

# 2022 Research Priorities Webinar: Research Priorities for Central and Eastern Sydney

**Landscape and Partner Priorities Session: primary health care and integration priorities and current issues:**

- **Dr Brendan Goodger**, General Manager Primary Care Improvement (CESPHN)
- **Dr Marianne Gale**, Director, Population and Community Health (SESLHD)
- **Ms Lou-Anne Blunden**, Executive Director, Clinical Services Integration & Pop Health (SLHD)

# Central and Eastern Sydney Primary Health Network

Dr Brendan Goodger - General Manager Primary Care Improvement from CESPHN

CESPHN :

- Commissions services to meet population health needs and reduce barriers to access for communities with the highest needs.
- Works to improve primary health care such as general practice and allied health, including practice management support and continuing professional development.
- Provides a range of programs focused on delivering integrated care with our local health districts.

Priorities identified:

- Aged care and primary care
- Workforce substitution/enhancement
- Chronic disease management
- Drug and alcohol
- How it intercepts with other professions
- Health economics
- Upskill PHC professions in research
- Evaluation
- Welfare



Link to CESPHN website: <https://cesphn.org.au/>

# SESLHD Population Health Research Priorities

Dr Marianne Gale

Director, Population and Community Health, SESLHD

# Exceptional Care, Healthier Lives

- Reducing inequity
  - How can we innovate to achieve this
  - Closing the Gap in Aboriginal health outcomes
  - CALD populations
- Communicating for behaviour change and prevention action
- Increasing health literacy
- Addressing gaps across the lifespan – the early years, youth, healthy ageing
- ‘Smoking is the new smoking’ ; ‘alcohol is the new alcohol’
- Diabetes and cardiovascular disease prevention and management
- Navigation and coordination of community care

# Sydney Local Health District Landscape and Priorities

## Research Priorities Forum 2022

Presented by Lou-Anne Blunden

Executive Director, Clinical Services Integration and Population Health  
Sydney Local Health District

# SLHD Integrated and Collaborative Care Programs

Living Well,  
Living Longer

Healthy Homes &  
Neighbourhoods

Xtend Program

Better Pathways to Housing  
Healthy Strong communities

Healthy Families, Healthy  
Children

RPA Virtual Care  
& Telehealth

Carers Program

Residential Aged Care  
Outreach

Place-based  
(e.g. Waterloo, Health One  
Green Square)

Integration and Partnerships  
(with Lisa Parcsi)

Homelessness & Rough  
Sleepers

Aboriginal Cultural Support  
Team

Partnership with IFIC  
Australia –CREHSCI

Health Pathways

Specialised roles  
(LGBTIQ+ and Men's Health,  
Community Health Navigators)



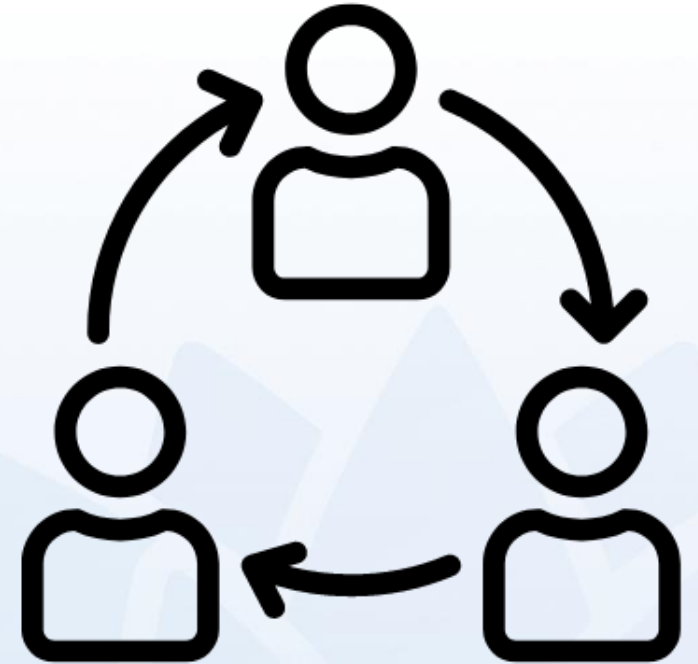
# Key activities CES-P&CH could inform

- Carer Navigation Model
- Carer Health and Thoughts (CHAT) Registry
- Consumer partnerships in research
- Research to support patient experience
- Integration between oral health and general medical care
- Thinking Beyond Dental – links with other (including non health) services, Domestic Violence Routine Screening.
- Planned Care for Better Health team: created from existing chronic care teams and Short term Aged Care response teams.
- Post hospital follow up for complex discharges: currently trialling recruitment and process of intervention.



