

UNSW research centre for **primary health care and equity**

## **Putting Prevention into Practice:**

### **Models for Integrating Lifestyle Risk Factor Management into Community Health Service Provision**

**Rachel Laws on behalf of the Community Health  
SNAP Project Team**

Funded by the  
NSW Department of Health



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



# Background

- Lifestyle risk factors main preventable risk factors for chronic disease
- Research evidence, guidelines and policy support PHC as suitable setting to address lifestyle risk factors
- BUT lack of translation research – how to integrate risk factor management into routine service provision



## Community Health Risk Factor Management Research Project

- Feasibility study to develop and test models of risk factor management in community health services (CHS)
- **Aim:** To increase capacity of CHS to address **SNAP** risk factors as part of **routine work**
- Two AHS involved: SESIAHS and HNEAHS
- Funded by NSW Health, managed by CPHCE, UNSW



# Setting

- Collaborative study with 2 Area Health Services and 3 community health teams in NSW
- **Team 1:** generalist community nursing team in metropolitan area (n=35)
- **Team 2:** multi-disciplinary community health team in a rural area (n=15)
- **Team 3:** primary health care team servicing rural and remote communities (n=10)

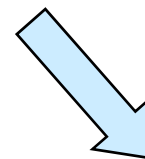
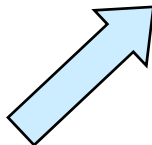


# Project Overview

**Lessons for  
dissemination**

**Needs Assessment**

Planning/ diagnosing



**Evaluation / Reflection**

Appropriateness of models

Factors influencing  
implementation & sustainability

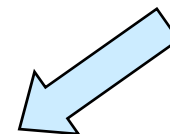
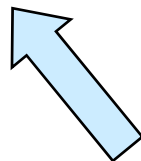
Change in practice

