising space of industry competitors in outdoor settings.

Methods: To evaluate the impact of the campaign, weekly online cross-sectional surveys of 75 to 100 WA adults aged 25-64 years (N=826) were conducted between 19th November 2018 and 3rd February 2019 (including one week prior to campaign commencement).

Results: Over the course of the 2018-19 campaign, a major industry player in frozen sugary drinks substantially reduced the amount of sugar in their full-sugar products (12g to 7g of sugar per 100mL). The number of low-sugar products also increased from 24% of available items in November 2018 to 74% of items in February 2019. Over the same time period the proportion of WA adults reporting consuming frozen sugary drinks in the previous week increased, though this is expected given the onset of summer during this period. Encouragingly, among respondents who purchase frozen sugary drinks, the majority reported they had always or sometimes chosen another drink instead of a frozen sugary drink in the last week.

Conclusions & recommendations: Social marketing advocacy campaigns such as DSBI have the potential to influence public and industry behaviour.

Public insights into unhealthy food and drink sponsorship in sport.

Authors: Ms Alice Bastable¹, Ms. Gael Myers³, Ms. Nina Sapountsis², Ms. Liyuwork Dana², Professor Simone Pettigrew², Ms. Jenny Atkins³, Mr Steve Pratt³, Ms. Alison McAleese¹, Ms. Jane Martin¹

Affiliations: ¹Cancer Council Victoria, Melbourne, Australia, ²WA Cancer Prevention Research Unit, Perth, Australia, ³Cancer Council Western Australia, Perth, Australia

Abstract:

Background: Many sporting athletes, clubs and organisations accept sponsorship from companies promoting unhealthy food or drink products. This in turn can influence public consumption and purchasing behaviours. Increasing public acceptance and understanding of the effect this has on health is important in building support for policy reform in this area.

Methods: As a part of the 2018 Shape of Australia survey, we investigated public attitudes surrounding unhealthy food and drink sponsorship in elite and junior sport. The survey was conducted by Cancer Council Victoria and Cancer Council Western Australia. An online survey was administered to 2,010 Australians aged 18+ years. The sample was nationally representative in terms of age, gender, and socioeconomic status.

Results: Three-quarters of people agreed that companies sponsoring sport with unhealthy food brands do not behave in socially responsible ways and care more about making money than they do about the public's health. Two-thirds agreed these companies use sport sponsorship to boost the appeal of unhealthy products and should instead focus on promoting healthy products through sponsorship. Support was lower for removing unhealthy sports sponsorship altogether. Approximately half agreed that unhealthy products should not be promoted through sports sponsorship, elite sporting stars should not accept sponsorship from such companies and that junior sports clubs should avoid sponsorship from such companies.

Conclusion: Further focus on the health impacts of sponsorship, the motives of industry engaging in this promotion, and profiling sports that reject this type of sponsorship may help to build community support for change.

A cluster RCT of a sugar-sweetened beverage intervention in NSW secondary schools

Authors: Ms Jia Ying Ooi¹, Dr Rachel Sutherland^{1,2,3}, Dr Nicole Nathan^{1,2,3}, Dr Serene Yoong^{1,2,3}, Mrs Lisa Janssen², Ms Jessica Wrigley², A/Prof Luke Wolfenden^{1,2,3}

Affiliations: ¹The University Of Newcastle, Newcastle, Australia, ²Hunter New England Population Health, Newcastle, Australia, ³Hunter Medical Research Institute, Newcastle, Australia

Abstract:

Background: Reducing childhood overweight and obesity is a public health priority. A significant source of excess sugar and energy in children's diets comes from sugar sweetened beverages (SSB), with adolescents having the highest intake of all age groups. However, existing interventions targeting SSB intake in adolescents have multiple limitations. This study aimed to assess the effectiveness of a school-based SSB intervention in reducing daily SSB consumption and daily percentage energy from SSB of secondary school students.

Methods: A six-month pilot study (the switchURsip program) was designed based on the Health Promoting Schools framework and addressed factors associated with SSB intake in adolescents. A convenience sample of secondary schools in New South Wales, Australia was used to recruit six schools (three intervention; three control). Strategies include: lesson plans on SSB; communication with students and parents; school challenge to build peer support; and school nutrition environment modifications. Support strategies to facilitate implementation included executive leadership and school committees, auditing and feedback, providing resources, staff professional learning and communication and marketing. Data was collected via online surveys, school observations and anthropometric measurements at baseline, midpoint and follow-up (six months post baseline). Linear mixed models were used to compare between-group differences, using an intention-to-treat approach with multiple imputation.

Results: Follow-up data collection was recently completed and results are currently being analysed. Current baseline measures show homogeneity between groups.

Conclusions: Should this pilot study prove efficacious and cost-effective, this would provide secondary schools with a suitable avenue to improve student nutrition and diet.

4A – Long Oral: Harm Reduction and Prevention

Clarendon Auditorium, 1:30pm – 3:00pm

Prevention in practice: How TRAK Forward rebuilds parent/child relationships after family violence

Authors: Dr Heather Morris¹, Ms Andrea Dwyer², Mr Jonathon Cummins², Professor Helen Skouteris¹

Affiliations: ¹Monash Centre For Health Research And Implementation, Clayton, Australia, ²Anglicare Victoria, Frankston, Australia

Abstract:

Introduction: The Therapeutic Recovery of Adults and Children (TRAK) Forward program serves adult survivors of family violence as well as their children. The program seeks to counter negative long-term impacts resulting from the violence and rebuild the parent/child relationship. The program is an example of prevention in practice as strong attachments are a protective factor against the impact from social risk factors. Unfortunately for survivors of family violence the biggest gap in service provision is during the recovery phase, where assistance is fragmented and lacking a systems perspective.

Methods: TRAK Forward program has been evaluated using mixed methods in two phases. Phase 1 was an efficacy study which found the program to be highly regarded and effective in their approach. Phase 2 was focused on future implementation and service delivery to ensure the program's reach, fidelity and sustainability could be achieved.

Results: Adult survivors and their children were able to strengthen their relationships through knowledge acquisition and mobilisation. From an organisational perspective several pieces of work were commissioned to strengthen the program's future implementation and sustainability including: a) a service model; b) a program logic model; and c) a systems model. Taken as a whole, a roadmap for delivering a therapeutic recovery model was developed that is ready for future implementation

Conclusions and Recommendations: TRAK forward is a therapeutic recovery model for adult survivors and their children, working to prevent the cycle of violence and disadvantage caused. The approach should be considered for scale up in a wider state-wide rollout.

A monitoring and evaluation framework for violence prevention: adopting a systems approach

Authors: Ms Maureen Murphy¹, Ms Erinn Pardy¹, Ms Meg Harboud¹, Ms Emily Lee-Ack¹

Affiliations: ¹Office for Women, Department of Premier and Cabinet, Victorian Government, Melbourne, Australia

Abstract:

Context: The Victorian Government is leading the implementation of Free from violence, Victoria's ten-year strategy to prevent family violence and all forms of violence against women. With more than 130 initiatives across multiple sectors and settings, a monitoring and evaluation framework is required to facilitate a consistent approach to the collection and analysis of data across projects and population cohorts, and to assess their collective impact.

Process/Analysis: The development of the monitoring and evaluation framework, including seven evaluation plans for major programs of work under the strategy, was informed by extensive consultation with policy-makers, practitioners and researchers through workshops, focus groups and written submissions. Through this process individual, organisational and system-level indicators and measures were identified.

Validated survey instruments are in development that are based on a national population-level community attitudes survey, to enable monitoring of individual outcomes at the project-level and benchmarking against population-level data. Governance structures have been established to provide technical oversight, identify and manage risk, and ensure an integrated approach and alignment with other prevention evaluation activity in Victoria. Investment mapping against ten-year population-level outcomes will identify gaps where re-orientation of effort is required.

Outcomes: Ending violence is a long-term endeavour requiring enduring focus, sustained investment in evidence-based initiatives that target the drivers of violence, and coordinated effort across government and non-government stakeholders. Effective whole-of-system monitoring and evaluation at the project, program and state-wide level is critical to ensuring that Victoria is on track to end family violence, and to inform future policy development.

Parental drinking in the home and in front of children in Australia

Authors: Ms Jacqueline Bowden^{1,2}, Professor Robin Room^{3,4}, Professor Caroline Miller^{1,2}, Professor Paul Delbabbro², Professor Carlene Wilson^{2,3,5,6}

Affiliations: ¹South Australian Health and Medical Research Institute, Adelaide, Australia, ²University of Adelaide, ADELAIDE, Australia, ³La Trobe University, Melbourne, Australia, ⁴Stockholm University, Stockholm, Sweden, ⁵Flinders University, Adelaide, Australia, ⁶Olivia Newton John Cancer Wellness Centre, Heidelberg, Australia

Abstract:

Introduction: Many Australian parents drink alcohol in the home and parental role modelling plays an important role in

adolescent consumption, which often flows into adulthood. This study investigates societal and parental attitudes to drinking, and consumption behavior, in the presence of children.

Methods: A cross-sectional online study was undertaken with (n=1,000) Australian adults (including n=670 parents) aged 18-59 years, recruited through an online panel.

Results: Most parents (64.8%) agreed it is okay to have a few drinks in the presence of small children but that it is not acceptable to get drunk (76.7%). Parents, and adults more generally, were less concerned with fathers drinking a glass of wine in front of children than mothers. Overall, 37.3% of parents reported that they drink each day or a couple of times per week; 20.1% reported that they get “slightly drunk”; and 8.6% reported getting “visibly drunk” each day or a couple of times a week with their children present. Fathers were more likely to drink regularly in front of their children than mothers. Furthermore, results revealed that short-term motivations to restrict consumption were to be responsible or sensible in the home, and to drive when drinking outside of the home.

Conclusion and Recommendation: The results indicate that Australians may be more accepting of drinking in front of children compared to adults in Norway and Finland and further, representative research is recommended. This study highlights the need to develop communications and interventions to change parental attitudes as a precursor to changing behaviour.

Adapting public health lessons to gambling harm prevention

Authors: Assoc. Prof. Charles Livingstone¹

Affiliations: ¹Monash University School of Public Health and Preventive Medicine, Melbourne, Australia

Abstract:

Introduction: Gambling harm prevention has been hampered by a poor evidence base, the dominance of the ‘responsible gambling’ and ‘problem gambler’ paradigms, and, despite rhetorical commitment, an apparent inability to adapt lessons from other areas of public health success. This paper addresses these issues via an interdisciplinary collaboration across multiple fields of public health expertise.

Methods: A team of experts in public health interventions was assembled, drawn from tobacco control, alcohol policy, blood borne viruses and obesity/physical activity. The group was informed by a review of existing gambling harm prevention interventions assembled by a group of gambling policy experts. Each prepared an assessment of areas within their fields where important lessons could be adapted to gambling harm prevention. This was then distilled into recommendations for specific interventions, and policy development.

Results: Over 101 recommendations were developed based on existing gambling harm prevention and lessons adapted from diverse areas of public health expertise. These are focussed on development of a systematic, iterative approach to the task of gambling harm prevention and minimisation, avoid the unsuccessful orthodoxy of ‘responsible gambling’, and focus on broadening the evidence base for gambling harm prevention.

Conclusions and Recommendations: Existing ‘methods’ for reducing harm from gambling have been largely unsuccessful. However, multiple successes from other fields of public health activity, including tobacco control and prevention of disease from blood borne viruses provide templates for adaptation. This approach is likely to advance gambling harm prevention significantly.

Substance use, pregnancy and motherhood: integrating care across the hospital-community divide

Authors: Dr Heidi Coupland^{1,2}, Dr Maja Moensted^{1,2}, Dr Sharon Reid^{1,2}, Dr Bethany White^{1,2}, Dr Sarah Khanlari³, Associate Professor John Eastwood^{1,3}, Professor Paul Haber^{1,2}, Associate Professor Carolyn Day¹

Affiliations: ¹Discipline of Addiction Medicine, University of Sydney, Camperdown, Australia, ²Drug Health Services, Sydney Local Health District, Camperdown, Australia, ³Sydney Local Health District, Camperdown, Australia

Abstract:

Background: Integrated care has been heralded as key to preventing a range of health and social harms in public health settings. This presentation highlights facilitators and barriers to integrated care in Substance Use in Pregnancy and Parenting Services (SUPPS) targeting disadvantaged women in Sydney Local Health District (SLHD).

