



Australian Divisions of **General Practice**

Lifescrpts NEWSLETTER

**Issue: 8
September
2006**

Inside this issue:

Focus on:

*Division Case Study 1
2004-05 ASD Results 2*

Articles of Interest 3

Media 5

Useful resources 6

Diary Dates 6

Contact the Editor 7

Update from ADGP's Lifescrpts Coordinator

Did you know that the work you're all doing might have international significance? Lifescrpts has received quite a bit of international interest! A Health Promotion Service in Ireland is piloting a similar approach in the Irish health system after seeing the Lifescrpts resources, an organisation in Canada is interested in the motivational interviewing component of the initiative and ADGP as well as a number of other SBOs and Divisions were recently visited by a delegation from Korea. The Korean delegation is interested in using an approach similar to Lifescrpts in a national screening program. There has also been some interest in the initiative from an organisation in the United States who accessed the CD Rom.

It's with a mixture of sadness to be leaving my current position and excitement to be taking up a position overseas that I write this newsletter. I will be finishing up at ADGP on 29 September and would like to take this opportunity to thank the Network for your enthusiasm and creativity in implementing the Lifescrpts tools and resources. Working with you all has been a fantastic experience.

It's my great pleasure to announce that Aimee Black is joining ADGP in the Lifescrpts Coordinator position from 3 October. Aimee comes to the position with a wealth of experience in both the Network and in implementing Lifescrpts. Aimee has been working as a Health Promotion Officer at the Whitehorse Division of General Practice in Melbourne and worked at the General Practice Divisions Victoria on the early stages of the Victorian roll out of Lifescrpts. I'm sure you will extend a warm welcome to Aimee in the national Lifescrpts Coordinator role.

Megan Hansford
Lifescrpts Coordinator, ADGP

Focus on: Lifescrpts Divisional Case Studies

Promoting Lifescrpts through Practice Visits

To introduce the Lifescrpts resources and promote the role of practice nurses to GPs St George Division of General Practice undertook practice visits between December 2005 and February 2006. The practice visits reached 154 GPs, 10 practice nurses and 5 practice staff in 63 practices.

Visiting practices gave Division staff member Jenny Cooper the opportunity to conduct a comprehensive education session on the Lifescrpts resources demonstrating how the assessment and scripts can be used, discussing useful sections in the practice manual and showcasing the patient resources. These visits were used to promote the roles of practice staff in implementing Lifescrpts. Cross promoting the ADGP Practice Nurse Business Case studies provided an opportunity to focus on the role practice nurses can play in assisting patients to achieve healthy lifestyles and in using the Lifescrpts resources.

**The Lifescrpts
Newsletter is
published by:**

Australian Divisions of
General Practice Ltd,
PO Box 4308
Manuka ACT 2603

Phone: 02 6228
0800

Fax: 02 6228 0899

adgpreception@adgp.com.au



Lifescrpts

Advice for Healthy Living

The case study identifies some of the responses to the Lifescrpts resources, factors that 'sold' the resources to practices and discusses barriers experienced as well. To download this case study log on to the ADGP Lifescrpts Resource Library (www.adgp.com.au) and change the category to Case Studies to find all available case studies.

Focus on: 2004-05 ASD Results

The Annual Survey of Divisions (2004-05) *Making the Connections*¹ has been released by the Primary Health Care Research & Information Service (PHCRIS). This report provides data on Divisional programs or activities during 2004-05 with trend data available and reported from 2002-03. The data shows a great deal of activity in the areas of health promotion, physical activity, alcohol & other drugs, nutrition and smoking. These are all areas that could potentially incorporate use of the Lifescrpts resources.

Figure one shows the proportion of Divisions that conducted prevention & early intervention activities in the areas of health promotion, physical activity, alcohol & other drugs, nutrition & smoking between 2002-03 and 2004-05. The figure demonstrates that health promotion and nutrition activities have been increasing in Divisions over the last three years. These activities provide a strong foundation which might offer opportunities for Lifescrpts to be promoted to practices and used as a supporting tool for these programs.

