

# Community Health Risk Factor Management Research Project

Centre for Primary Health Care and Equity  
"Research that makes a difference"

Update February 2007

This exciting and innovative project is a partnership between the Health Promotion Strategies and Settings Branch, NSW Department of Health; Centre for Primary Health Care & Equity, UNSW; and Hunter New England and South Eastern Sydney Illawarra Area Health Services.

## Background:

Chronic diseases account for more than 80% of the overall disease burden and almost 50% of all deaths in Australia. Along with GPs, community health services (CHS) are in an ideal position to deliver brief interventions to reduce the risk of chronic disease.

We have good evidence on how effective these brief interventions can be, but more information is needed to understand how to embed chronic disease risk factor prevention in community health as part of routine clinical care.

To address this question, the Health Promotion Strategies and Settings Branch, NSW Department of Health, funded the Community Health Risk Factor Management Project at the Centre for Primary Health Care & Equity, UNSW.

## Project Aims:

The CHRFM Project aims to increase the capacity of community health services to address chronic disease risk factors as part of their normal clinical work. The project is focusing on following lifestyle risk factors for chronic diseases:

Smoking  
Nutrition  
Alcohol  
Physical Activity

## Study Sites:

South Eastern Sydney Illawarra Area Health Service and Hunter New England Area Health Service have been chosen to take part in the project.

The project is being piloted in three community health teams in NSW:

- Generalist community nurse team in a metropolitan area
- A multi-disciplinary community health team in a rural area
- A multi-disciplinary primary health care team working in remote communities

## Why Community Health?

- ✓ Second largest provider of health services to the general population, after GPs (24.5 million services per year)
- ✓ Diverse health workforce (community nursing, child & family, allied health, Aboriginal health workers, drug & alcohol, mental health)
- ✓ Often access hard to reach groups
- ✓ Holistic approach to client, health promotion
- ✓ Multiple contacts with clients who are often seen in their own home
- ✓ Good links to local community support programs

## Project Stages:

**Background:** AHS expression of interest and project planning (2005)

**Stage 1:** Needs assessment in teams/services (Feb-May 2006)

**Stage 2:** Development and testing of approaches to risk factor management (June 2006 – May 2007)

**Stage 3:** Evaluation and review (June- Sept 2007)

**Stage 4:** Dissemination and recommendations (October –Dec 2007)

**Future:** Roll out to further sites around NSW

## Achievements to Date

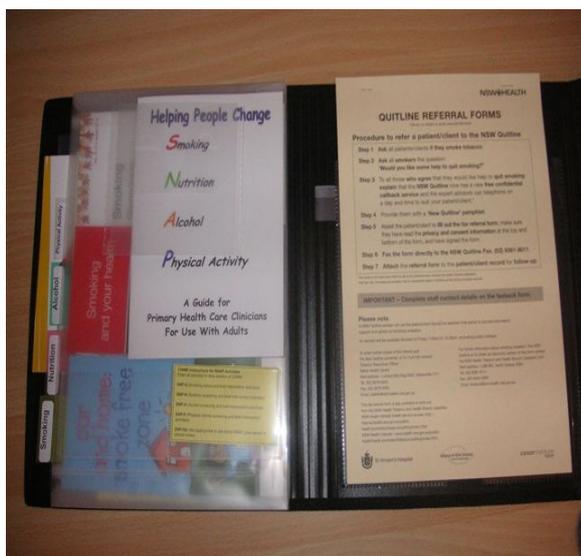
- A comprehensive needs assessment has been undertaken in teams/service (see summary of findings opposite)
- Models of risk factor management developed and implemented with teams/services
- Training program developed and delivered to over 60 staff in participating services, with a strong emphasis of behaviour change principles such as motivational interviewing.
- Risk factor fields built into CHIME (medical record system used in community health) to record and monitor risk factor practices

A number of resources have been produced for clinicians and clients

## Risk Factor Resources

The needs assessment identified a lack of readily accessible resources as a barrier to addressing risk factors with clients. In response to this the following resources have been developed or sourced:

- ✓ A practical guide for clinicians "Helping People Change"
- ✓ Local directory of referral services for lifestyle risk factors
- ✓ Portable resource kit of existing client education materials and referral forms for lifestyle risk factors
- ✓ Adapted Lifescripts materials, consisting of "action plans" for each risk factor to help facilitate behaviour change



## Needs Assessment Findings

A survey was undertaken of clinicians' self-reported practice relating to the management of lifestyle risk factors, along with interviews with clinicians and managers to explore barriers and enablers to the provision of lifestyle interventions.

### Current Practice:

- Around 40-60% clinicians routinely ask new clients about lifestyle risk factors
- Around one-quarter of clinicians routinely provide verbal advice to clients who smoke, have poor nutrition or are inactive. Few provide advice to those with 'at risk' drinking
- Few clinicians report providing written advice or refer on to other services

### Perceived Enablers:

- Access to general population, continuity of care
- Good fit with clinician's role and service priorities
- Success with own lifestyle change

### Perceived Barriers:

- Concern regarding client acceptability
- Low perceived effectiveness of intervention
- Limited availability and access to referral services
- Lack of low literacy materials for clients
- Focus on provision of post acute care

## Next Steps

The pilot implementation phase will be complete in June this year. This will be followed by a comprehensive evaluation to examine changes in clinician risk factor practices along with staff and client acceptability. This will help inform a roll out of risk factor modification services as part of the Australian Better Health Initiative.

## Contact Information

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