Methods: Semi-structured in-depth interviews were conducted with 38 service providers based in hospitals and community services in SLHD, to develop an evidence-based model of care for SUPPS. Interview data was thematically analysed using NVivo and constant comparative methods.

Results: Data highlighted that integration of hospital and community-based services was integral to maintaining engagement of this hard-to-reach group with SUPPS, and crucial for services seeking to provide continuity of care, maximise maternal and child health outcomes, and where possible, prevent assumptions of children into care. Facilitators in this regard were found to be shared governance, a common vision regarding outcomes, and resourcing staff to develop effective working relationships. Agreed on practice frameworks, policies and referral pathways were suggested as ways of improving integration of services, staff cooperation, role clarity and minimising work duplication. Collaboration of staff within and across agencies could at times be undermined by a lack of consensus regarding scopes of practice and clinical practice frameworks, a perceived lack of time for communication, and difficulties with information sharing systems.

Conclusion and Recommendation: Making integrated care work in practice requires structural and policy-related change. Strategies developed for building collaborations among front-line staff should be rolled out as a matter of priority.

4B – Long Oral: Supporting Vulnerable Populations

Clarendon Room A, 1:30pm – 3:00pm

Homelessness Prevention: Exploring the impact of private tenancy support services

Authors: Miss Kate Fitzgerald¹, Dr Karen Martin¹, Dr Lisa Wood¹

Affiliations: ¹The University of Western Australia, Perth, Australia

Abstract:

Background: A growing number of Australians are living in precarious housing circumstances rendering them vulnerable to homelessness. Low incomes, the lack of affordable housing and the consequently increasing proportion of people experiencing high levels of housing stress are among contributing factors. This has resulted in an increase in the demand for early intervention tenancy support services across Australia. This study explored the impact of the Red Cross Private Tenancy Support Service (PTSS), which provides case management and financial brokerage, in preventing homelessness in Perth, Western Australia and identifies the factors which both impede and facilitate the overall success of the program.

Methods: Qualitative in-depth interviews were conducted with PTSS clients and caseworkers.

Results: Findings suggest that while the Red Cross PTSS service is effective in supporting clients to sustain their tenancies and averting the immediate threat of homelessness, there are a number of broader social and economic systemic issues which impede its overall success in preventing homelessness.

Conclusions: Those most vulnerable to homelessness often find themselves entrapped within a vicious cycle, perpetuated by fundamental systemic issues and the short-term nature of support programs. Longer-term and more individualised support may be able to go beyond resolving the immediate threat of homelessness and provide those at risk of tenancy loss with the skills and knowledge to break the tenancy instability cycle. The purpose of this presentation is to illustrate the increasing need for homelessness prevention programs targeted toward 'at-risk' individuals and outline the factors which both impede and facilitate their success.

Burden of mental illness and substance use in patients with spinal trauma

Authors: University of Sydney Lisa Sharwood^{1,2}, Professor Ashley Craig^{1,2}, Professor James Middleton^{1,2}, Dr Jesse Young³

Affiliations: ¹University Of Sydney, Sydney, Australia, ²John Walsh Centre for Rehabilitation Research, St Leonards, Australia, ³Melbourne University, School of Population Health, Melbourne, Australia

Abstract:

Background: Traumatic spinal injuries (TSI) include column fractures, spinal cord injury, or both. They are among the most severe injuries with potential long-term physical, psychological, and social consequences. Primary causes of TSIs are falls and motor vehicle crashes, however, mental illness and substance use are known to significantly increase all injury risk. Most research investigating the burden of unplanned readmissions following serious TSI has been focussed on infections, including urinary tract and respiratory infections, or pressure ulcers. However, injury is both a cause and a consequence of mental illness. Psychiatric co-morbidity in patients with traumatic spinal cord injury has been shown to increase the risk of more severe physical complications including self-harm and self-neglect. Therefore, we aimed to identify mental illness and/or substance use or self-harm at the time of injury and quantify post-acute readmissions and costs attributable to these comorbidities.

Method: Sophisticated analyses of NSW record-linkage administrative health data will determine accurate estimates of mental illness and/or substance use disorder prevalence among patients sustaining TSI, compared within a discrete patient population of acute TSI. Using recurrent event analyses, we will estimate the contributions of mental illness and/or substance use disorder to risks of readmission for secondary complications; in addition to incidence and costs estimates.

Results: During the study period 2013-2016 in NSW, the record-linkage dataset identified over 25,000 patients admitted to hospital with TSI. Mental health and/or substance use contributions were significant. Analysis is currently ongoing and will be presented in full, proposing multi-sectoral recommendations for reducing this burden.

Using 'Talanoa' to explore diabetes self-management of Australian Pacific Islander women

Authors: Dr Heena Akbar¹

Affiliations: ¹Community Mentors International Inc, Brisbane, Australia, ²Griffith University, Brisbane, Australia

Abstract:

Introduction: Australian Pacific Islander (API) women face poorer health outcomes from diabetes-related conditions. However, we know little about culturally-specific diabetes prevention and management practices in this community. The aim of this presentation is to explore the use of 'Talanoa' in a community-based participatory action research study to examine self-management of API women with type 2 diabetes.

Methods: This community-based participatory action research was driven by the API women in South-East Queensland who as co-researchers informed the Talanoa processes including the study design, research protocols, community engagement

processes, data collection and analyses, community actions and research outcomes. Each step was deconstructed using Talanoa as the lens and involved negotiations, reflections, discussions and interpretations of the research process.

Results: Talanoa involves eliciting a shared understanding between the researcher and the participants through mutually respectful communication and fostering relationships. Through sharing of stories in a conversational process, the interaction between the researcher and participants allows for the development of knowledge which prioritizes a culturally ascribed, cooperative and respectful way of collecting and informing research outcomes with and for API women with type 2 diabetes.

Conclusion & Recommendation: Talanoa provides a culturally appropriate framework for researchers and health professionals to engage the API communities in diabetes health care. It can be used in research, health promotion and educational programs to promote the prevention and management of type 2 diabetes and other chronic conditions for Pacific Islander communities in Australia and internationally.

Preventing growing rates of chronic disease in remote and rural Australia

Authors: Ms Lauren Gale¹

Affiliations: ¹Royal Flying Doctor Service, Barton, Australia

Abstract:

The Royal Flying Doctor Service undertook research to determine the health service needs of Australians living in rural and remote regions over the next decade to identify key service gaps and inform recommendations for future policy and service priorities.

Health service needs were determined by analysing projected population, health status and health workforce trends in rural and remote areas. This research predicts the future adequacy of the rural and remote health workforce and service provision as compared to metropolitan areas.

Over the next decade, the number of Australians living with at least one chronic disease is estimated to increase from 11.8 million in 2018 to 13.8 million. Cancer, disorders of mental health and cardiovascular disease are predicted to be the most prevalent chronic diseases, with those in rural and remote areas expected to be impacted most by growing rates.

Further, data shows that over the next decade there will be significant shortages of essential health services in rural and remote Australia, well below the estimated benchmark. For example, in remote as compared to metropolitan areas there is projected to be less than a fifth the number of General Practitioners (GPs); a twelfth of the number of physiotherapists; half the number of pharmacists; and a third the number of psychologists.

It is clear that there is an urgent need for enhanced prevention and primary healthcare services to respond to these growing rates of chronic disease, and renewed efforts to rectify the maldistribution of the health workforce in remote and rural areas.

Perspectives on preconception health among migrant women in Australia: A qualitative study

Author: Ms Adina Lang¹, Ms Rebecca Bartlett¹, Dr Tracy Robinson¹, Associate Professor Jacqueline Boyle¹

Affiliations: ¹Monash Centre for Health Research and Implementation, Monash University, Melbourne, Australia

Abstract:

Introduction: Culture plays a major role in preparing for pregnancy. Limited in-depth information is available regarding preconception lifestyles of women from migrant and refugee backgrounds (migrant women). This study explored pregnancy planning, preconception lifestyles, awareness, experiences and healthcare needs of migrant women in Australia.

Methods: Semi-structured interviews and focus groups were conducted with 25 women recruited through a diverse community in Melbourne, Australia (November 2017-February 2018). Discussions explored pregnancy planning alongside preconception health awareness, experiences and information needs. Qualitative data was analysed iteratively, through content and thematic analysis.

Results: Four themes were identified: pregnancy planning experiences and perspectives, preconception health awareness and behaviours, social and cultural influences on pregnancy planning, and health information needs. Women had limited understanding of the concept or importance of preconception health, limited access to preconception health information and most women with children had experienced at least one unplanned pregnancy. Community discussion of sexual and reproductive health was constrained by cultural mores, and social factors emerged as predominant preconception concerns. Women reported wanting more information on preconception health through multiple, broad-reaching avenues, paired with timely, sensitive health professional engagement.

Conclusion: Information for women addressing preconception health and pregnancy planning is limited and this study demonstrates additional cultural and social nuances need to be understood when working with migrant women. A multi-pronged approach addressing these factors will optimise preconception health among this population. Cross-sectoral, co-designed development and testing of comprehensive individual, community and population-level interventions are needed to raise awareness of preconception health across the reproductive lifespan.

Adapting a traditional service to engage migrant women in breast screening

Authors: Ms Lisa Hochberg¹, Ms Lisa Joyce¹, Ms Melissa Davis¹

Affiliations: ¹*Breastscreen Victoria, Melbourne, Australia*

Abstract:

Context: The Under-screened Program in Victoria aims to reduce disparities in the diagnosis of early-stage breast cancer through increased participation in breast screening. Research indicates that several culturally and linguistically diverse communities are less likely to participate in breast screening than the general population.

The City of Greater Dandenong (CGD) is one of the most culturally diverse municipalities in Victoria, with many new migrants. In 2015-2017 over 9,500 eligible women (40+) living in CGD did not have a recommended biennial breast screen.

Process: BSV brought their Mobile Screening Service (MSS), used to screen women living in regional and remote Victoria, into CGD. BSV aimed to provide a less clinical, more culturally appropriate environment for women to screen.

The MSS was located in a central shopping district for ten days.

Appointments were tailored for group bookings and walk-ins. Group bookings were organised with local migrant services.

Outcomes: 274 women screened on the MSS in CGD - 136 (50%) spoke a language other than English at home, and 190 (69%) were born overseas.

Six group bookings were organised in collaboration with migrant services.

77 women walked-in and screened without a prior appointment booking.

Analysis: Tailoring a traditionally clinical service to be more culturally sensitive, flexible and accessible is an effective way to break down barriers to breast screening for targeted migrant populations.

Cross-sector partnerships increase access to screening for migrant women, with 41 women screening as part of a group booking.

BSV will continue to utilize the MSS to screen migrant populations.

4C – Long Oral: Communication and Chronic Diseases

Clarendon Room B, 1:30pm – 3:00pm

Telephone coaching is cost-effective for increasing physical activity for non-admitted hospital patients

Authors: Mr Stephen Barrett¹, Dr Stephen Begg², Dr Paul O'Halloran³, Dr Michael Kingsley²

Affiliations: ¹Bendigo Health, Bendigo, Australia, ²La Trobe University, Bendigo, Bendigo, Australia, ³La Trobe University, Bundoora, Melbourne, Australia

Abstract:

Introduction: Interventions that promote physical activity in non-admitted hospital patients might provide an opportunity to reduce the burden of chronic disease. The cost-effectiveness of integrating a behaviour change intervention into non-admitted clinical care in a public hospital has not been documented.

Methods: Seventy-two insufficiently active participants were randomised to an intervention group that received an education session and eight sessions of telephone coaching, or to a control group that received the education session only. Intervention costs were calculated during the trial and compared with the intervention effects on physical activity and quality-of-life 6 months after the start of the intervention.

Results: Relative to control, the intervention group completed 18 additional minutes of daily moderate to vigorous physical activity at an incremental cost-effectiveness ratio (ICER) of \$10/minute, indicating that the intervention is cost-effective at low willingness-to pay thresholds. In regard to QALYs, the intervention (ICER = \$3,760/QALY) was also found to be cost-effective at a willingness-to pay threshold of \$30,000/QALY.

