



Prevention of Chronic Diseases Forum Program



Friday 23 March 2018
AMREP Lecture Theatre,
The Alfred Hospital, Melbourne

Australian Disease Management Association (ADMA)
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0845-0930 Registration	
0900-0925	<p>Tai Chi and Qigong Hands on Practice Session</p> <p>Wilfred Kwok, Physiotherapist; Master Trainer with Chronic Disease Self-Management Program, Stanford University and Dr Paul Lam's Tai Chi for Health Programs</p>
0930-0935	<p>Welcome</p> <p>Prof Maximilian de Courten, co-Chair ADMA; Professor and Director of the Centre for Chronic Disease Prevention and Management (CCDPM)</p>
	<p>Chair: Assoc Prof Justine Waters, Associate Professor of Industry, Australian Centre for Public and Population Health Research (ACPPHR), University of Technology Sydney</p>
0935-1000	<p>Victorian Health and Wellbeing Priorities from the Perspective of Local Government and Communities</p> <div style="display: flex; align-items: flex-start;">  <div> <p>Anthony Alindogan, Program Evaluation Specialist, LaTrobe Community Health Service, VIC</p> <p>Improving the health and wellbeing of the community is a complex undertaking that requires both collective and systematic approaches. For health and wellbeing initiatives to be successful, they need to get community buy-in and support. This can't be done if current health and wellbeing priorities are not reflective of what the population values as important. Local governments conduct intensive community consultations to determine their people's health and wellbeing needs. Collectively, these priorities are diverse. Metropolitan and regional local governments and those of different socioeconomic status may have distinct concerns. This presentation will talk about the similarities and differences between health and wellbeing priorities of local government and communities in Victoria. It will also compare these priorities to those identified in the Victorian Public Health and Wellbeing Plan. Lastly, the presentation will explore some ideas that can improve public health planning and address current gaps in it.</p> </div> </div>
1000-1025	<p>Digital public health: Myth or reality?</p> <div style="display: flex; align-items: flex-start;">  <div> <p>Prof Brian Oldenburg, Chair of Non-Communicable Disease Control and Director of the Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne, VIC</p> <p>Rapid advances in new technology and the widespread use of smart devices and wearables are empowering people to manage their chronic conditions in new and exciting ways. Digital health programs can help educate, monitor, coach and provide peer support to people with chronic conditions in ways that have not been previously possible. The increasing use of program automation, artificial intelligence, machine learning, big data and real time blood glucose monitoring and other wearable devices will also fundamentally change the ways in which patients interact with their health professionals and with other people with similar conditions in the future. The presentation will discuss the existing evidence base, benefits and challenges of such approaches.</p> </div> </div>
1025-1050	<p>Promoting engagement of older people in community-based physical activity programs</p> <div style="display: flex; align-items: flex-start;">  <div> <p>Assoc Prof Ben Smith, Head, Behavioural Science and Prevention Unit, School of Public Health and Preventive Medicine, Monash University, VIC</p> <p>Regular physical activity (PA) is known to reduce chronic disease risk in older people, and to contribute to falls prevention, functional independence and psychological well-being. Organised PA conducted at community centres, gyms and leisure facilities provides opportunities for regular participation, as well as social support and community connectedness. The Victorian Active Ageing Partnership (VAAP) was established by the Victorian Government in 2015 to increase opportunities for organised PA by older people, especially those who are socio-economically disadvantaged and isolated. VAAP has undertaken a systematic review of evidence, together with interviews with 30 service providers</p> </div> </div>