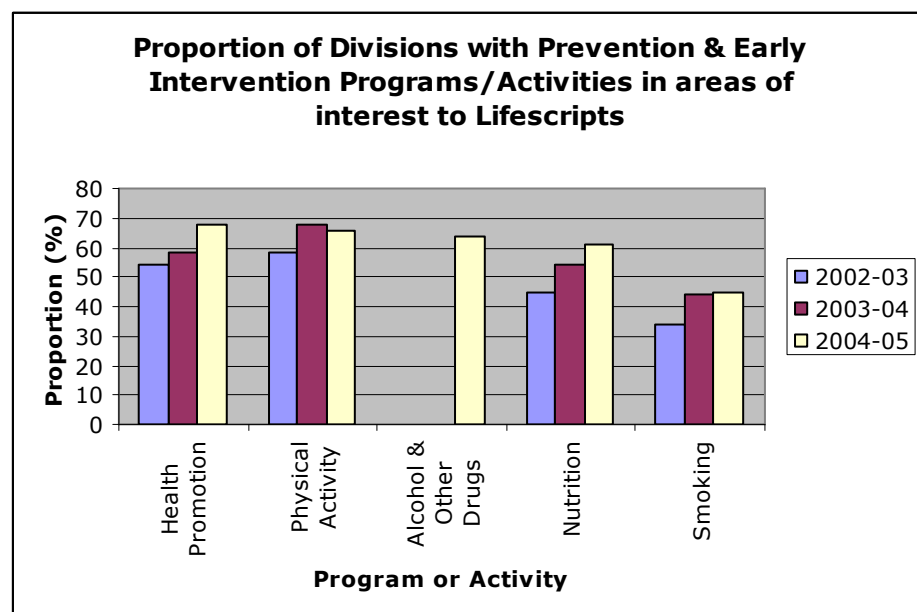


Figure one: amended from PHCRIS *Making the Connections* report on the 2004-05 Annual Survey of Divisions

¹ Hordacre, AL., Keane, M., Kalucy, E., Moretti, C. (2006). *Making the connections. Report of the 2004-2005 Annual Survey of Divisions of General Practice*. Adelaide: Primary Health Care Research & Information Service, Department of General Practice, Flinders University, and Australian Government Department of Health and Ageing.

Making the Connections also provides data on the approaches used in these prevention and early intervention programs/activities. Table one shows the proportion of Divisions who use a range of approaches to implement these prevention programs. Collaboration and GP education were the two most popular approaches used by most Divisions, recall systems and patient services were the least common approaches.

Program/ Activity	Number of Divisions	% of Divisions that used specific approach						
		GP Education	Practice Support	Recall System	Patient Services	Community Awareness	Collaboration	Other
Health Promotion	81	63	54	10	20	74	69	1
Physical Activity	78	68	49	12	36	58	76	0
Alcohol & Other Drugs	76	84	38	7	25	50	75	0
Nutrition	72	63	42	13	44	58	67	4
Smoking	54	72	43	13	26	52	67	4

Table one: amended from PHCRIS *Making the Connections* report on the 2004-05 Annual Survey of Divisions

Articles of Interest

Tobacco Smoking in Australia: A Snapshot 2004-05

Australian Bureau of Statistics 4831.0.55.001

This article uses data from a range of sources including the 2004-05 ABS National Health Survey (NHS), previous National Health Surveys, the 2004-05 National Aboriginal and Torres Strait Islander Health Survey and the 2004 National Drug Strategy Household Survey (AIHW 2005). The snapshot discusses smoking patterns, age & sex, underage smoking, passive smoking, mortality, Indigenous Australians, risk factors, socio-economic status, geographical areas, country of birth, health status and health system costs.

Some key results include:

- In 2004-05, 23% of adults were current smokers, about 3.5 million persons
- The highest rates of smoking for men were reported in the 18-24 years age group (34%) and for women in the 25-34 years age group (27%)
- People who start smoking when they are young are more likely to smoke heavily, to become more dependent on nicotine and to be at increased risk of smoking-related illness or death (McDermott, Russell and Dobson 2002) According to the 2004 National Drug Strategy Household Survey, males had their first cigarette at age 15.2 years on average and females at 16.5 years (of Australians aged 14 years and older who had ever smoked) (AIHW 2005).
- More than a third (37%) of children aged 0-14 years live in households with one or more regular smokers, while 10% of children 0-14 years live in households where there is at least one regular smoker who smokes indoors
- 15% of all deaths (approximately 19,000 deaths) were due to tobacco smoking in 1998
- Smoking was more prevalent among Indigenous than non-Indigenous adults in every age group. After adjusting for age differences, Indigenous adults were still more than twice as likely to be current daily smokers

