

### **3.5 Older Wiser Lifestyles (OWL): The First Australian Older-Adult Specific Early Intervention Addressing 'At-Risk' Drinking**

**Presenter:** Stephen Bright, Peninsula Health – Community Health, VIC

**Introduction:** Early intervention programs for older adults are less sexy than programs for younger population; yet, older adults experience significant identity and role transitions. A third of all older adults with alcohol-related problems develop these later in life. This presentation will describe the development of an Australian early intervention protocol that aims to engage older adults identified as being 'at-risk' of experiencing alcohol-related harm.

**Methods:** Engaging 'at-risk' drinkers is inherently difficult since they are essentially a hidden population who do not overtly demonstrate any indications of alcohol-related problems. Through partnering with organisations whose service providers have direct contact with older adults, screening has been conducted using an older-adult specific tool that we have developed. Individuals who screen positive are referred to our program for a more comprehensive assessment using the Alcohol-Related Problems Survey (ARPS). Developed at UCLA, this computerised tool assesses the risk of individuals experiencing alcohol-related harm using 176 algorithms that consider their medical history, prescription and over-the-counter medication use, and activities of daily living. It is the first time it has been used in Australia.

The actual intervention being delivered is age-specific, evidence-driven, and draws from yet extends protocols developed in the US. Unlike the US protocols, our intervention incorporates individualised feedback and education, is stage-based, and has been manualised with modular treatment pathways.

**Results:** Three and six month follow up data evaluating the effectiveness of protocol will be presented.

**Conclusion:** An Australian treatment protocol for older adults has been successfully developed and disseminated.

---

### **3.6 Defining Health Through a Medical Lens to a Determinants Lens – Our Organisations Journey**

**Presenter:** Ruth Cuttler, Bellarine Community Health Service, VIC

**Co-Authors:** Anita Thomas, Bellarine Community Health Service, VIC, Karen Oliver, Bellarine Community Health Service, VIC, Louise Van Herwerden, Bellarine Community Health Service, VIC

Five years ago Bellarine Community Health Service was using resources to promote health through a medical lens – treating symptoms, and supporting individuals develop skills to manage chronic illness. We now focus Health Promotion (HP) investment on the social determinants of health and direct efforts towards a population approach with an explicit focus on addressing health inequities. This journey has required a major cultural and organisational shift, reflecting a major change management process.

This presentation will detail the strategies that have been implemented to strengthen and further develop organisational capacity for evidence based HP practice. The NSW Capacity Building Framework was used to frame this work.

#### **Organisational Development:**

- HP commitment organisations strategic plan
- HP Policy and Procedure developed
  - Roles, responsibilities, decision making
- Work plans with HP targets defined-embedding HP into practice
- Performance Appraisals
- Supervision and performance management system developed
- HP hours clearly defined and monitored
- HP strategic and operational plans developed

#### **Workforce Development:**

- HP in position descriptions
- Key Selection Criteria reflect HP
- Orientation process includes focus on HP
- Mentoring
- Short courses (SC)
  - 4-hour SC (mandatory) and 5-day SC

#### **Leadership:**

- Board of Management commitment
- Executive management team value HP
- Staff with expert knowledge
  - HP Mentor, HP co-ordinator, Community participation
- Nurturing leadership roles in staff

#### **Partnership:**

- Partnership development valued
- Outcome measures on formation of partnerships
- Academic partnership

#### **Resource allocation:**

- Explicit resource allocation to HP
- Re-allocation of budget towards HP

---

### **3.7 Factors Influencing the Health-Related Quality of Life of People With Chronic Hepatitis B and C**

**Presenter:** Yvonne Drazic, James Cook University, QLD

**Co-Author:** Marie Caltabiano, James Cook University, QLD

One goal of health promotion is improved health-related quality of life (HRQoL) which was found to be affected in people with chronic hepatitis C (CHC) but is not well documented in people with chronic hepatitis B (CHB). This study explored and compared the impact of the variables received information and care (RIC), illness perceptions (IP), and stigma on HRQoL in people with CHB and CHC, with the aim to inform future health promotion requirements (for secondary care) and identify aspects which may differ between the two groups.

Participants were recruited mainly online. Of 77 retained participants (median age=48yrs), 46 were female, 20 had CHB, 56 were Caucasian and only 3 were Indigenous Australians. A self-report questionnaire was constructed comprising demographic questions and four scales assessing RIC, IP, stigma, and HRQoL.

No significant differences between CHB and CHC participants were found in HRQoL or IP, but CHB participants scored lower on RIC. RIC and IP were predictive of HRQoL, explaining 57.7% of the variance. A significant difference was found in HRQoL scores between the low- and high-stigma groups, and people with CHC were more likely to be in the high-stigma group than people with CHB.

People with CHB and CHC appear to enjoy similar levels of HRQoL but differ in satisfaction with RIC. Stigma seems to be a particularly important differentiating factor which may require separate consideration in future health promotion efforts. However, a more structured recruitment process is recommended for future research in order to obtain a more representative sample.