	<p>and 5 focus groups with older people in current PA programs, to identify strategies that can promote attendance and ongoing adherence in organised PA. Over 40 critical program attributes and delivery methods were identified and classified under three headings, namely committed and equipped organisations, skilled and attentive leaders, and appropriate and rewarding activities. For socially disadvantaged older people it was found that barriers such as social anxiety and lack of confidence could be addressed by user-centered program design and appropriate messaging about activities. Supporting gentle entry to groups, and attending to ongoing inclusion and safety concerns were also found to be beneficial. Lifting engagement by older people in regular PA is a public health priority. This research has identified design and delivery considerations for organised PA programs to inform best-practice frameworks and industry capacity-building.</p>
1050-1100	<p>Question Time</p>
1100-1120	<p>Morning tea</p>
1120-1145	<p>Nutrition and Mental Health</p> <div data-bbox="336 723 552 981">  </div> <p>Dr Tetyana Rocks, Research Fellow, Food and Mood Centre, IMPACT SRC, Deakin University, VIC</p> <p>The growing evidence suggests a connection between everyday diet, brain function, and the risk of a range of mental disorders across the lifespan. Thus, nutrition may play a vital role in mental health. For example, nutritional exposure in maternal and early postnatal diet, as well as food habits in childhood are associated with behavioural and emotional problems in younger people. Dietary patterns in adulthood and later life show links with stress, anxiety and depression. One of the fascinating biological pathways that mediate these relationships is gut-brain axis, which is a bidirectional biochemical connection between the intestinal microbiota and the central nervous system. Diets based on nutrient- and fibre-rich foods are beneficial for gut health, while diets predominant in nutrient-poor foods, such as sugary, high-fat and processed foods, are detrimental for gut, and, consequently, mental health. Therefore, diet is one of the most important modifiable factors to be targeted in prevention and treatment of mental health disorders on individual and population level. The Food & Mood Centre, led by Deakin University, is committed to conducting high quality research in nutritional approaches to mental health. The centre's multidisciplinary team is focused on expanding research collaboration and partnership in developing an integrated approach to health care through both building and disseminating scientific knowledge. This presentation will review the current evidence on the associations between nutrition and mental health, potential mechanisms, and discuss the work conducted by the Food & Mood Centre in this area.</p>
1145-1210	<p>Biting off more than we can chew? The challenges of chronic disease to oral health</p> <div data-bbox="343 1518 542 1765">  </div> <p>Dr Matthew Lim, Director, Dental Services, The Alfred, Alfred Health, VIC</p> <p>Significant changes have occurred in the oral health profession in the last few decades with a growing shift towards aesthetic dentistry. But behind the glitzy images of the Hollywood smile is a simmering concern that patterns of dental disease are changing. In particular, increased longevity, chronic health problems, and the retention of teeth are presenting new challenges, many of which individual dentists and our dental system may be ill-equipped to manage. This presentation will talk to some of these challenges and the role all health professionals can play in ensuring appropriate and optimal oral health for our patients.</p>

1210-1235	<p>Prevention and Population Health Initiatives for Victoria</p>  <p>Dr Bruce Bolam, Chief Preventive Health Officer, Department of Health & Human Services, Victoria</p> <p>Dr Bolam will take you through the direction for preventive health in Victoria. Expect to gain a good understanding of practical prevention and population health interventions. He will provide an overview of good practice examples for place-based prevention and will update you on the implementation of Statewide services that support the great work in preventive health being achieved across Victoria.</p>
1235-1245	<p>Question time</p>
1245-1330	<p>Lunch</p>
	<p>Chair: Prof Maximilian de Courten, Professor and Director of the Centre for Chronic Disease Prevention and Management (CCDPM)</p>
1330-1355	<p>Dance Classes and Parkinson's Disease</p>  <p>Prof Meg Morris, Professor, Clinical and Rehabilitation Practice, School of Allied Health, Latrobe University, VIC</p> <p>Exercise, physical activity and dance can be beneficial for people with neurological conditions. As well as facilitating movement, well designed physical activity programs can enhance wellbeing and social connectedness when conducted in a group. Our research team has conducted several trials on dancing and various forms of exercise for people with Parkinson's disease, dementia and Huntington disease. This presentation presents the evidence arising from these trials, as well as a meta-analysis of music-cued exercises for people living with dementia.</p>
1355-1420	<p>Is music therapy for everybody?</p>  <p>Dr Emma O'Brien, OAM, Founder, Manager & Senior Clinician in Music Therapy, The Royal Melbourne Hospital, VIC</p> <p>19th century poet Henry Wadsworth Longfellow named music as "the universal language of mankind." Indeed music can transverse cultural boundaries and has common uses across cultures both emotional and physically - the lullaby that is sung to comfort a child and the rousing tune to motivate groups to act, to protest are universal. Tonalities differ across cultures and countries and the use of music in societies and by individuals can also differ greatly. In some cultures refusal to participate in community music gatherings is considered the height of antisocial behaviour, whereas other cultures exult excellence in music and therefore reduce access and participation in day to day life. Research into the positive impact that participating in music can have on restoring function, and overall health and wellbeing of the body and the mind is an ever growing field. So what is the best way to engage a person or community to use music therapeutically? This presentation will explore how music therapy is applied across different populations and reference Royal Melbourne Hospital music therapy clinical work with adults in cancer services, palliative care, neurosciences and rehabilitation. It will draw on our local research and also point to the emerging research on music and the brain and in particular music and neuroplasticity. Music Therapy at the Royal Melbourne Hospital; has been active for the past 20 years and has grown from a single part-time practitioner to a team of 5 clinical music therapists, 2 health musicians and over 30 live music volunteers. The program has thrived on the art of making music therapy accessible and relevant to our patients and their families during and beyond their treatment for acute and chronic illnesses.</p>