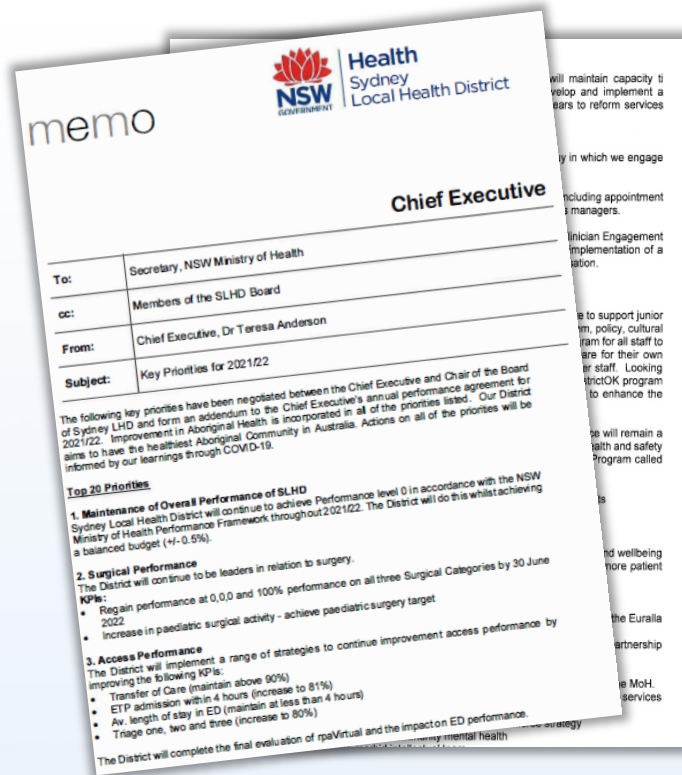
# Potential collaborators

- The Carers Program
- Community and consumer participation
- Community health
- Sydney Dental Hospital and Oral Health Services
- RPA Virtual
- Health Pathways
- PHRAME (Public Health Research Analytics and Methods for Evidence)
- Mental Health Services
- Drug Health Services





# SLHD Priorities



- Chief Executive 20 Priorities (including vulnerable communities)
- Diversity and Equitable provision of services
- Public Housing
- Socio-economic and digital literacy
- Readmissions < 28 days
- Patient and family centered care
- Strengthening and valuing our workforce
- Holistic and integrated service delivery models for vulnerable or at risk population groups (including linkages between health and non-health services)
- Integrated care pathways
- Use of digital technology, artificial intelligence, remote monitoring and telehealth to increase the reach of health care services (including preventive and specialist services)
- Client and patient enablement approach (post intervention)

# Potential research areas

## Larger systemic scale

- How patient and family centred healthcare can support health equity, engagement and help communities flourish
- How we support global community health; role of health prevention and promotion in supporting human development
- Community wellbeing post crisis; the role of healthcare in supporting community resilience and growth following COVID-19
- How can we improve holistic/integrated services delivery models for vulnerable or at risk populations



# Potential research areas

## Smaller scale

- Carers: Carer recognition and inclusion, and addressing carer self neglect
- Older women: relationship between different dimensions of vulnerability (e.g. economic, housing, isolation, AOD, etc.) and health outcomes
- Why some GPs refer more than others. (eReferral where some GPs and practices are referring at almost four times the rate of other practices within SLHD).
- What can we learn from linked data?
- Changes in the Oral Health (OH) need trends, pain measures and tooth loss.
- Oral Health Pathways evaluation – e.g. for Aboriginal pregnant women seen at RPA Aboriginal midwifery unit. Evaluate the scope and reach of telehealth among priority population groups receiving oral health treatment
- Development of value-based measures in Oral Health (like PREMs and PROMs - especially for priority population groups)
- Identify differences in outcomes for those receiving telehealth services vs face-to-face services.

# Population groups – for potential focus areas

- Vulnerable Populations
- Older women (dimensions of vulnerability)
- Carers: ‘Sandwich’ carers, co-dependent caring relationships
- Digital disadvantaged
- Health of people who experience socioeconomic disadvantage
- Culturally and linguistically diverse community
- Older people (Residential Aged Care, dementia)
- People with multiple co-morbidities such as heart disease, diabetes
- People living in social housing, precarious living.
- Intersectional marginalisation
- Mental Health and Chronic and Complex care,
- Psychosocial factors influencing health