Conclusion & Recommendation: Telephone coaching was found to be a cost-effective method of increasing physical activity and quality of life in insufficiently active non-admitted hospital patients. The lasting effects of the intervention and the cost-savings derived from increasing physical activity strengthens its position as a good value health intervention. Integrating telephone coaching into clinical care to promote changes in physical activity can contribute to individual health, and public health more broadly by increasing physical activity at low costs and offers a cost-effective investment to produce better public health outcomes

Echocardiographic screening detects extremely high prevalence of RHD in Maningrida, Australia

Authors: Dr Joshua Francis^{1,2}, Dr Hilary Hardefeldt², Dr Helen Fairhurst¹, Chelsea Ryan³, Shannon Brown³, Greg Smith³, Dr Ari Horton⁴, Dr Gillian Whalley⁵, Alex Kaethner⁶, Laura Francis², Christian James⁷, Anthony Draper⁷, Dr Alice Mitchell¹, Dr Jennifer Yan², A/Prof Anna Ralph¹, Dr Bo Remenyi^{1,2}

Affiliations: ¹Menzies School Of Health Research, Darwin, Australia, ²Royal Darwin Hospital, Darwin, Australia, ³Maningrida Health Centre, Maningrida, Australia, ⁴Monash Heart, Melbourne, Australia, ⁵University of Otago, Dunedin, New Zealand, ⁶NT Cardiac, Darwin, Australia, ⁷Northern Territory Centre for Disease Control, Darwin, Australia

Abstract:

Introduction: Globally, most patients with rheumatic heart disease (RHD) do not have a history of acute rheumatic fever (ARF). The Indigenous people of the Northern Territory (NT) of Australia have some of the highest rates of ARF and RHD in the world. Coordinated register-based delivery of secondary prophylaxis has been active for two decades. This study aimed to better define the burden of RHD using active case finding for RHD in school-aged children in a remote community in the NT.

Methods: A community-driven approach to engagement and education on ARF/RHD was implemented on the invitation of the Maningrida community. For active case finding, participants aged 5-20y had echocardiography performed by cardiologists. Diagnoses of RHD were made according to World Heart Federation criteria. Echo data were combined with register data to describe the burden of ARF/RHD.

Results: Estimated target population (aged 5-20y) was 849 people. Of these, 615 (72.4%) underwent echocardiography (median age 11y). An existing diagnosis of probable/definite ARF and/or RHD was recorded in 44/615 (7.2%). At screening, 13 known cases and 19 new cases were found to have definite RHD (32/615, 5.2%); 6/615 (1.0%) have had cardiac surgery for severe RHD, including 3 new cases.

Conclusion: The burden of ARF/RHD in Maningrida is extremely high. Active case finding using echocardiography facilitates detection and access to treatment, even in settings with effective primary health care and ongoing disease surveillance. Community engagement and education are key to early detection and treatment, as well as primordial and primary prevention of ARF/RHD.

Do Primary HealthCare linkages with community improve preventive care for Indigenous adults?

Authors: Dr Nikki Percival¹, Dr Natalie Strobel², A/Prof Janya McCalman³, Dr Veronica Matthews⁴, Prof Ross Bailie⁴, Dr Jodie Bailie⁴, Dr Paul Burgess⁵

Affiliations: ¹University Of Technology Sydney, Broadway, Australia, ²Faculty of Health and Medical Sciences, The University of Western Australia, Crawley, Australia, ³Centre for Indigenous Health Equity Research, Central Queensland University, Cairns,

Australia, ⁴University Centre for Rural Health, The University of Sydney, Lismore, Australia, ⁵Top End Health Service, Northern Territory Government, Darwin, Australia

Abstract:

Introduction: Despite the recognised importance of community participation and inter-sectoral action to address health inequality, including preventable diseases, few studies have reported on the associations between health services linking with community and the quality of preventive healthcare.

Methods: We gathered longitudinal cross-sectional data from 90 Indigenous primary health care (PHC) services participating in the Audit and Best Practice for Chronic Disease National Program (2010-2014). We examined associations between Indigenous PHC services' reported community linkages on the delivery of best practice preventive healthcare for Aboriginal and Torres Strait Islander peoples.

Results: We found mixed associations between PHC-community linkages and the delivery of best practice preventive healthcare in areas of obesity, alcohol and social and emotional wellbeing. Systems considered necessary for linking with community resources were poorly defined and/or ineffective. We identified the need for improvement at the community, health centre and policy levels.

Conclusions: Evidence that PHC linkages with community improves preventive healthcare remains limited; partly because linkages are complex and difficult to assess. Continuous quality improvement approaches to engage community and cross-sectoral partners have great potential to identify and overcome the systemic barriers to effective preventive healthcare for Aboriginal and Torres Strait Islander Australians.

The study was approved by human research ethics committees in the relevant states and territories. This included agreement by participating health services to disseminate research findings.

Current chronic disease preventive practices of mental health community-managed organisations in NSW

Authors; Ms. Lauren Gibson¹, Doctor Tara Clinton-McHarg^{1,2,4}, Professor John Wiggers^{1,2,3,4}, Associate Professor Luke Wolfenden^{1,2,3,4}, Doctor Kate Bartlem^{1,2,3,4}, Professor Andrew Searles^{1,2,4}, Professor Andrew Wilson^{2,5,6}, Ms. Magdalena Wilczynska¹, Mrs Joanna Latter¹, Professor Jenny Bowman^{1,2,4}

Affiliations: ¹University Of Newcastle, Callaghan, Australia, ²The Australian Prevention Partnership Centre (TAPPC), Sax Institute, Ultimo, Australia, ³Population Health, Hunter New England Local Health District, Wallsend, Australia, ⁴Hunter Medical Research Institute, Clinical Research Centre, New Lambton Heights, Australia, ⁵The University of Sydney, Sydney, Australia, ⁶Menzies Centre for Health Policy, University of Sydney, Sydney, Australia

Abstract:

Introduction: Premature mortality for individuals with a mental health issue is primarily due to chronic disease. This is related to a higher prevalence of risk behaviours (tobacco smoking, poor nutrition, harmful alcohol use, physical inactivity, and poor sleep). Providing preventive care for risk behaviours is an effective approach to reduce the likelihood of developing chronic disease. Community managed organisations (CMOs) that support people with a mental health issue may play an important role in delivering this preventive care, but there has been little research to explore this potential.

Methods: An online survey was conducted with all CMOs in NSW who provide support to people with a mental health issue. CMOs were asked about the preventive care they provided to consumers.

Results: Seventy-nine organisations completed the survey. When asked about providing preventive care to at least 50% of consumers: 32% reported providing support to increase physical activity; 27% to improve nutrition; 22% to reduce alcohol consumption; 17% to improve sleep; and 13% to reduce or quit smoking. Associations between organisational characteristics and the provision of preventive care were explored.

Conclusion: CMOs in NSW are providing preventive care across a range of risk behaviours. However, less than 35% of organisations are providing this care to at least half of their consumers. Given the high risk of developing chronic disease for people with a mental health issue, there is a need for research around the barriers and facilitators of preventive care provision within CMOs, to routinely support consumers in improving their physical health.

Clustering of non-communicable disease risk factors among elderly

Authors: Ms Marie Lee¹, Dr Md Nazmul Karim¹, Dr Mohammad Mostafa Zaman², Professor Mujibur Rahman³, Professor HAM Nazmul Ahasan³, Dr Basia Diug¹, Professor Dragn Ilic¹

Affiliations: ¹Monash University, Melbourne, Australia, ²World Health Organisation, Dhaka, Bangladesh, ³Dhaka Medical College, Dhaka, Bangladesh

Abstract:

Background: Although non-communicable disease (NCD) risk factors are well documented individually, their clustering phenomenon has not adequately been studied in the elderly population. This study assessed patterns and predictors of NCD risk factor clustering amongst elderly.

Methods: Data of 1,178 elderly aged ≥60 years from Bangladesh NCD STEPs survey were analyzed. The pattern of NCD risk factor clustering was assessed using principal component analysis. Sociodemographic correlates of clustering of risk factors

were assessed using mixed-effects logistic regression. The association between clustering of ≥ 3 primary risk factors with hypertension and diabetes was assessed using mixed-effect multivariable logistic regression, adjusting plausible confounders.

Results: Among 780 men and 398 women included in the study, the mean age was 68(± 8) years. Around 58.7% were found to have ≥ 3 risk factors in different permutations. Women (OR=1.5), elderly aged ≥ 80 years (OR=1.5) and of the richest quartile (OR=2.96) were more likely to have ≥ 3 risk factor. Among males, low physical activity and smoking were found to cluster together. Among people of higher wealth quartiles, with secondary or above education, both central and general obesity showed the tendency to coexist. Clustering was found to be significantly associated with hypertension (OR=1.8) and diabetes (OR=1.3).

Conclusion: Clustering of ≥ 3 risk factors was highly prevalent amongst the Bangladeshi elderly. Women and elderly of higher age bracket and of wealthiest quartile are more likely to have clustering of risk factors. The finding has the potential to guide successful NCD prevention initiatives to improve the quality of life of the elderly.

Communication supporting transitional care for older people: Healthcare practitioners' perspectives

Authors: Dr Jacqui Allen¹, Professor Alison Hutchinson², Associate Professor Rhonda Brown², Professor Patricia Livingston²

Affiliations: ¹Monash University, Clayton, Australia, ²Deakin University, Geelong, Australia

Abstract:

Background: Providing transitional care for older people transitioning from hospital to home is challenging within healthcare contexts characterised by service fragmentation. Suboptimal transitional care increases the risk of unnecessary hospital re-admission. This study aimed to describe healthcare practitioners' experience of providing integrated transitional care for older people across multiple settings.

Methods: A qualitative design was employed in two phases: 1) individual interviews, 2) one focus group. In Phase 1, using purposive selection, practitioners were included if they provided transitional care to older people at a participating service. Phase 2 included participants who had taken part in Phase 1. The setting was one public health network, two community services and three general practices in urban Australia. In Phase 1, practitioners across settings were interviewed about their experience of providing transitional care. Phase 2 involved one focus group with practitioners during which participants considered findings from Phase 1. All data were thematically analysed.

Findings: In Phase 1), 47 interviews were conducted with practitioners across multiple settings. Four main themes were identified: 'Caring against the system', 'Discussing as a team', 'Questioning the discharge', and 'Engaging patients and caregivers'. In Phase 2), seven participants from different settings endorsed the findings from Phase 1.

Conclusions: Practitioners require a range of skills in collaborative interrogation, interrogation of the discharge plan, and interviewing patients and carers. Interrogative skills underpin communication and coordination of care. Practitioners should be educated to use these skills in pre-registration and continuing education. Communication tools may support integrated transitional care across settings.

4D – Table Top

Clarendon Room D, 1:30pm – 3:00pm

Challenging economism: the need for a new discourse

Authors: Dr Valerie Kay¹, Dr Charles Livingstone¹

Affiliations: ¹Monash University School Of Public Health And Preventive Medicine, Melbourne, Australia

Abstract:

Introduction: There have been numerous calls for public health to address environmental degradation, including climate change, and inequity. Research in Victoria found significant political, organisational and discursive challenges to this work. This paper explores the challenge of “economism”: privileging the production of goods and services for trade as “most important”.¹

Method: The study involved community based participatory action research during 2009-16. The aim was to strengthen the focus on environmental sustainability and equity in health promotion. The study had three stages i) planning, ii) action and observation, and iii) reflection. This paper draws on analysis from stage three, including critical discourse analysis and historical analysis.

Results: Professional health promotion addressing equity and environmental sustainability in this study emerged as a largely feminised project demonstrating a nascent socioecological discourse of care, including care for other species and ecosystems. This is in conflict with the dominant economic discourse. Analysis suggests this conflict is related to the persistence of patriarchal and hierarchical structures in the sphere of paid work, with historical origins dating from the British invasion.

Conclusion and Recommendations: There are inherent contradictions in arguing the value of prevention or health promotion within mainstream economic discourse. Advocating for a socioecological discourse based on care ethics would be more useful. Indigenous history, and the voluntary, cooperative and community sectors, provide examples of alternative discourses and practices.

1. Hanlon P, Carlisle S. Do we face a third revolution in human history? If so, how will public health respond? *Journal of Public Health*. 2008;30(4):355-61.