- Adult smokers had generally higher levels of risky/high risk alcohol consumption, lower daily fruit and vegetable intake and lower levels of exercise, than ex-smokers and those who reported never smoking
- 33% of men and 28% of women in the most disadvantaged areas reported being daily smokers, compared to 16% of men and 11% of women in the most advantaged areas
- 33% of adults in Remote Australia reported being current smokers in comparison to 22% in Major Cities, 26% in Inner Regional and 28% in Outer Regional Australia
- Those born in Oceania and Antarctica (mainly Australia and New Zealand), Southern and Eastern Europe, and North West Europe were the most likely to report current smoking (24%, 23% and 22% respectively)
- Only 45% of current smokers reported very good or excellent health, compared to 57% of ex-smokers and 60% of those who reported never smoking
- Savings associated with avoided deaths and related declines in illness and disability due to reduced tobacco use in Australia over the last 30 years are estimated to be approximately \$8.6 billion (Ministerial Council on Drug Strategy 2004)

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4831.0.55.001?OpenDocument>

The unstoppable Australian obesity and diabetes juggernaut. What should politicians do?

MJA 2006; 185 (4): 187-188

In an editorial Paul Zimmet and Philip James recommend the following regulatory measures needed to prevent diabetes (ie obesity and diabetes) in Australia

- Ban all marketing of food to children, including television advertisements.
- Establish strict food and physical activity requirements for schools.
- Remove junk foods and drinks from all publicly funded premises.
- Require "traffic light" food labelling (based on nutritional profiling) on all foods, drinks and meals, wherever sold.
- Adjust fiscal policies to progressively change the relative prices of foods and drinks high in fat or sugar in favour of vegetables and fruit.
- Specify urban environmental requirements favouring pedestrians and cyclists.

http://www.mja.com.au/public/issues/185_04_210806/zim10521_fm.html

Obesity before middle age is associated with an increase in the number of years lived with cardiovascular disease

M. Carolina Pardo Silva, Chris De Laet, Wilma J. Nusselder, Abdulah A. Mamun and Anna Peeters

Obesity 14:1264-1273, July 2006

The objective of this study from the Netherlands and Australia was to determine the differences in number of years lived free of cardiovascular disease (CVD) and number of years lived with CVD between men and women who were obese, pre-obese, or normal weight at 45 years of age. The researchers constructed multi-state life tables for CVD, myocardial infarction, and stroke, using data from 2551 enrollees (1130 men) in the Framingham Heart Study who were 45 years of age.

They found that obesity and pre-obesity were associated with a fewer number of years free of CVD, myocardial infarction, and stroke and an increase in the number of years lived with these diseases. 45 year-old obese men with no CVD survived 6 years fewer than their normal weight counterparts, whereas, for women, the difference between obese and normal weight subjects was 8.4 years.

Obese men and women lived with CVD 2.7 and 1.4 years longer, respectively, than normal weight individuals.

The researchers concluded: "In addition to reducing life expectancy, obesity before middle age is associated with a reduction in the number of years lived free of CVD and an increase in the number of years lived with CVD. Such information is paramount for preventive and therapeutic decision-making by individuals and practitioners alike."

Consultations in general practice and at an Aboriginal community controlled health service: do they differ?

Aboriginal community controlled health services provide care to a significant number of Indigenous Australians in rural and remote communities. This article provides helpful data on the consultation profile of these practices.

<http://rrh.deakin.edu.au/articles/showarticlenew.asp?ArticleID=560>

Media

Choice magazine review of muesli & cereal bars

Choice Magazine conducted a review of muesli & cereal bars finding that they are often loaded with sugar and saturated fat.

