



Building Health Services' Capacity for Prevention :

Community Health Risk Factor Management Research Project

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Background



- ◎ Disease burden associated with lifestyle risk factors
 - Chronic disease prevention strategy
- ◎ Effective interventions for changing lifestyle behaviour in primary care
- ◎ BUT lack of translation research – how to build health services' capacity for prevention

Aim



Increase the capacity of community health services to address chronic disease risk factors:

- **S**moking
- **N**utrition
- **A**lcohol
- **P**hysical activity

As part of normal clinical work

Study Overview



- ◎ Feasibility study using action research
- ◎ 2 AHS, 3 community health teams
- ◎ n=63 clinicians

Step 1: Needs Assessment



Step 2: Model development



Step 3: Model implementation



Step 4: Evaluation

Needs Assessment Methods



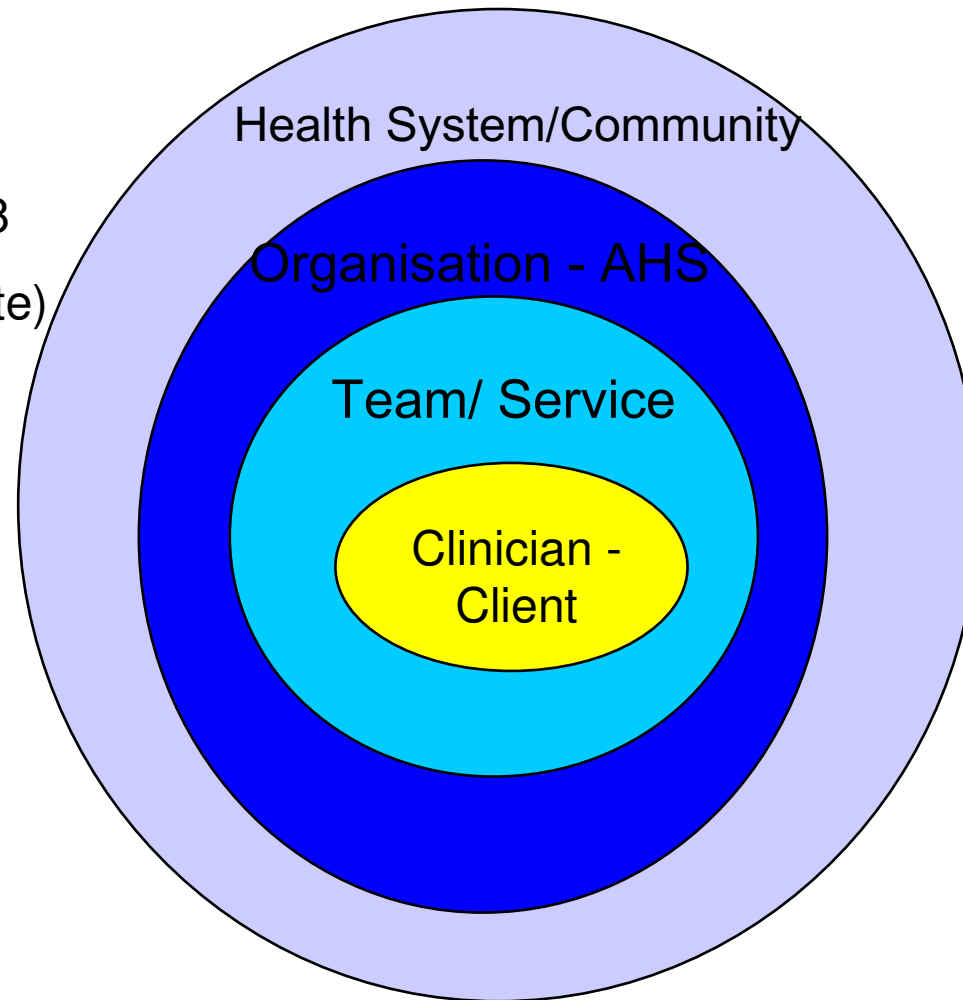
- ◎ Risk factor survey (all staff, n=63)
- ◎ Semi- Structured Interviews with staff (n=30)
 - 15 nurses,7 allied health staff,
 - 3 team managers
 - 5 senior managers
- ◎ Prospective audit of risk factor management
- ◎ Team climate Inventory

Factors Influencing RFM Practices



Survey Data

Two teams, n = 48
(91% response rate)



Interview
Data

Clinician- client relationship



“Part of our contract is that they are self-empowered, that you know this is a mutual agreement that we come into their homes and that we cant arbitrate their behaviour in their own home, we can only ask them to mitigate their behaviour while we are present” (**Generalist nurse**)