Health and economic benefits of building walkable neighbourhoods: brownfield vs greenfield developments

Authors: Dr Belen Zapata-Diomed¹, Dr Lucy Gunn¹, Dr Claire Boulangé¹, Professor Billie Giles-Corti¹, Professor J Lennert Veerman², Professor Simon Washington³, Dr Kath Phelan⁴

Affiliations: ¹RMIT University, Melbourne, Australia, ²Griffith University, Gold Coast, Australia, ³University of Queensland, Brisbane, Australia, ⁴Infrastructure Victoria, Melbourne, Australia

Abstract:

Introduction: A consensus is emerging in the literature that urban form can impact health by either facilitating or deterring physical activity (PA). However, there is a lack of evidence measuring population health and the economic benefits relating to alternative urban forms. We examined the issue of housing people within two distinct types of urban developments: a medium-density brownfield development in an established area with existing amenities, and a low-density suburban greenfield development. We predicted the health and economic benefits of a brownfield development compared with a greenfield development through their influence on PA.

Methods: We combined a new Walkability Planning Support System (Walkability PSS) tool with a quantitative health impact assessment model. We used the Walkability PSS to estimate the probability of residents' transport walking, based on their exposure to urban form in the brownfield and greenfield developments. We then used the health impact assessment model to translate the results into health and economic benefits.

Results: If adult residents living in the greenfield neighbourhood were instead exposed to the urban form features observed in a brownfield neighbourhood, the incidence and mortality of physical inactivity-related chronic diseases would decrease. Over the life course of the exposed population (21,000), we estimated 1,600 health-adjusted life years gained and economic benefits of A\$94 million.

Discussion: Our findings indicate that planning policies that create walkable neighbourhoods with access to shops, services and public transport will lead to substantial health and economic benefits associated with reduced incidence of physical inactivity related diseases and premature death.

What's good for your health and the planet?

Authors: Ms Rosina Johnson¹

Affiliations: ¹Act Health Directorate, Woden, Australia

Abstract:

Context: Choosing water instead of sugar sweetened drinks can contribute to addressing overweight and obesity, however studies show that when people are out and about, it can be difficult to access free tap water or refill a water bottle. Too often that means buying water or sugary drink in a single use plastic bottle that can add to plastic pollution. The World Health

Organization now considers environmental hazards such as plastic waste from disposable bottles as one of the defining issues for public health.

Process: The Refill Canberra initiative makes it easier for people to replenish a reusable water bottle for free in a variety of retail settings instead of purchasing bottled water or sugary drinks. The initiative builds on a UK model by fostering a sustainable multi-sectoral collaboration with the local water utility and Canberra's local business sector to provide free refills of tap water in places such as cafes and retail businesses. Social marketing promotes the initiative as healthy, environmentally friendly and a low-cost alternative to bottled water or other drinks.

Analysis: A syndemic approach that addresses the two main intersecting issues of this collaborative initiative is highly relevant and timely, particularly given heightened public attention to both plastic waste and obesity.

Outcomes: Early outcomes indicate a synergistic response to the intertwined nature of obesity and environmental degradation is generating positive public sentiment and strong engagement at a population health level. The initiative offers opportunities to inform other cross-interest initiatives.

Building health promotion capacity in community organisations

Authors: Ms Sue-Ellen Morphett¹, Ms Julia Knapton¹

Affiliations: ¹Healthway, Subiaco, Australia

Abstract:

Introduction: Healthway aims to build health promotion capacity amongst community organisations. Overall, these sport and arts organisations have reported an increased capacity to deliver their own programs, promote health to their stakeholders and support health promotion activities within their organisation.

Methods: From 1992 to 2018 Healthway has measured four dimensions of capacity development: (1) Organisational development/policy change; (2) Building partnerships and environments; (3) Health promotion skills/activities; and (4) Reaching new target groups.

Results: In 2018, funded community organisations reported they had policies in place to:

- create smoke free areas (100% in 2018; 82.9% in 1992),
- introduce healthy food choices (100% in 2018; 41.6% in 1992),
- reduce harm from alcohol (97% in 2018; 49.2% in 1992),
- increase sun protection (99% in 2018; 40.5% in 1992)

In 2018, organisations have identified Healthway funding has enabled them to run new activities that bring together different sections of the community (95%), develop partnerships with other organisations (84%), increase the overall level of organisational activity (82%), develop new programs (69%), reach new target groups (78%) and provide an opportunity for staff to acquire new skills (73%).

Key factors contributing to this significant capacity development are: aligning the organisations' values, having a clear partnership purpose, adopting a small wins approach, developing trust and having a long term outlook.

Conclusion & Recommendations: Healthway's influence has contributed strongly towards the increase in health promotion capacity within community settings in Western Australia. This has been achieved through working with non-traditional health providers.

Doing Sport Differently to engage less active people

Authors: Melissa Backhouse¹, Kiera Staley²

Affiliations: ¹VicHealth, Carlton, Australia, ²Centre for Sport and Social Impact, La Trobe University, Bundoora, Australia

Abstract:

Historically, Sport Organisations have successfully engaged people drawn to sport in its traditional form. However, with less than a third of Australians getting enough physical activity, engaging this less active cohort who have different needs and motivations, requires a shift in how the sport industry thinks about, and offers sport.

Between 2015 and 2018, VicHealth partnered with 40+ sport organisations (State Sporting Associations, Regional Sports Assemblies, clubs, and councils) to deliver almost 250 sport projects that focussed on fun, social interaction and enjoyment, with less emphasis on performance, results and competition.

These projects engaged over 100,000 participants, of which approximately 65% were less active, and nearly 25,000 were from programs dedicated to women and girls.

VicHealth and La Trobe University developed six principles to guide the design and delivery of sport-based programs targeting less active people:

1. Engage with the target market throughout the design process to reduce barriers and fulfill motivations

2. Think about participants as 'customers' and consider their total experience
3. Programs should cater to different levels of skill, ability and fitness
4. The deliverer or coach is the most vital person to participants' experience and retention
5. Participants need a clear pathway for retention or transition as their skill, fitness or interest changes
6. Best-practice program management and delivery will enable scale and sustainability

Victorians can be more physically active through opportunities that provide with fun, flexible, social participation opportunities, tailored to their needs and circumstances, and are offered in welcoming, inclusive environments.

4E – Table Top

Clarendon Room E, 1:30pm – 3:00pm

How can the health system prevent lethal family and intimate partner violence?

Authors: [Dr Patricia Cullen^{1,2}](#), [Dr Tamara Mackean^{2,3}](#), [Dr Debbie Scott^{4,5}](#), [Professor Kelsey Hegarty⁶](#), [Ms Jenna Price⁷](#)

Affiliations: ¹*School Of Public Health And Community Medicine, UNSW, Sydney, ,* ²*The George Institute for Global Health, UNSW, Sydney, ,* ³*Southgate Institute for Health, Society and Equity, Flinders University, Adelaide, ,* ⁴*Monash University, Melbourne, ,* ⁵*Turning Point, Melbourne, ,* ⁶*Department of General Practice, University of Melbourne, Melbourne, ,* ⁷*Faculty of Arts and Social Sciences, University of Technology Sydney, Sydney,*

Abstract:

Background: Each year, up to 40% of all homicides in Australia are committed by an intimate partner or family member with devastating impacts on families and communities. Evidence points to victims and perpetrators having contact with health services, which signals an urgent need to better identify those at risk and improve health pathways. We review coronial data to explicate trajectories of victims and perpetrators, and present critical reflection on the role of the health system in preventing lethal family and intimate partner violence (FIPV).

Body: Cases sourced from the National Coronial Information System consisted of New South Wales homicides (victim aged 16 years and over) committed by an intimate partner or family member January 2006–January 2017 (n=222). Descriptive analysis of sociodemographic characteristics, health conditions and service contacts, triangulated with narrative analysis of coronial documents to identify risk indicators and service mapping of victim and perpetrator interactions with health, justice and community sectors.

Summary: Escalating physical/mental health crises, self-harm and prior acts of violence were salient factors that led victims and perpetrators to have contact with health services. However, lethal FIPV is not simply the tragic result of accumulating stressors that see people “snap”; these complex cases exhibit patterns and missed opportunities for prevention across multiple sectors including the health system. More broadly, policy and prevention efforts should target FIPV data collection and monitoring systems to ensure consistency between states and sectors. This will strengthen safety assessment processes and ensure coordinated responses across health and justice sectors to prevent FIPV deaths.

Developing a Specialist Alcohol and Other Drug Prevention Workforce in Western Australia

Authors: [Ms Katie Gallagher¹](#)

Affiliations: ¹Mental Health Commission - Western Australia, Karrinyup, Australia

Abstract:

Background: How do you implement evidence-based Alcohol and Other Drug (AOD) prevention across whole of community when the key organisations tasked with this role are treatment specialists with expertise at working with clients at the individual level?

This presentation demonstrates how we built the capacity of the AOD prevention workforce in Western Australia to evolve from simplistic one off events to developing multi-strategic, coordinated and evidence-based AOD prevention in communities.

Method: Through consultation with the AOD sector the AOD Prevention Capacity Building Project was created. It focussed on developing a coordinated and systems approach across WA at the individual, management, organisational and systems levels.

Results: Since the project's implementation a variety of resources, training packages and policies have been developed and approximately 30 local Alcohol and Other Drug Management Plans (AODMPs) across WA have been implemented. Each of these plans adopts an evidence-based, multi-strategic approach to addressing AOD within local communities and is supported at the local and state-level.

Conclusion: Overtime a specialised AOD prevention workforce has been developed and maintained with learnings highlighting that for specialist prevention to work at the community level, a system-wide approach is required with centralised ongoing support.

The project continues to evolve and has reflected changes such as the amalgamation of the Drug and Alcohol Office and The Mental Health Commission in 2015 resulting in this model being replicated to support mental health promotion and suicide prevention as well.

How sexist advertising counteracts efforts to prevent violence against women

Authors: [Megan Bugden¹](#)

Affiliations: ¹Women's Health Victoria, Melbourne, Australia

Abstract:

Background: Our everyday lives are saturated with advertisements, which consciously and unconsciously shape our beliefs, values, attitudes and behaviours. Alongside other forms of media, advertising shapes and reinforces gendered ideas about what it means to be a woman or man and how women and men are valued in our society.

The pervasiveness of advertising also means that primary prevention initiatives that aim to challenge gender stereotypes and violence-supportive attitudes in schools, sporting clubs, workplaces and local communities will be undermined if we cannot influence the counter-messaging of advertising.

Method: As part of an Australian-first initiative to promote gender equality and the primary prevention of violence against women, Women's Health Victoria, together with City of Melbourne, Our Watch, RMIT, Domestic Violence Victoria, Collective Shout and Venus Comms are working together to tackle gender portrayals in advertising. To commence the project, we conducted a literature review of academic research on the nature of gender portrayals in advertising, and the impacts of these representations on women's health and wellbeing, gender inequality and attitudes and behaviours that support violence against women.

Results/conclusions: This evidence paper found the continued use of gender stereotypes, and an increasing reliance on images that sexualise and objectify women in advertisements, undermine efforts to promote gender equality in Australia. Gender-stereotyped and sexualised portrayals limit the aspirations, expectations, interests and participation of women and men in our society. These portrayals were also associated with a range of negative health and wellbeing outcomes and reinforced the gendered drivers of violence against women.

Communities of Respect and Equality: Preventing Family Violence in the Grampians

Authors: Marianne Hendron¹, Dee Angelina Micevski¹

Affiliations: ¹Women's Health Grampians, Ballarat, Australia

Abstract:

Introduction: Communities of Respect and Equality (CoRE) is an Alliance of organisations, businesses, clubs, and networks across the Grampians Region sharing a vision for safe, equal and respectful communities. CoRE is a primary prevention strategy, promoting gender equality as the means by which cultural change will be achieved and violence against women prevented.

Methods: Drawing on Diffusion of Innovation Theory and theories of organisational change, CoRE takes a systems approach, acknowledging the drivers of violence against women are gendered, culturally embedded and complex. Members commit to CoRE goals and are supported by a backbone agency to develop action plans to implement sustainable changes that support the vision and align with their core business. CoRE aligns with state and national family violence prevention frameworks, ensuring strong evidence base and facilitating collective impact.

It is underpinned by an Evaluation Plan, setting a framework for data collection from a variety of sources and assessing the impact of the strategy.