**Model  
Development**

Action planning

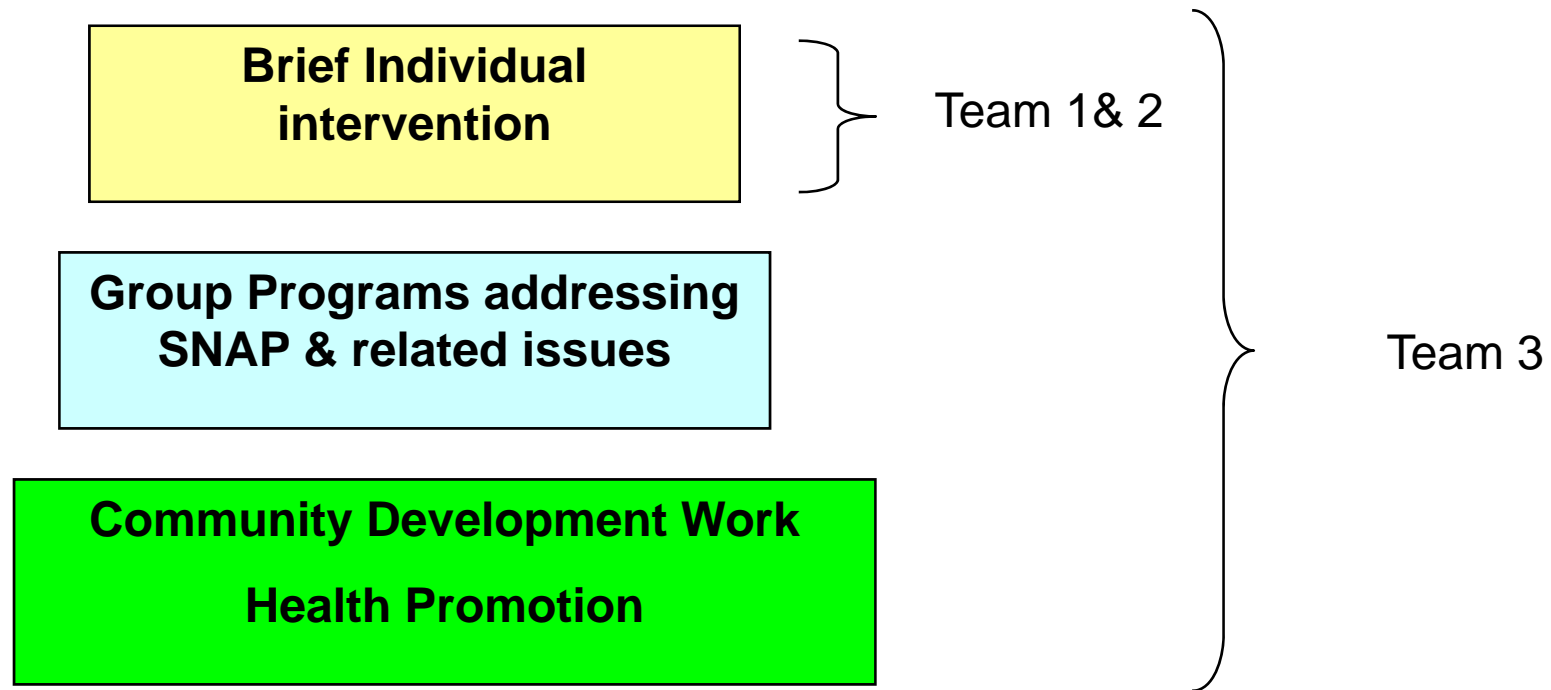
**Implementation of  
models**

Action Taking





# Risk Factor Management Models- Types of Intervention





# Models of Brief Individual Intervention

## Planned and comprehensive

- Screen for all risk factors systematically with all clients (nurses, dietitian and OT)

## Planned and selective

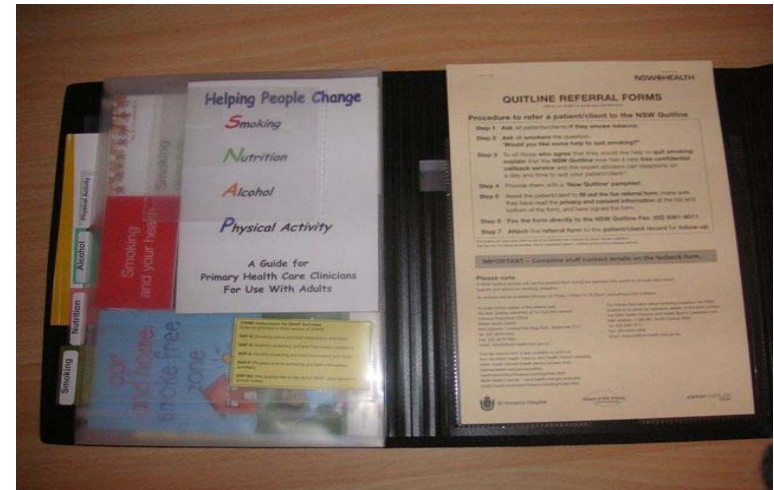
- Screen for some risk factors systematically with certain clients (speech pathologist)

## Opportunistic

- Opportunistic intervention where applicable (psychologist, social worker, counsellor)



# Support Systems



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# Evaluation Methods – Staff Interviews

- Interviews conducted with purposeful sample of staff (n=30) following a 6 month implementation period
- Aimed to explore appropriateness of models (feasibility and acceptability)
- Interviews transcribed and analysed thematically.



