

45 & UP PRIMARY & COMMUNITY HEALTH COHORT:

A resource for local health planning in the Central and Eastern Sydney area

November 2016

About the Project

The availability of a population based sample within the 45 & Up study provides an opportunity for the two Local Health Districts and the Primary Health Network to understand the needs of the local population and to make informed decisions about local care needs, policies and service developments, and evaluate the impact of local interventions.

Aims

1. To establish a de-identified linked dataset - the 45 and Up: Primary and Community Health Cohort which will support health services research and evaluation allowing decision makers to better understand their community's health care needs.
2. To undertake research and evaluation of questions of particular interest to participating organisations in relation to access to primary and community health care and its impact on health service use.
3. To investigate the relationship between health service use and personal characteristics, health outcomes, and to examine how these relationships vary according to a range of sociodemographic, lifestyle and health related characteristics over time.

Project Update

- Data linkage is underway within the Centre for Health Record Linkage (CHeReL) with an estimated date of completion for 4 Nov.
- This will allow data to be delivered from custodians 4-6 weeks after this date.

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- A workspace has been established within the Secure Unified Research Environment housed by the Sax Institute and work is underway setting up syntax (code) related to the management and linking of the datasets in advance of data delivery.
- Meetings have commenced within the Local Health Districts to further understand the local research drivers – particularly in relation to Integrated Care.
- Data analyst and Project Manager, Heidi Welberry has presented a poster on the development of the Primary and Community Health Cohort at the inaugural Longitudinal Data Conference in Canberra which brings together experts in analysing longitudinal datasets across a range of health and social science areas.

For more information visit:

<https://cphce.unsw.edu.au/research/primary-health-care-system-development/primary-and-community-health-cohort>

Defining chronic conditions and risk factors in the 45&Up cohort

Discussion at the October Management Group meeting focussed on the definitions of chronic conditions. An important indicator that is often used to measure well-being is “number of chronic conditions”. This is also of particular relevance when considering integrated care arrangements.

There are some challenges in aligning the questions used in the 45 & Up survey with the key conditions defined by the AIHW as “chronic”. However, agreement was reached that the following six condition groups would be a focus when referring to chronic conditions:

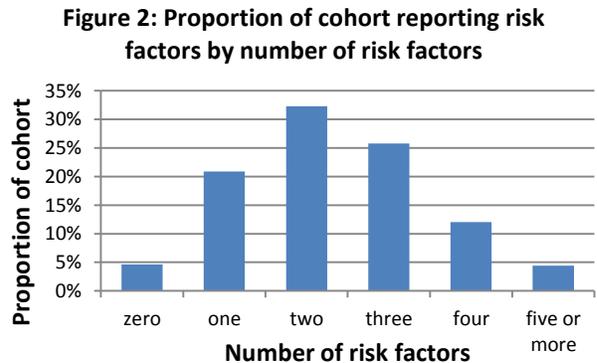
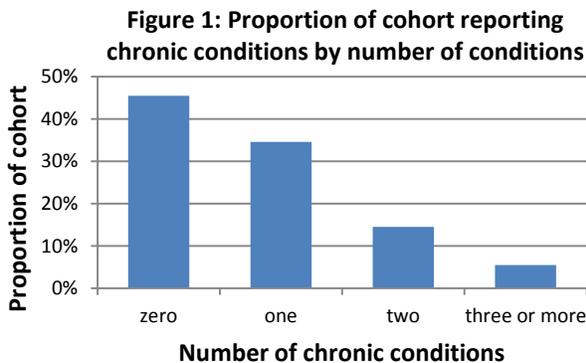
Cancer	Includes any self-reported diagnosis of cancer (excluding non-malignant skin cancer)
Cardio-vascular	Includes self-reported heart disease and stroke (excludes high blood pressure)
Diabetes	Self-reported Diabetes
Respiratory (Asthma)	Self-reported Asthma (information on COPD and other respiratory illness not available in 45 & Up)
Mental Health	Includes self-reported Depression and Anxiety
Musculo-skeletal	Includes those who reported treatment for osteoarthritis or osteoporosis

Based on these definitions a multi-morbidity measure will be constructed which counts the number of conditions for each participant (with a maximum of 6). Figure 1 shows an indicative distribution of multi-morbidity in the 45 & Up data for all of NSW using these definitions.

Additionally, the following factors will be considered as risk factors, also in line with AIHW definitions:

Smoking status	Current smoker versus Non-smoker or ex-smoker
Alcohol Intake	High intake (more than 14 standard drinks per week) versus Zero intake or low (less than 14 standard drinks per week)
Adequate Fruit and Vegetable intake	Less than 5 serves vegetables per day and/or Less than 2 serves fruit per day versus 5 or more serves vegetables and 2 or more serves fruit per day
BMI	Overweight or Obese versus Normal/Underweight
High Blood Pressure	Self-reported treatment for high blood pressure
High Cholesterol	Self-reported treatment for high cholesterol

Again, a measure will be investigated which combines risk factors (Figure 2), for example by counting whether an individual: currently smokes, drinks more than 14 drinks per week, has suboptimal vegetable and fruit intake, has a BMI in the overweight/obese range, or has high blood pressure or high cholesterol.



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