Results: CoRE has 110 members from the health, community, business and sporting sectors - a combined reach of over 14 500 employees and 3500 volunteers. Evaluation indicates members are highly engaged in CoRE activities: 85% have actions plans and 63% report significant progress with their goals.

CoRE has spawned several funded projects undertaken through partnerships among members, focusing on sport, CALD and farming communities.

Conclusions: While significant success can be demonstrated, challenges include developing effective measures of impact, the long term nature of the initiative and maintaining capacity to support commitment and momentum.

Women Making it Happen: Local women taking action to prevent violence

Authors: Bernadette Duffy¹, Trinity Gathercole¹, Benjamin Taylor¹, Kelly Busuttill²

Affiliations: ¹Djerriwarrh Health Services, Melton, Australia, ²Women Making it Happen, Melton and Moorabool, Australia

Abstract:

Introduction: The Victorian Government states that "all Victorians have a role to play in preventing ... all forms of violence against women"¹ and that "there is a particular role for community and organisational leaders and influencers in championing change".²

Since 2015, Djerriwarrh Health Services (DjHS) has supported the mobilisation of local women to take action to prevent violence against women. The Women Making it Happen (WMIH) group consists of Victorian women associated with the Melton or Moorabool local government areas.

Methods: Drawing on Our Watch's Change the Story framework, the group members have planned numerous activities and events. Both grant funding and significant in-kind support have enabled DjHS and the WMIH group to take action.

Results: Since 2015, over 15 community driven projects have been implemented by the partnership, marking over 12,000 engagements. Schools, sporting facilities, community centres, parks/ public spaces, youth services, businesses and online settings have been targeted, partnering with businesses, not for profit organisations, sporting clubs and local councils.

Conclusion and Recommendation: Mobilising the community to take action to prevent violence against women requires a significant investment of time. However, by supporting community members and groups with capacity building initiatives, mentoring and networking processes, community driven violence prevention efforts can make a difference to individuals and their local communities.

References

1. State of Victoria (2018). Free From Violence: First Action Plan 2018-21. (p. 30)
2. State of Victoria (2017). Free From Violence: Victoria's strategy to prevent family violence and all forms of violence against women. (p. 34)

Friday 14 June 2019

5A – Long Oral: Systems Thinking

Clarendon Auditorium, Level 1, 9:00am -10:30am

Reflections on a systems approach enabling healthy public hospital food environments

Authors: Ms Kristy Law¹, Dr Christina Pollard^{1,2}

Affiliations: ¹East Metropolitan Health Service, Perth, Australia, ²Curtin University, Bentley, Australia

Abstract:

Introduction: Healthcare facilities can harness their expertise and purchasing power to create health promoting food environments as a fundamental public health practice. To help curb rising obesity rates in Western Australia, the Health Minister instructed all health facilities to urgently comply with the decade old mandatory Healthy Options WA Policy. This case reflects on the challenges and opportunities of applying a systems approach to facilitate policy compliance across a health service with 68 food retail outlets.

Methods: A system-wide catering quality improvement system was applied, underpinned by a collective impact model. Activities included: governance committee; food retail mapping; product categorisation database; staff training; compliance audits and feedback; public relations; communications; and development of a self-managed quality improvement program. One tertiary hospital was selected as the 'bright spot' to identify processes for an exemplary food environment.

Results: The health service had 68 food retail outlets, including: staff dining rooms, cafes, vending machines, auxiliary shops, ward trolleys and kiosks, with 37 at the tertiary hospital. Policy compliance increased from 8 to 92% (n=3/37 to 34/37) of outlets over six months and 62% (n=23/37) voluntarily removed 'red' sugar sweetened beverages, exceeding policy recommendations. The catering quality improvement system includes ongoing compliance maintenance strategies.

Conclusions: A political policy imperative, strong public health leadership and management support, interdepartmental collaboration, appropriate workforce capacity and a change management system enabled policy compliance and beyond. The quality improvement system will facilitate system-wide compliance. Further research is needed to measure the economic and behavioural impact of the policy.

A systems thinking approach: Physical activity in older adults, a community perspective

Authors: Ms Hannah Opeskin¹, Mr Clint Wilkie¹, Ms Laura Ayres¹, Ms Disha Doshi¹, Ms Sara Marwick¹

Affiliations: ¹Caulfield Community Health Service, Caulfield, Australia

Abstract:

Background: Physical activity rates are consistently low across the Caulfield Community Health Service (CCHS) catchment - particularly among older adults, compounding obesity and comorbidities. Increasing physical activity in the community is complex and without a straightforward solution. A systems thinking approach is required. This research project explored enablers and inhibitors to physical activity participation within the community. Information obtained from the project will shape and design future activities and programs to address the identified barriers to physical activity.

Methods: CCHS's health promotion team utilised group model building, a systems thinking tool to facilitate a participatory approach to understand the complex problem of physical inactivity. 15 local community members attended group model building sessions, facilitated by CCHS staff. A total of 3 group model building sessions were held.

Results: Participants identified enablers and barriers to physical activity at a local level and constructed a systems map. Participants expressed that the largest barrier to physical activity included discrimination, knowledge, motivation, transport, environment and attitudes. Participants identified important local community stakeholders as key actors for improving physical activity.

Conclusion: Community participation in group model building reinforced that improving physical activity is a complex issue and requires the involvement of many actors. The group model building process highlighted mental models, assumptions and unconscious biases staff may possess. Stakeholders will be invited to group model building in 2019 to identify leverage points to influence systems change.

Rethinking Practice: creating a coding framework for systems practice in prevention

Authors: Dr Therese Riley^{1,2}, Dr Liza Hopkins³, Ms Maria Gomez⁴

Affiliations: ¹Therese Riley Consulting, Melbourne,, ²The Australian Prevention Partnership Centre, , ³Alfred Health, , , ⁴The University of Sydney

Abstract:

Introduction: We are increasingly being told that to smash silos we need to be systems thinkers and practitioners. Prevention practitioners are leaning into the conversations about systems practice strategies and how to apply systems tools and methods.

However, codifying, describing and evaluating systems practice remains elusive. In this presentation we describe the development and application of a coding framework designed to elucidate systems practices.

This work is nested in a larger national initiative called Prevention Tracker. Prevention Tracker trialed a suite of systemic inquiry processes and methods to describe, guide and monitor systems change efforts within four Australian communities. Amongst these methods was the integration of system action learning processes within three local prevention initiatives.

Methods: The research team worked with local practitioners over a number of cycles of inquiry that was focused on learning about and acting in, the prevention system. This resulted in rich qualitative data that provided insights into systems practice. To organise and manage this data we followed a process of deductive and inductive reasoning to test coding constructs and discover new codes from the data. This involved rounds of double coding and group meetings in the development of the coding framework.

Results and Conclusions: The coding framework categorizes system action learning practices such as double loop learning and system impacts. It provides a foundation for others, both researchers and practitioners, to continue to build and adapt. In the absence of such a framework systems practices remain difficult to identify and evaluate.

Monitoring the implementation of healthy food provision policies in NSW health facilities

Authors: Ms Tarli O'Connell¹, Dr Michelle Crino¹, Ms Anne-Marie Mackintosh¹, Mrs Anne-Marie Healy¹, Mr Simon Chang¹, Ms Megan Cobcroft¹

Affiliations: ¹NSW Health, 73 Miller Street, North Sydney, Australia

Abstract:

Introduction: Food environments in Australia are dominated by unhealthy choices, contributing to poor diets and risk of chronic disease. Since 2017, NSW Health has been implementing a state-wide policy to increase the availability of healthy food and drink options for staff and visitors in health facilities.

Methods: Progress towards policy implementation is assessed via an annual audit. A set of 13 practices, assessing product availability, product quality, product size and marketing are audited using a mobile application-tool to collect data. The tool has been designed for users with limited nutrition knowledge who can complete the audit in less than 30 minutes and is linked to an online food and drink-lookup database.

Results: The first state-wide audit of the 13 food and drink practices was undertaken in early 2019. The audit was conducted across 18 Local Health Districts and Specialty Networks over a four-week period. Trained Health Promotion Officers audited over 950 food outlets within 588 health facilities. Data is being analysed, with initial findings indicating that most retailers are on track to meet the practices.

Conclusion: To the best of our knowledge, NSW is the first jurisdiction to develop and utilise a simplistic practice-based approach and electronic monitoring and reporting system. This unique method provides a standardised approach to state-wide auditing, strengthens accountability and implementation of the policy. Results from the audit inform future policy directions and the adoption of the policy's unique approach by other policy makers.

Utilising Intersectoral Partnerships to Increase Identification Checks of Young People Purchasing Alcohol

Authors: Hannah Bartman¹, Dr Lyndon Bauer¹

Affiliations: ¹Central Coast Local Health District, Gosford, Australia

Abstract:

Issue Addressed: There are a substantial number of alcohol related Emergency Department presentations from young people aged 15 to 17. Australian surveys indicate a large portion of packaged liquor outlets (PLO) do not check identification (ID) of young people before selling alcohol to them. We have explored the use of intersectoral partnerships to increase ID checks of teenagers attempting to purchase alcohol.

Method: As part of ongoing surveys, teenagers 18-19 years of age approached PLO in an attempt to purchase alcohol without producing ID. Although legal, it does breach industry run ID25 protocol and indicates a risk of selling to minors.

Central Coast Local Health District (CCLHD) alongside Liquor and Gaming Compliance Officers (L&G) conducted site visits to each PLO where a sale was made. Managers were made aware of the sale and asked to provide feedback of why ID was not requested. Upon completion of site visits a retest of all PLO was completed. This protocol followed five years of ongoing mail communication and presentations at liquor accords.

Results: The first survey returned a selling rate of 33.3%. The second survey a rate of 26.5%. Of the sales in the second survey 14.8% had received a site visit.

Conclusion: The newly developed synergy between CCLHD and L&G shows potential to successfully increase ID checks to young people purchasing alcohol. However, it is costly and labour intensive. More time is needed to monitor the impact of these visits and whether non-punitive educative measures will diminish in impact with time.

Working above the silos: the Commercial Determinants of Health

Authors: Ms Cassandra de Lacy-Vawdon¹, Associate Professor Charles Livingstone¹

Affiliations: ¹*Monash University, Melbourne, Australia*

Abstract:

Introduction: There is increasing focus on the need to work beyond silos to address pressing public health challenges effectively. One way to do this could be to examine the commercial determinants of health (CDoH): the system(s) of commercial and/or corporate forces that have potential to influence health and wellbeing. Whilst the CDoH have been discussed to some extent in relation to the food industry, other industries warrant further research.

Methods: This study included a systems analysis of the Australian food, alcohol and gambling industries, drawing on a document analysis of publicly available data and reports, media reports, and government records pertaining to key industry actors. This included identifying similarities and differences between individual actors and industries overall.

Results: Analyses indicate that the Australian food, alcohol and gambling industries are far from distinct and instead represent highly integrated industries, with some actors encompassing all three industries. Commercial interests and associated activities (including core business, political, etc.) are also similar, with individual actors and industries behaving in similar ways for often similarly stated reasons.

Conclusion and recommendations: The food, alcohol and gambling industries contribute significant impacts on health and wellbeing within Australia. Whilst research tends to focus on harms arising from each industry discreetly, this research indicates there may be merit in considering the broader conditions, structures, relations and activities that facilitate, or mitigate, these harms, including the CDoH. Thinking about these industries within a broader CDoH framework may assist with developing multipurpose interventions beyond these silos.

5B – Long Oral: Health Services Prevention

Clarendon Room A, Level 1, 9:00am -10:30am

Providing access to immunisation for refugees and asylum seekers in Victoria, Australia

Authors: Ms Chelsea Taylor¹, Ms Rose Dupleix², Dr Georgia Paxton^{2,3,4}, VCS Digital as a division of VCS Ltd⁵, Ms Mona Abbouchi⁶, Ms Allyson McMahon⁶, Ms Rebecca Fredrickson⁷

Affiliations: ¹Victorian Department Of Health And Human Services, Melbourne, Australia, ²Victorian Refugee Health Network, Victorian Foundation for Survivors of Torture, Brunswick, Australia, ³Royal Children's Hospital, Melbourne, Australia, ⁴Murdoch Children's Research Institute, University of Melbourne, Melbourne, Australia, ⁵VCS Digital as a division of VCS Ltd, Carlton, Australia, ⁶City of Whittlesea, South Morang, Australia, ⁷Hume City Council, Broadmeadows, Australia

Abstract:

Background: Around 123,000 refugees have arrived in Australia since 2010, with approximately 40,000 settling in Victoria. Additionally, around 10,000 asylum seekers are living in the Victorian community.