“Well if I say ‘don’t smoke, and don’t drink, and do this and do that’, they might say ‘you know, take off, I don’t want to see you again’, and then I don’t get to check the baby, so it’s a bit of a, it’s a bit of a balance” (**child and family nurse**)

Perception of client acceptability



“ I mean, these people have lived their life, they’ve got a young slip of a girl standing their saying ‘you should stop smoking, and you should stop drinking because I said so’.. They’ve lived their life, they don’t want to be told...but they will listen, it all depends how you do it”

(Generalist nurse)

“If I push how many cigarettes do you have a day, you know, they’d be Saying ‘why are you asking me this? I’m not coming here for drug and Alcohol counselling, I’m coming here for a different issue **(Allied health)**”

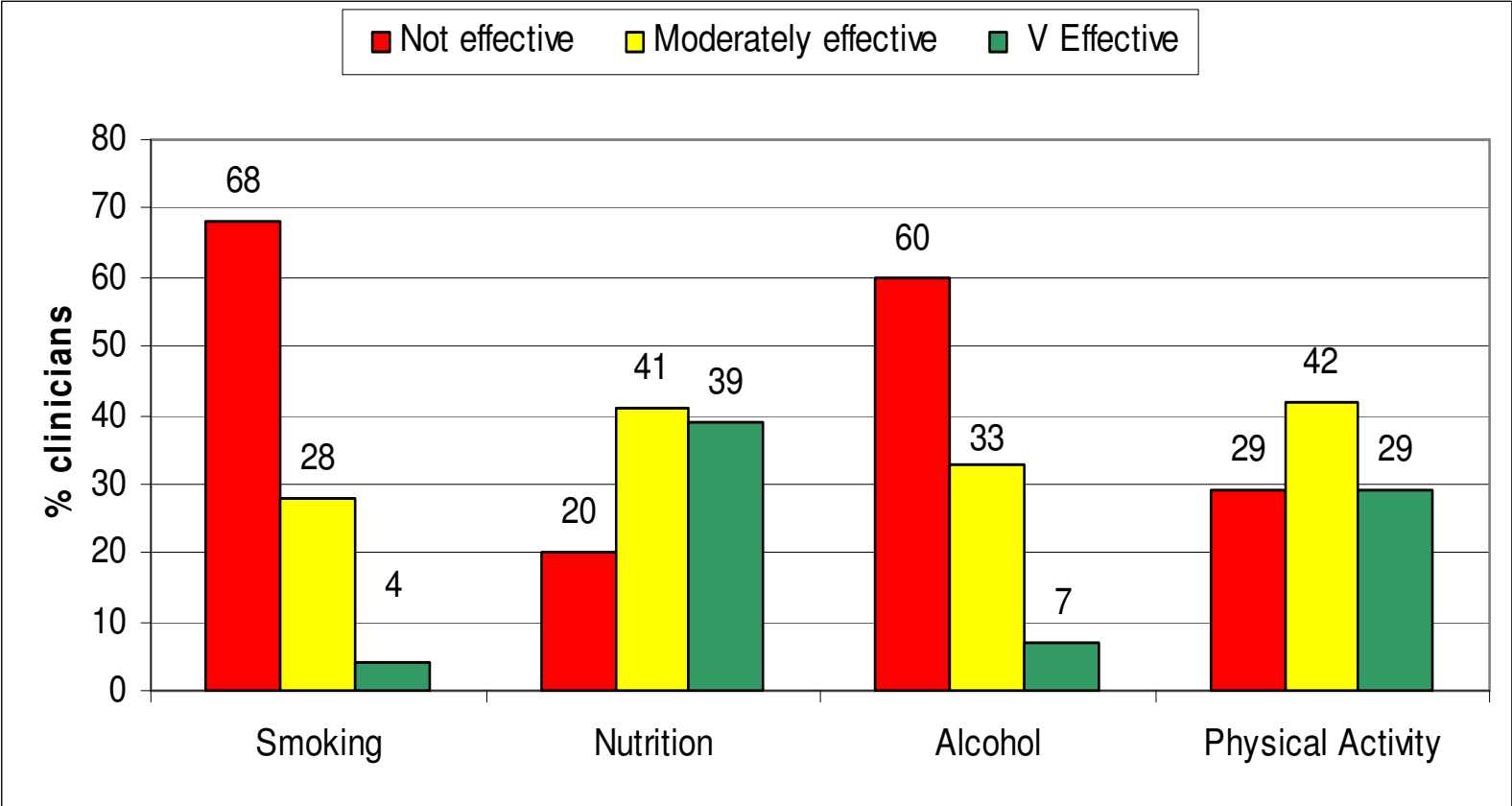
Perceived Effectiveness



“People already know. If they’re choosing to still embrace those things, I dare say short of seeing the six foot pine box looming at the front door..I don’t know what it takes to change some peoples’ minds” **(Generalist nurse)**