Choice looked at five criteria – energy, whole grains, saturated fat, sugars and dietary fibre. They found that most cereal bars, muesli bars and breakfast bars are more than 20% sugar, and some deliver more saturated fat than a packet of chips. A brief overview of the article is available online at the link below

<http://www.choice.com.au/viewArticle.aspx?id=105417&catId=100286&tid=100008&p=1&title=Cereal+bars>

To perform your best work harder not long

An article in the Herald Sun by Michelle Pountney on 21 September 2006 reports on the results of a study which compared two training regimes among 16 young men over two weeks. The newspaper article reporting the results of the study indicates that intense exercise in short bursts, as little as three minutes, separated by a few minutes of recovery during a training session of 20 minutes, can provide adequate exercise.

The reference for the research study is: Baar, Keith, 2006, *To perform your best work hard not long*, Journal of Physiology, 575 (3), pp 690.

Australians say exercise is the answer to childhood obesity: Crosby|Textor

A survey conducted by Australia's premier polling and strategic communications company, Crosby|Textor, has found that three out of four people believe exercise and an active lifestyle are more important than limiting certain kinds of food or restricting so-called 'junk food' advertising.

http://www.crosbytextor.com/Docs/ObesityCrosbyTextor31_8_06.pdf

Useful resources



Walk to Work Day

See the Pedestrian Council's Walk to Work Day website for tips for healthy breakfasts and fact sheets on the health benefits of walking.

<http://www.walk.com.au>

Eating Out with the Heart Foundation Tick

With the demands of today's busy lifestyle, it's no wonder that people don't always have time to prepare meals at home. Australians are eating out more than ever before so it's vital that real healthier choices are available and easy to spot. That's why the National Heart Foundation (NHF) has introduced the Tick into meals eaten out of the home.

Meals with the Heart Foundation Tick are healthier choices because they meet NHF's strict standards for saturated fat, trans fat, salt, vegetable or fibre content and size of meal. That's guaranteed because they have been independently tested – no exceptions!

For more information on this program visit: <http://www.heartfoundation.com.au>

Diary dates

October 2006

- 6 Walk to Work Day <http://www.walk.com.au>
- 13 Finding the Evidence, workshop at University of Queensland
Convincing health communication is founded on a thorough understanding of health literature. This 1-day workshop is aimed at health care professionals with an interest in developing literature searching skills - from developing the research question to effective use of electronic resources and critical appraisal of evidence, this workshop provides a comprehensive overview of a range of core research activities.
Contact Rachael Davidson 07 3365 5144, r.davidson@uq.edu.au
- 13 – 15 3rd International Conference on Healthy Ageing & Longevity
Melbourne Convention Centre
<http://www.longevity-international.com/>
- 15 – 21 Nutrition Week - Falling in Love with Food- value yourself and your health
<http://www.nutritionaustralia.org/nutritionweek06/#>

November 2006

- 1 Release of the around 45 year health check Medicare Item Number
- 5 – 8 Australian Professional Society on Alcohol and Other Drugs Conference 2006, Cairns Convention Centre, Qld
<http://www.apsadconference.com.au/>
- 15-18 The International Council on Women's Health Issues Congress 2006



Australian Divisions of General Practice

Lifescrpts NEWSLETTER

Sofitel Wentworth, 61-101 Phillip Street, Sydney
<http://www.icowhi2006.com>

25 Population Health Forum
Gold Coast Convention and Exhibition Centre
Broadbeach, Queensland

25-28 Australian General Practice Network Forum
Gold Coast Convention and Exhibition Centre
Broadbeach, Queensland

December 2007

1 World AIDS Day
<http://www.worldaidscampaign.info/index.php/wac/wac>

May 2007

1 – 4 Grass Roots to Global Action Health Promotion in Challenging
Environments
17th National Conference – Australian Health Promotion Association
Adelaide Convention Centre
Abstract Submission details on website (closes 5pm Monday 16th
October 2006)
<http://www.sapmea.asn.au/conventions/ahpa2007/index.html>

Contact the editor

To subscribe or unsubscribe to the Lifescrpts Newsletter or to submit an article please contact Megan Hansford at mhansford@adgp.com.au or Aimee Black on ablack@adgp.com.au or by telephone on: (02) 6228 0829.

Information in this newsletter is for the use and benefit of all members of SBOs and Divisions, so please pass it on, and recycle the whole, or parts, of this publication to your members with due acknowledgement to ADGP.



Lifescrpts

Advice for Healthy Living