National immunisation, infectious diseases and refugee health guidelines recommend catch-up immunisation to ensure people from refugee-like backgrounds are vaccinated equivalent to an Australian-born person of the same age. In Victoria, most immunisation service delivery occurs in general practice and local government.

Methods: In October 2016, the Victorian Department of Health and Human Services funded a pilot project to improve immunisation pathways for refugees and asylum seekers in areas of Melbourne with high settlement. Program logic models and evaluation frameworks were defined at the outset. VCS Ltd developed a software platform to refer, follow-up, and track immunisation outcomes. Nurse immunisers were co-located between local government and settlement services to support: i) referral of refugees and asylum seekers to immunisation services; ii) provider education; iii) follow-up to ensure catch-up vaccination was completed; and iv) data collection.

Results: By February 2019, of the 3,169 refugees and asylum seekers notified to the project, only 22% (705) were up-to-date on referral. Of the 2464 people who required catch-up vaccination, 78% (1,914/2,464) initiated immunisation schedules, and 41% (792/1914) have now completed vaccination.

Conclusions: Baseline data confirm significant gaps in immunisation service delivery and coverage for refugee and asylum seeker populations within existing systems. We will present final evaluation findings, outlining successes, challenges, and considerations for state-wide expansion to support public health benefits of high vaccine coverage and herd immunity.

The paediatric inpatient setting: An opportunity to reduce tobacco related harm.

Authors: Dr Justine Daly^{1,3}, Ms Belinda Tully^{1,3}, Dr Flora Tzelepis^{1,2,3}, Ms Margaret Hayes¹, Ms Karen Gillham^{1,3}

Affiliations: ¹Hunter New England Local Health District, Wallsend, Australia, ²University of Newcastle, Newcastle, Australia, ³Hunter Medical Research Institute, New Lambton, Australia

Abstract:

Introduction: Guidelines recommend child healthcare providers assess parental smoking status and provide parents with cessation support as part of routine care. This study aimed to determine levels of assessment of smoking status and provision of preventive care to parents in paediatric inpatient settings. The study also assessed parent acceptability of provision of care and the likelihood of parent acceptance of smoking cessation care if offered.

Methods: A telephone survey was undertaken of parents whose child had been discharged during the previous 3 months from one of 5 hospitals providing paediatric inpatient facilities in the Hunter New England Local Health District of NSW.

Results: 685 parents participated in the survey (consent rate = 76%). 33% reported having their smoking status assessed, 15% were asked if anyone smoked inside the home and 12% were provided secondhand smoke prevention advice. Regional Referral and District hospitals were significantly more likely to assess parental smoking status (P=.008) and provide preventive advice (P=.01), compared to Principal Referral Hospitals. Aboriginal parents and households with smokers were significantly more likely to report having their smoking status assessed (P=.0021, P=.01 respectively) and having been provided with preventive advice (P=.0083, P<.0001 respectively). If offered, 65% of smoking parents would accept NRT, 58% advice on quitting, 51% a Smart Phone App to support quitting and 38% a quitline referral.

Conclusions: These results demonstrate a need to strengthen current assessment and prevention practices for parental smoking in the paediatric inpatient setting. Service wide clinical practice improvement initiatives could support such enhancements.

Return on investment of off-site dental services for children aged 0-5 years

Authors: Ms Utsana Tonmukayakul¹, Associate Professor Margaret Rogers², Associate Professor Michael Smith²

Affiliations: ¹Deakin University, Burwood, Australia, ²Barwon Health, Barwon, Australia

Abstract:

Introduction: Pre-schoolers have experienced difficulty in accessing dental care. The Wide Smiles program was established to

provide off-site dental services for children in the Barwon Health and Colac Area Health regions. This study compared return on investment (RoI) of the off-site program compared to in-clinic dental services.

Methods: RoI is the difference between service costs and budget based on the activity-based funding system. Costs, dental services, number of children and visits, completed courses of care (CoC) and Dental Weighted Activity Units (DWAUs) were recorded for 2013-2016. Annual Gross RoI and RoI per unit of outcome were calculated and compared across off-site and in-clinic services.

Results: At Barwon Health, the off-site service performed better than the in-clinic service by Gross RoI (\$550K vs \$290K), RoI/CoC (\$77 vs \$96) and RoI/DWAU (\$310 vs \$286) (all $p < 0.05$). There was no significant difference in RoI/child (\$191 vs \$118) and RoI/visit (\$77 vs \$71).

Similarly, at Colac Area Health, the off-site service performed better for Gross RoI (\$95K vs \$82K), RoI/CoC (\$75 vs \$168) and RoI/visit (\$71 vs \$116) (all $p < 0.05$). There was no significant difference in RoI/child (\$180 vs \$210) and RoI/DWAU (\$270 vs \$274).

Conclusion: Gross RoI of dental services for 0-5 year olds for both off-site and in-clinic services were positive, however, RoI was better for some measures of the off-site service. The Wide Smiles service provision should continue, particularly, in locations where access to dental clinics is limited.

Antenatal care for modifiable health behaviours: women's receipt of guideline recommended care.

Authors: Dr Jenna Hollis^{1,2,3,4}, Dr Justine Daly^{1,3,4}, Ms Milly Licata^{1,3}, Ms Belinda Tully^{1,3}, Professor John Wiggers^{1,2,3,4}, Dr Melanie Kingsland^{1,2,3,4}

Affiliations: ¹Hunter New England Population Health, Wallsend, Australia, ²School of Medicine and Public Health, University of Newcastle, Newcastle, Australia, ³Hunter Medical Research Institute, New Lambton, Australia, ⁴Priority Research Centre in Health Behaviour, Newcastle, Australia

Abstract:

Introduction: The assessment and management of modifiable health behaviours in pregnancy is critical to improve maternal and infant health outcomes. This study describes the proportion of women who self-report being screened and offered support to manage smoking, alcohol consumption and gestational weight gain (GWG) in line with Australian pregnancy care guidelines, and the acceptability of such care.

Method: Telephone surveys with women who had recently attended public antenatal services were undertaken in the Hunter New England Health District of NSW. Women's self-reported behaviours during pregnancy, receipt of guideline recommended care, characteristics associated with care receipt, and acceptability of care were summarised using descriptive statistics (N, %) and multiple logistic regression.

Results: 443 (74% response rate) women completed the survey. During pregnancy, 9%, 16% and 56% of women reported smoking, consuming alcohol and gaining weight outside of the GWG guidelines. 12% reported two or more risk factors. The majority of women (> 80%) agreed that all pregnant women should be provided with guideline recommended care as a routine part of their antenatal care. Further data will be provided that describe the proportion of women reporting care in line with pregnancy guidelines and characteristics associated with receiving guideline recommended care.

Conclusions: The intended benefits of pregnancy guidelines to improve maternal and infant health outcomes are unlikely to be achieved if they are not routinely implemented in antenatal care. There is a need for a service-wide initiative to strengthen assessment and care to support pregnant women to address multiple modifiable health behaviours during pregnancy.

Wide-ranging vulnerabilities of mothers with intellectual disability: advocacy needed to improve well-being

Authors: Nick de Klerk¹, Melissa O'Donnell¹, Kingsley Wong¹, Dr Jenny Fairthorne¹, Ms Jenny Bourke¹, Professor Helen Leonard¹

Affiliations: ¹Teleton Kids Institute, Subiaco, Australia

Abstract:

Introduction: Pregnancy in women with intellectual disability (ID) is rare. Evidence relating to pregnancy and obstetric complications in these mothers is limited but concerning. Increased rates of smoking and single parenthood (UK) along with increased rates of gestational diabetes and pre-eclampsia (US) have been reported. In Western Australia (WA), population-based data on mothers with ID (case mothers) are available through the WA Intellectual Disability (IDEA) Database, providing an ideal avenue for investigating these phenomena.

Methods: We linked WA Midwives Notification System records of mothers with children born from 1983-2012 to the IDEA Database. Case mothers were matched by age in a 1:5 ratio to other mothers.

Results: Non-Aboriginal case mothers had more children during the study period [1.93(1.84, 2.01) versus 1.76(1.74, 1.79)]; were three times as likely to be of lowest SES [3.14(2.62, 3.76)]; or without partner [3.08(2.63, 3.61)] than other mothers. Case mothers smoked more during pregnancy [1.86(1.51, 2.31)] and were more likely to have pre-existing medical conditions [1.89(1.58, 2.26)], particularly asthma [1.96(1.56, 2.48)]. Their infants were more likely to have lower Apgar5 scores [1.90(1.30, 2.77)], lower gestational age [1.48(0.92, 2.37)] and lower POBW (percentage optimal birth-weight) [1.50(1.20, 1.88)].

Conclusion and recommendation: In case mothers, modifiable risk factors for adverse pregnancy and infant outcomes need addressing prior to, during and after pregnancy. Health-care providers need training in conversing with these mothers as many will have difficulty understanding. Supplementary care, including longer and more frequent consultations and tailored support would improve the well-being of mothers with ID and their children.

Increasing cancer screening participation in vulnerable groups through place-based planning.

Authors: Ms Kate Russo¹

Affiliations: ¹DHHS, Melbourne, Australia, ²VACCHO, Collingwood, Australia, ³CCV, Melbourne, AUSTRALIA, ⁴NWMPHN, Parkville, Australia, ⁵WVPHN, Geelong, Australia, ⁶MPHN, Bendigo, Australia, ⁷VPHNA, Parkville, Australia, ⁸Patrice Higgins and Assoc, Melbourne, Australia

Abstract:

Introduction: Cancer screening participation varies across Victoria with lower rates for Aboriginal communities, some culturally and linguistically diverse groups and people living in areas of socio-economic disadvantage. The Victorian Department of Health and Human Services developed the Community led cancer screening program 2017-20 to improve equitable cancer screening participation.

Methods: The program used a place-based approach with the following four principles driving project design:

1. Equity
2. Locally driven initiatives
3. Partnerships
4. Sustainability

Primary Health Networks (PHNs), Victorian Aboriginal Community Controlled Health Organisation and Cancer Council Victoria were engaged as program partners. An external evaluator was contracted at the outset to inform design and measurement of outcomes.

Program design included:

Workstream 1: Strengthening general practice systems to better capture cancer screening data, and

Workstream 2: Normalising cancer screening behaviour in targeted under-screened communities.

Results: PHNs developed local cancer screening profiles and identified specific under-screened groups. Local governance structures were developed which ensured relevant community input informed program planning.

The PHNs identified a need to improve cancer screening data recording and reporting within primary care and as a result developed a consistent cancer screening toolkit.

Partnerships to co-design activities commenced with targeted under-screened groups, including Aboriginal, Afghani, Filipino communities and homeless people.

Conclusion and recommendation: Place-based planning for preventative health activities such as cancer screening contributes to community participation, ownership and sustainability, and thus leading to longer-term behaviour change and improved health outcomes.

5C – Long Oral: Supporting Wellbeing

Clarendon Room B, Level 1, 9:00am -10:30am

Preventative models in out-of-home care (OoHC): What works, how, and for who.

Authors: Dr Bengianni Pizzirani¹, Mr David Poytner², Mr David Giles², Professor Helen Skouteris¹

Affiliations: ¹Monash Centre For Health Research And Implementation, Melbourne, Australia, ²Anglicare Victoria, Melbourne, Australia

Abstract:

Background: Policy shifts towards family preservation explicitly recognise that placement of children in out of home care (OoHC) is not only costly but can have detrimental and long-term impacts on the health and wellbeing of children. In Australia, however, there remains an almost total lack of research on, and the implementation of, such preventative programs or models in the child welfare sector. Anglicare Victoria's Rapid Response is a short-term, intensive family preservation/placement prevention program for families who are identified as 'at imminent risk' of having a child placed in out-of-home care (OoHC) and represents an innovative approach in this space.