# Appropriateness of Models

## Group and Community Approaches

- Only appropriate for 1 of the 3 teams

## Individual Intervention -Planned and comprehensive

- ✓ Appropriate community nursing staff
- ✗ Less appropriate for allied health

## Individual Intervention - Planned and selective

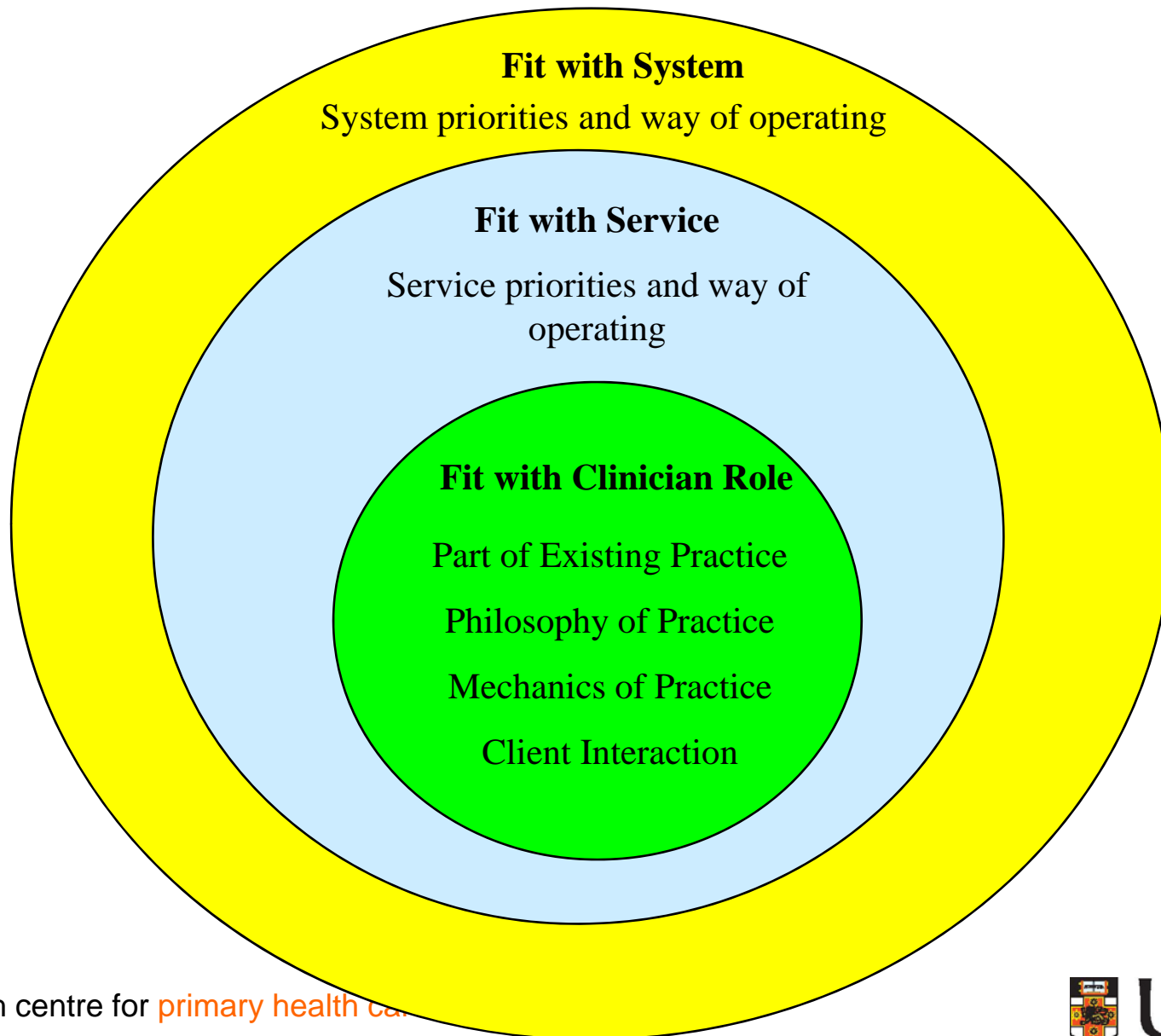
- ✓ Appropriate for allied health

## Individual Intervention - Opportunistic

- Unable to be assessed by clinicians



# What Makes Models Fit?





# Conclusion

- Models of lifestyle counselling need to be tailored to team/discipline way of working
- Fit with service and system priorities and ways of operating is important in influencing the sustainability of the models.

# Acknowledgement

- NSW Health & Participating Area Health Services

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