“ Some of the girls I wouldn’t dream of mentioning it, because it would just, you know? I just know it would have no effect whatsoever. I mean, they’re barely likely to be there” **(Child and family nurse)**

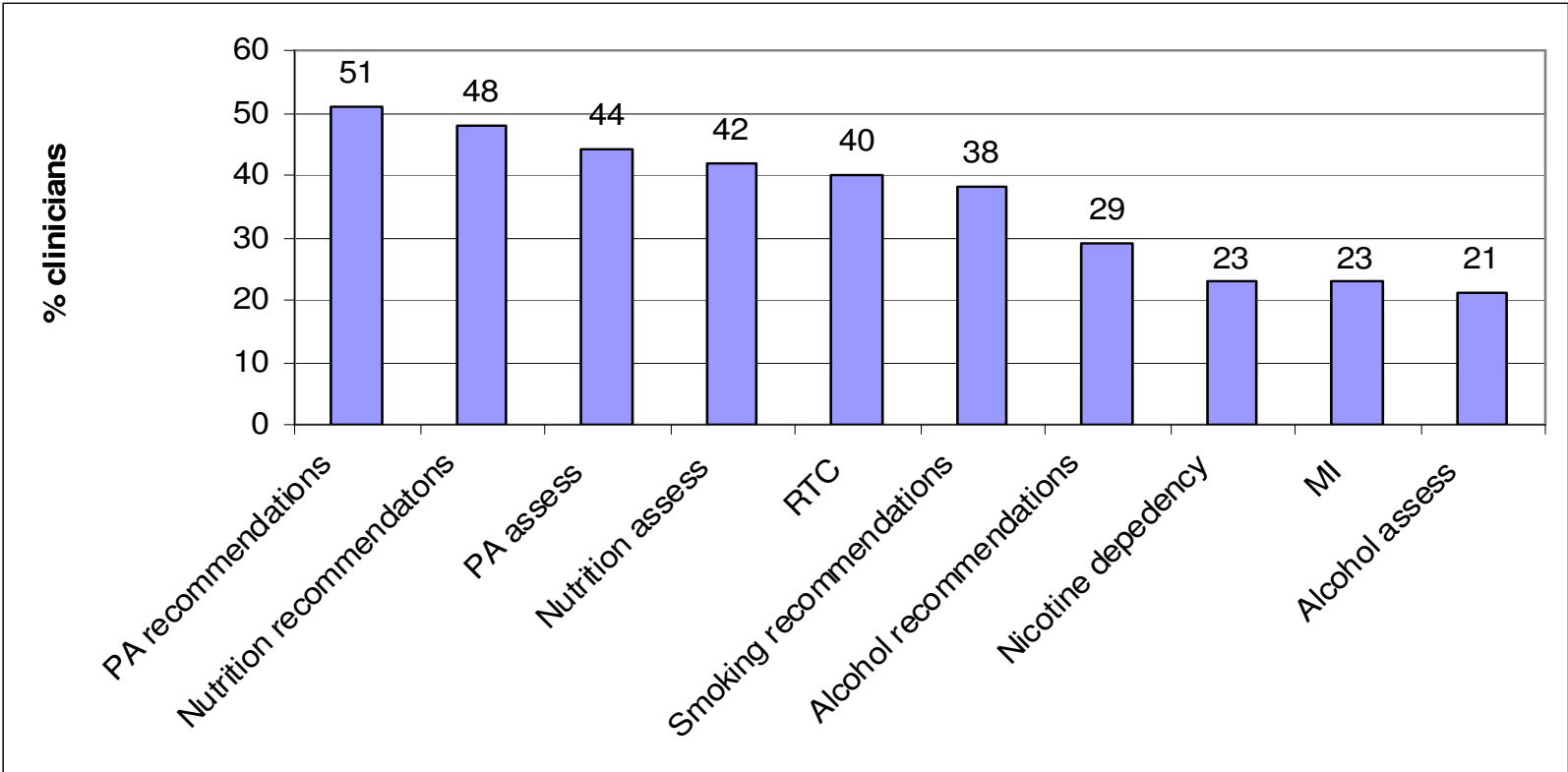
Perceived Effectiveness



Clinician Confidence



% Clinicians rating confidence as good / excellent



Team/Service level

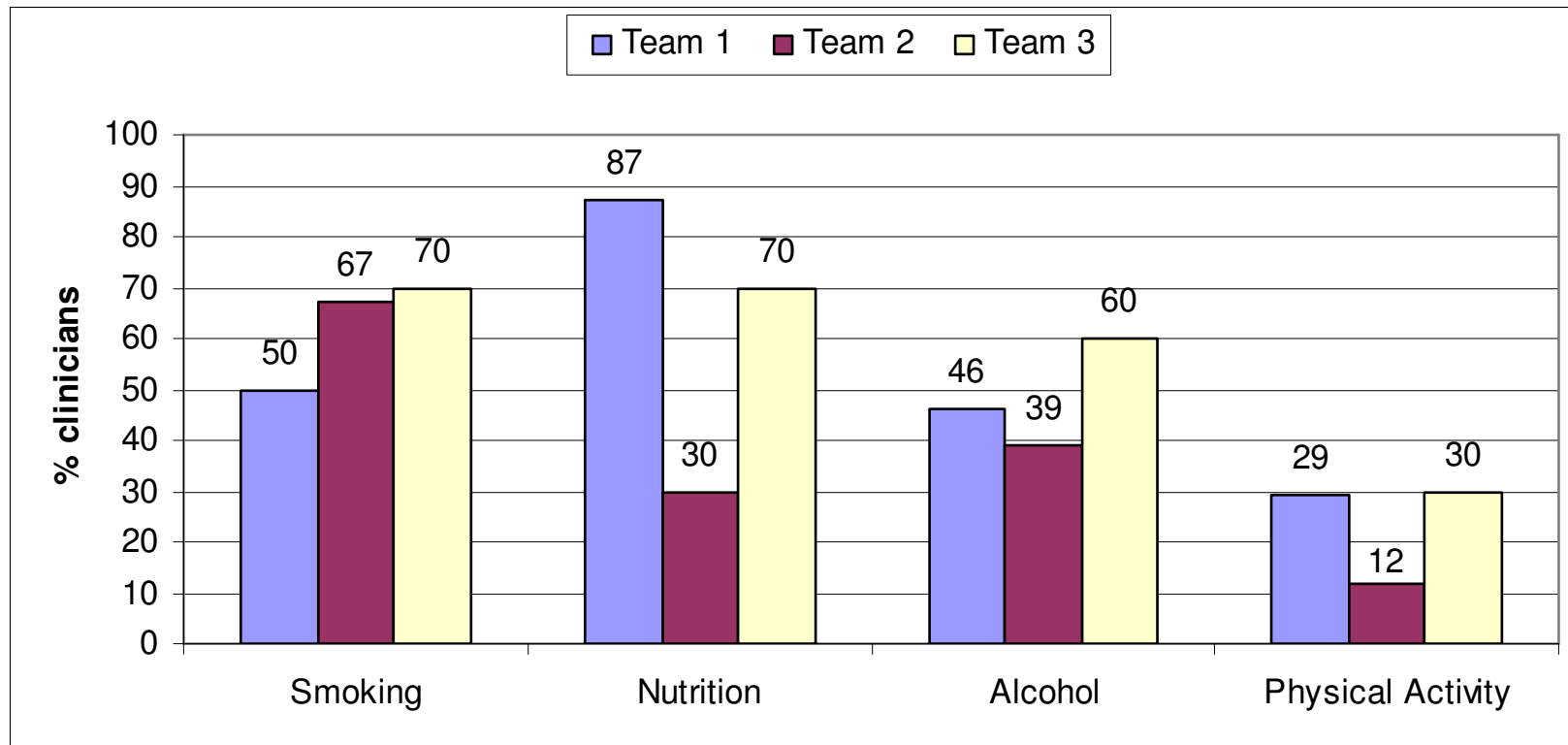


- ⊙ Referral services
- ⊙ Clinical protocols and resources
- ⊙ Time pressures / staffing

Referral Services



% Clinicians rating accessibility services good/excellent



↑ Capacity to address Lifestyle Risk Factors

Organisational Development

- ⊙ Strategic & Service plans,
- ⊙ KPIs & QI
- ⊙ Information systems
- ⊙ Build into job descriptions

Workforce Development

- ⊙ Ongoing training
- ⊙ Professional support
- ⊙ Undergraduate / post graduate training

Resource Allocation

- ⊙ Client resources
- ⊙ Guidelines
- ⊙ Adequate staffing
- ⊙ Decision support
- ⊙ Specialist advice

Leadership

- ⊙ Organisational support

Partnerships

- ⊙ Referral services
- ⊙ Division of GPs
- ⊙ Population health

Implications for Policy



- ⊙ Availability **referral services/systems** and **partnership** with population health to support brief intervention in community health services
- ⊙ Support for **primary care approach** in community health services
- ⊙ Integrating risk factor intervention into **performance indicators** for health services

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