Method: 37 families (with a total of 62 children deemed to be at imminent risk) across three Victorian regions participated in a preliminary evaluation of Rapid Response (managed by Anglicare Victoria's research team). In addition, and as part of a current and broader impact evaluation (led by Monash University), face-to-face and phone interviews with both internal (i.e., program staff) and external (i.e., Department of Health and Human Services) stakeholders (N = 25) to scope enablers and barriers to implementing Rapid Response with fidelity were also conducted.

Results: Both qualitative and quantitative data demonstrate how Rapid Response (and preventative models more generally) may significantly attenuate the number of young people placed in OoHC and highlight important factors to consider when implementing preventative programs at scale.

Conclusion: Organisational and system level barriers and enablers to the integration of preventive models in a sustainable and effective manner in the OoHC system are discussed.

Establishing a self care and social prescribing agenda in Australia

Authors: Professor Rosemary Calder¹, Hazel Fetherston¹

Affiliations: ¹Australian Health Policy Collaboration, Melbourne, Australia

Abstract:

Introduction: Four million Australians are estimated to have a mental health condition and 2.4 million have both a mental and physical health condition. Chronic disease and multi-morbidities are placing significant burdens on individuals and on Australia's health services. Social factors, particularly socioeconomic disadvantage, unemployment, social isolation, low education are highly correlated with these conditions and are increasingly recognised as requiring a health care approach. In the UK, around 20% of GP visits are primarily due to social issues rather than medical. Social prescribing provides alternative sources of intervention for primary care providers and others that enable early intervention to reduce avertable health risk factors, improve health awareness and self care.

Method: A review of the literature on self-care in health policy, service provision, in consumer health activities and within health services in Australia highlights the role of self-care and social prescribing as appropriate, feasible and effective methods to provide primary and secondary prevention strategies aimed at reducing chronic diseases.

Results: Social Prescribing is a concept many countries are adopting as a means to improve mental and physical health. The UK is leading the world in both self-care and social prescribing policies and programs. UK social prescribing has shown not only to be cost-effective but to also be a helpful tool for GPs to enable people to have better control over their health.

Conclusion: Social prescribing is an upstream approach to healthcare that should be considered an essential prevention and early intervention in primary health care.

Creating supportive spaces: encouraging online bystander action on social media

Authors: Caitlin Mcgrane¹

Affiliations: ¹Gender Equity Victoria, Collingwood,

Abstract:

Context: Online harassment and bullying have been considered a public health issue for over 10 years. In 2017 the United Nations encouraged States to take urgent collective action to prevent harassment and abuse online. This call for action was further supported by a Pew Research Centre report in the same year that found 40% of American adults had experienced online harassment.

Over the last 10 years in Victoria women's health services have been running bystander action programs that encourage people to take a pro-social role in preventing violence against women. The bystander space is rapidly growing, here we identify successes and gaps in our evidence and, next steps to take to develop programs to tackle online violence. We showcase this

using Gender Equity Victoria's online bystander action project undertaken over the past year with the support of the Victorian Government and industry partners.

Analysis:

1. What (policies) needs to be strengthened/broadened to support active bystanding on social media?
2. How do we incorporate our knowledge of what works and what needs improving into the evidence base and inform the policies and frameworks that guide our rapidly developing work?

Outcomes: The online active bystander project aims to encourage pro-social bystander action to prevent violence against women on social media. We showcase our new social media toolkit and short video to encourage online bystander action. We also present co-design strategies that help to build collective impact and gain traction and outcomes in our work.

Innovating and collaborating to tackle high smoking rates in the LGBTI community

Authors: [Jeremy Wiggins¹](#), [Adam Hynes²](#), [Tony Lee³](#), [Rachel Whiffen¹](#)

Affiliations: ¹Quit Victoria, Melbourne, Australia, ²Thorne Harbour Health, Melbourne, Australia, ³Minus 18, Australia

Abstract:

Context: To address high smoking rates in the lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, Quit Victoria, Thorne Harbour Health (THH) and Minus18 partnered to implement a range of activities.

The project included:

- i) Conducting focus groups.
- ii) Community engagement and co-design.
- iii) Quitline training.
- iv) Development of public education materials.

Reason: Smoking is the leading preventable cause of death and disease in Australia. Smoking rates in the LGBTI community are almost triple the rate of the general population.

Process: Quit conducted nine focus groups with LGBTI community members who smoke, exploring barriers and enablers to quitting. Results informed the development of LGBTI cultural competency training, for Quitline staff and public education resources. Leading LGBTI organisations, THH and Minus 18, with Quit, delivered innovative health promotion messaging through a short-film competition, entitled 'Keep the Vibe Alive', at the Melbourne Queer Film Festival, and other major community events, including Midsumma, Chill Out, and Queer Ideas Festivals.

Analysis: Training evaluation from over 25 Quitline specialists found increased confidence in providing sensitive support to the community. Community engagement and reach through the short-film competition, was incredibly high, drawing positive attention to smoking health messages designed by the LGBTI community.

Outcomes: The LGBTI community are engaging with innovative messaging on smoking impacts and report they are likely to contact Quitline for support. A comprehensive approach incorporating partnerships, training, resources and public education ensures access to best-practice smoking cessation support for the LGBTI community. Smoking cessation training for the LGBTI sector is being developed.

Opioids and benzodiazepines dispensing from community-pharmacies in Australia: trends and prevention efforts

Authors: [Dr M Mofizul Islam¹](#), [Dr Dennis Wollersheim¹](#)

Affiliations: ¹La Trobe University, Bundoora, Australia, ²La Trobe University, Bundoora, Australia

Abstract:

Introduction: There is a growing concern about excessive utilisation of prescription opioids and benzodiazepines. This study examined user-types, trends in dispensing of these medicines across locations and years and associated factors related to dispensing in Australia, and outlined the most feasible options in reducing inappropriate dispensing.

Methods: This study used dataset of opioids and benzodiazepines dispensed through community pharmacies during 2013-2016. All users were categorized into four types based on duration of dispensing. Quantity of dispensing was computed in defined daily dose (DDD) for individual years and states/territories. Multilevel regression models were developed to examine the factors likely to influence the quantity of dispensing per person per year. Approaches to reduce inappropriate dispensing are discussed based on domestic and international literature.

Results: Around half of the users were dispensed opioids or benzodiazepines only during one quarter (three months). However, chronic users (dispensed 12-14 quarters) were dispensed more than half of these medicines in DDD/1000people/day. Tasmania was dispensed the highest quantity (in DDD/100people/day) of these medicines, followed by South Australia. Dispensing quantity and duration increased with increasing age and residence in relatively poor neighborhoods. Real-time monitoring program across states/territories, promotion of alternative treatments, tailored intervention to reduce the first-time and long-term users were supported by the literature.

Conclusion & Recommendation: Although national dispensing remained mostly flat over the years, tailored interventions are required in some locations and for user types. A uniform and consistent use of real-time prescription drug monitoring program is highly needed.

From a concept to reality, the creation of an Obesity Evidence Hub.

Authors: Ms Jane Martin¹

Affiliations: ¹Obesity Policy Coalition, Melbourne, Australia

Abstract:

Introduction: The Obesity Knowledge Hub will source, analyse, synthesise and rapidly disseminate the latest evidence on obesity prevention and treatment for government, advocates, key influencers, as well as the broader community. , Experience in tobacco control demonstrated the value of such a resource to the field.

Methods: The Obesity Policy Coalition developed a proposal to develop an online, continuously updated, evidence hub for obesity and support was sought from a range of potential funders. The Obesity Collective facilitated funding for the first phase from the BUPA Foundation for key chapter areas, with further phases for development outlined.

Results: A dedicated website has been developed that encompasses the technical elements to deliver the project in a user friendly and easily understood way. Phase one has seen the preparation of key chapters covering trends, impacts and prevention. These have been reviewed by leaders in the field, to ensure their accuracy and integrity prior to the launch in May 2019.

Discussion: It is expected that having access to high quality, reliable, timely and authoritative information will help to educate and build the capacity of the public, government, health services, journalists, academics and students. It will increase the efficiency and effectiveness of obesity prevention and treatment efforts in Australia by providing accurate and substantiated information to assist all those working in the field.

Conclusion: This resource will help to frame the evidence base, support existing work and provide the platform to amplify action and progress in prevention and treatment of obesity in Australia.

5D – Table Top

Clarendon Room D, 9:00am -10:30am

Recording BMI for children aged 7-13 years in Public Oral Health Clinics

Authors: Ms Lisa Maude¹

Affiliations: ¹South Eastern Sydney Local Health District Oral Health Service, Caringbah, Australia

Abstract:

Context: As part of the NSW Premier's Priority to reduce childhood obesity, all NSW health professionals are required to measure and record the BMI for children aged 0-17 years. To support children aged 7-13 years, who are above healthy weight, NSW Health provides Go4Fun, a 10 week family healthy lifestyle program. All health professionals can refer children to Go4Fun.

Process: Informed by research in Northern NSW, South Eastern Sydney Local Health District (SESLHD) Oral Health Service, has comprehensively embraced the Healthy Weight program. A number of steps were taken to ensure staff were competent and had the resources they needed to deliver the program. Staff completed an online learning module, attended a motivational interviewing workshop and were trained in using measuring equipment prior to commencing the program. This built the confidence of staff to engage in sensitive conversations with parents around a child's weight.

Analysis: By working collaboratively with other health services involved in the healthy weight BMI program and by listening to feedback from staff, the oral health service has successfully implemented the program. This included the development of an online system to streamline data entry processes to record measurements, send referrals to Go4Fun and receive feedback on outcomes.

Outcomes: Since December 2018 SESLHD Oral Health Service has collected BMI data from five child dental clinics, recorded BMI measurements for 352 children (aged 0-17 years) and referred 31 children to Go4Fun. SESLHD Oral Health staff appreciate the importance the Healthy Weight BMI program has for children attending the service.

Improving diabetes outcomes by screening for undiagnosed diabetes in dental settings

Authors: Prof Rodrigo Mariño¹, Ms Michelle King¹, Mr Geoff Adams¹, Ms Maria Sicari¹, Dr Andre Priede¹, Prof Ivan Darby¹, Prof Julie Satur¹, Prof Mike Morgan¹

Affiliations: ¹University Of Melbourne, Parkville,

Abstract:

Introduction: One-million Australians have Type-2 diabetes (T2D). It is estimated that 1 in 2 people do not realise that they have diabetes. Evidence shows that lifestyle interventions can reduce the risk of progression from prediabetes to T2D, while early diagnosis and intervention would reduce the risk of complications of T2D.

Dental offices offer a unique opportunity for diabetes screening. The iDENTify study aims to evaluate the economic justification of screening for diabetes/prediabetes in dental settings. iDENTify's initial stage demonstrated an overall fair knowledge about T2D and good attitude to screening by Oral Health Professionals practising in Victoria-Australia. This presentation reports on preliminary findings from iDENTify's clinical phase.

Methods: The clinical phase tests a screening model in dental settings for T2D and prediabetes using the Australian T2D Risk Assessment Tool (AUSDRISK) and dental examination, and evaluates the pathways of care between dental and medical practices for those found to be a medium or high risk.

Results: Data collection started in October 2018. By mid-February 2019, eight dental practices and 134 patients have been recruited. Forty-three patients were found to be at medium or high risk and referred to a medical practitioner. Six patients have completed all the stages of the protocol. None were diagnosed with T2D.

Conclusion: Responses from dental practices and patients have been positive. Recruitment will continue for a further 18-month period. The study aims to recruit up to 60 rural and urban dental practices where it is expected that 1200-1500 patients 35 years or older will be screened.

Improving perinatal health outcomes for asylum seekers

Authors: Ms Glenys Janssen-frank¹

Affiliations: ¹University of Technology, Sydney, Australia

Abstract:

Introduction:

The human right to health, including asylum seekers is a protected principle linked to moral and legal rights. Women seeking asylum have poorer perinatal outcomes than women birthing in their country of origin. Currently, there are no globally accepted standards of professional practice for the maternity care of asylum seekers. In response to this, Australian and International Health Professional organisations have published position statements aiming to improve the health of asylum

seekers. We present the findings of a review of position statements from professional bodies that sought to identify key areas of practice that could inform principles for maternity care service delivery.

Methods: The position statements of 6 organisations, representing over 140 professional organisations and 110 countries were analysed using the framework of the WHO 'right to health' statement. (2007). We examined the statements in terms of strategies that up held the capacity of asylum seekers to access available, acceptable and quality maternity care services.

Results: International professional bodies call for equity of access for asylum seekers, and education for midwives to deliver culturally sensitive care. Several documents from organisations including Australian College of Midwives and Royal Australian College of Physicians note the need for the elimination of any policy that supports the detainment of asylum seekers and instead states the need for supportive community-based living.

Conclusion: Key strategies to improve maternity care for asylum seekers include the provision of effective interpreter services and professional development for midwives.

Increasing cancer screening participation for people with disabilities

Authors: Ms Judith Slape¹, Ms Rachel Bottomley²

Affiliations: ¹Cancer Council Victoria, Melbourne, Australia, ²BreastScreen Victoria, Melbourne, Australia

Abstract:

Background: Australian and International research indicates that people with disabilities are under screened for cancer. The Department of Health and Human Services' (DHHS) Absolutely Everyone Victorian State Disability Plan 2017-2020 highlights the need to improve access to cancer screening by working with the disability workforce and screening providers. This project breaks down the silos and bridges the gap between disability organisations, screening services and health professionals, helping them work together to ensure the safest cancer screening experience for people with disabilities. This project also takes an integrated cancer screening approach, building on partnership between BSV and CCV.

Methods: BSV and CCV undertook a multi-perspective needs analysis to identify the barriers to cancer screening for people with disabilities and best practice approaches to enabling access and increasing participation. Stakeholder interviews were conducted with people with disabilities, disability organisations, advocacy groups and service providers. The Health Issues Centre conducted a social media conversation and online survey. Latrobe University undertook a literature review to provide an evidence base.

Results: CCV and BSV proposed a suite of recommendations and strategies. There is a strong focus on co-designing all activities with people with disabilities and service providers, ensuring all needs are met to build capacity for sustainability.

A whole-of-pathway systems approach was paramount, ensuring that people with disabilities were able to participate in the entire cancer screening pathway. Activities included building the capacity of clinicians to appropriately discuss cancer screening with clients with disability, development of suitable resources and redesign of services processes and infrastructure.

Which Victorian women are accessing the new self-collection pathway for cervical screening?

Authors: Assoc Prof Julia Brotherton^{1,2}, Ms Elizabeth Perez¹, Dr David Hawkes^{1,2}, Dr Lara Roeske¹, Assoc Prof Marion Saville^{1,2}

Affiliations: ¹VCS Foundation, East Melbourne, Australia, ²University of Melbourne, Melbourne, Australia

Abstract:

Background: Participation in cervical screening is declining, with ~80% of cervical cancers occurring in under/never-screened women. Australia's new HPV- based cervical screening program offers under/never-screened women aged 30+, who refuse a clinician-collected test, screening using a self-collected vaginal swab. Pathway implementation is delayed, with only one laboratory (VCS Pathology) approved to test samples (as at Feb 2019). We examined characteristics of women accessing self-collection in Victoria in the program's first year.

Methods: We extracted de-identified data from the Victorian Cervical Screening Registry for women with a self-collected cervical screening test between 1/12/2017 (program start) -15/1/19.

Results: 747 women self-collected (age 30 to 86 years), of whom 85% saw a GP and 11% a nurse practitioner. Almost one-third were never-screened (32.1%), 21% had not screened in >10 years, 24% in >5.5 years, and 23% were 4 - 5.5 years overdue. Of records with status reported, 20/314 (6.4%) women identified as Aboriginal or Torres Strait Islander or both; most women were Australian born (205/278 78%) but 34 countries of birth were represented. Women lived evenly across five quintiles of socioeconomic disadvantage (IRDS, SEIFA, ABS 2016)(1 (least) 20%, 2 19%, 3 23%, 4 17%, 5 (most) 21%) and in every Victorian health region.

Conclusion: Encouragingly, a wide range of women, including Indigenous women and women who have never screened, are already accessing self-collection in Victoria. Further evaluation is ongoing to inform scale-up and support self-collection for women the program has yet to reach. We must ensure cervical cancer elimination strategies are inherently equitable.

5E – Table Top

Clarendon Room E, 9:00am -10:30am

Make Their Meals Count Improves Indicators of Food Literacy for Parents

Authors: Mrs Lesley Marshall¹, Mrs Jane Whatnall², Ms Samantha Batchelor²

Affiliations: ¹Nutrition Services, Central Coast Local Health District, Gosford, Australia, ²Health Promotion Service, Central Coast Local Health District, Gosford, Australia

Authors:

Introduction: One in three NSW children are drinking one can of sugary drink daily and eating salty snack foods such as chips each day. Eating well is essential for healthy growth and development and eating habits set early in life have a significant impact on health and wellbeing into adulthood. Make Their Meals Count (MTMC) is a pictorial brochure developed for parents of children aged 4 – 8 years, showing how simple, healthy meals and snacks can be combined to meet the Australian Dietary Guidelines.

Methods: Meals and snacks were planned and photographed based on the amounts of the Five Food Groups recommended for 4 – 8 years olds in the Australian Dietary Guidelines. MTMC involved a partnership between Health Promotion and Nutrition Services, Central Coast Local Health District, NSW. Advice and feedback was provided by 13 parents from local supported playgroups, paediatric dietitians, Aboriginal health workers, a graphic designer and food photographer.

Results: MTMC was evaluated with 65 parents from a preschool and primary school. Parents who used MTMC (n = 52) showed improvements in food literacy with an increase in confidence providing healthy snacks and meals; a trend towards providing pre-packaged snack foods less often (n = 40%); providing vegetables as a snack more often (36%) and at mealtimes more often (34%); and planning snacks and meals more often (44%).

Conclusion: Improving food literacy can be challenging. MTMC shows promising improvement in some food literacy indicators. Development of a similar resource for other age groups will be investigated.

Mandatory Anaphylaxis Notification: Reducing Undeclared Allergens in Food in the Marketplace

Authors: Erica Clifford¹, Jess Encena¹, Fiona Jones¹, Frances Tiplady¹, Dr Shereen Labib¹, Paul Goldsmith¹, Dr Angela Bone¹

Affiliations: ¹Department Of Health And Human Services Victoria, Melbourne,

Abstract:

Context: A mandatory notification system commenced in Victoria on 1 November 2018 following a child death due to anaphylaxis from a mislabelled food. Authorities were unaware for six weeks, delaying recall of the product. The primary purpose of the notification system was to ensure timely response to undeclared allergens in packaged foods and poor allergen management in food premises.

Process: The Public Health and Wellbeing Act 2008 was amended to require Victorian hospitals to notify the Victorian Department of Health and Human Services of all anaphylaxis presentations to emergency departments. The department introduced a system which paralleled existing disease notifications, requiring notification within 24 hours of anaphylaxis from packaged food.

Analysis: Preliminary analysis after 14 weeks showed 697 notifications; 114 (16%) related to packaged food and 154 (22%) related to unpackaged food from food premises. Most involved first time anaphylaxis or consumption in error and did not require further action. Cases involving food that was potentially in breach of allergen declarations under food legislation were referred to food authorities. These resulted in one packaged food recall and 22 referrals to local government to investigate food allergen management at food businesses. Education was provided to most businesses and enforcement action taken with three businesses.

Outcomes: Australia's first mandatory anaphylaxis notification system has allowed prompt action on known mislabelled food and poor allergen practices in food businesses. It has also highlighted the importance of better understanding food allergen knowledge, attitudes and behaviours of consumers and businesses to inform future policies and action.

Overbranded, Underprotected: How self-regulation fails to protect children from unhealthy food marketing

Authors: Ms Katarnya Hickey¹, Ms Jacky Mandelbaum, Ms Jane Martin, Ms Kathryn Bloom

Affiliations: ¹Obesity Policy Coalition, Melbourne, Australia

Abstract:

Context: The current system of self-regulation by the food and advertising industries does not effectively protect children from exposure to unhealthy food marketing. This contributes to childhood overweight and obesity as marketing influences children's food preferences, purchases and consumption. The Obesity Policy Coalition (OPC) investigated why the self-regulatory system is failing and what action is needed to address it.

Process: The OPC conducted an analysis of the self-regulatory system: its application, substantive rules, procedures, the interpretation of the codes by the Advertising Standards Community Panel, how it is enforced and the consequences of breach.

Where we identified a failure in the system, we identified examples to demonstrate this issue in practice and considered how the failure could be addressed. Our analysis included a particular focus on digital media.

Analysis: The OPC identified 8 key failures in the self-regulatory system, including: common types of marketing aren't covered, the key concept of 'directed primarily to children' is defined very narrowly, companies can decide which foods are 'healthier' and can be advertised to children, the codes don't effectively protect children from digital marketing and children are only protected until aged 12 or 14. We also identified the actions needed to create an effective scheme to protect children from unhealthy food marketing.

Outcomes: The OPC developed this analysis into a report titled 'Overbranded, Underprotected' and released it in July 2018. The report received significant media coverage and was distributed widely, including to federal and state/territory health ministers. The dissemination and impact of the report will be discussed.

Embracing synergies to overcome diversity: creating nationally applicable school canteen online training

Authors: Ms Megan Sauzier^{1,2}, Mrs Anthea Brand¹, Mrs Amanda Ferguson²

Affiliations: ¹Federation of Canteens in Schools (FOCIS), Perth, Australia, ²Western Australian School Canteen Association, East Perth, Australia

Abstract:

Introduction: The introduction of healthier food and drink policy/guidelines in schools has led to improvements in the food supply in this setting. Running canteens is much more than providing healthy foods and is complicated by differing Australian policy requirements and minimum qualifications for canteen staff. Embracing synergies rather than focusing on diversity enabled the Federation of Canteens in Schools (FOCIS) to advocate for a national approach to training.

Methods: FOCIS conducted a literature review and environmental scan of online training and resources, which identified gaps for school canteens. Seeking national collaboration to smash silos, FOCIS established a national tendering process to engage an organisation that demonstrated commitment to a shared vision; relevant previous experience; and knowledge of the target audience to develop an innovative online training package using national consultation and program piloting. The contract was awarded to the WA School Canteen Association (WASCA).

Results: Shifting the focus away from different policy requirements, WASCA consulted a broad range of national stakeholders to develop training that includes the consistent key components of effective canteen management. For example, advocating for a whole school approach to healthy eating, 'food foundations' modelled on the Australian Guide to Healthy Eating, best practice financial management and preparing safe food.

Conclusion: A model based on collaboration and meaningful partnerships was used to overcome diversity and improve nutrition in the school setting. FOCIS' training will equip school canteen operators with the skills and knowledge to provide safe, nutritious foods in a financially viable food service.

Being innovative and collaborative when capacity to deliver a nutrition program decreases.

Authors: Mrs Amanda Ferguson¹, Ms Megan Sauzier¹

Affiliations: ¹WA School Canteen Association, Perth, Australia, ²Department of Health, Perth, Australia, ³Department of Education, Perth, Australia

Abstract:

Introduction: In 2011, the WA School Canteen Association (WASCA) developed kindy presentations to be incorporated into existing orientation meetings to engage parents of children commencing kindergarten. Kindy presentations were a new approach to tackle childhood obesity, promote the Western Australian Department of Education's Healthy Food and Drink policy and arm parents with practical nutrition information for packing healthy lunchboxes.

Methods: Decreasing internal capacity coupled with regional engagement demands created a need for collaboration and innovation. A train the trainer kit was developed and partnerships formed with school nurses, health promotion officers and school and canteen staff to deliver the sessions on WASCA's behalf. This doubled the reach of the program.

Continued consultation led to redesigning resources making them more culturally appropriate, including translating documents into 16 languages.

However, the majority of sessions fall within 4-6 weeks in Term 4. To address sustainability WASCA has two videos under development; a training tool to increase the capacity of others delivering presentations; and a generic presentation to be played in lieu of a presenter being available for direct delivery.

Results: Since implementation, 599 sessions to 25,489 families have been delivered. Recent evaluations showed high satisfaction by schools (83%); and high satisfaction by presenters with: WASCA support (83%) and confidence to present on WASCA's behalf (80%).

Conclusion: The program has undergone diversification to ensure it remains a vital part of a parent's induction in schools. The success and sustainability of the program is attributed to innovative approaches and a focus on collaboration.

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