1420-1445	<p>Meditation is Medicine</p>  <p>Dr Daniel Lewis, Rheumatologist; Founder The Lewis Institute For Health and Wellbeing and Pathways to Wellbeing, VIC</p> <p>In this present age of digital domination, our lives are becoming ruled by “screens” and “likes”. Just simply observing pedestrians and commuters staring at their devices, will remind you just how much our lives have changed in 10 years. Our brains are now, more than ever before, distracted by the allure of mobile phones, tablets and computers, as we seek more stimulation, more connections, more text messages. These behaviours drive neuroplastic brain changes in unpredictable ways.</p> <p>Distraction is shortening the human attention span and valued life skills, such as focused attention, are diminished. No longer is there time for reflection. These behaviours generate stress and the stress carried by our patients and clients is often palpable and has well recognised wide-ranging adverse biopsychosocial impacts. Stress is the major driver of chronic diseases.</p> <p>Managing stress is the number 1 issue challenging those who have attended the Lewis Institute's meditation-training courses over the years. We call the course More Than Meditation because our approach to meditation (of which there are many different types used for different purposes) is to distil what is most useful and immediate for people to be able to reduce stress. In my work Meditation is Medicine, an essential prescription for therapists and their patients.</p>
1445-1455	<p>Question time</p>
1455-1515	<p>Afternoon Tea Break</p>
1515-1540	<p>Digital solutions to enhance self-management of cardiovascular disease: Towards a digital platform</p>  <p>Prof Ralph Maddison, Professor in Physical Activity and Disease Prevention, Deakin University, VIC</p> <p>Current delivery of cardiac rehabilitation, delivered mainly in fixed facilities does not meet the needs of the majority of Australians following a heart event. New approaches with low participant burden and cost are needed to deliver cardiac rehabilitation services in a way that meet people's needs and preferences. Digital technology has potential to meet these needs. Results from trials of different mobile phone interventions including SMS, web-based, and smartphone will be presented. These findings have guided the development of an innovative digital platform (called Salvio) that includes a suite of digital change programs from which patients can choose to support them to self-manage their heart disease. The preliminary development of Salvio, and future directions for research will be presented.</p>
1540-1600	<p>A Digital Tool for Perinatal Depression</p>  <p>Emma Green, Health Solutions Specialist, Mummatters, Health Content Solutions, Bupa Australia and New Zealand</p> <p>Introduction/background: In complex conditions that are best managed with the support of a healthcare team, technology that facilitates self-monitoring and help-seeking can help bridge gaps in interdisciplinary care.</p> <p>mummatters is a free online mobile health tool that enables women to self-assess for symptoms of depression or the presence of psychosocial risk factors, and supports them to seek help if needed. The tool targets women who are pregnant or have recently had a baby with the purpose of preventing or mitigating the impact of perinatal depression. mummatters also encourages women to create a tailored wellness plan and to regularly 'check-in' to monitor their emotional health. Summary reports can be generated directly from mummatters for women to share with their health care provider.</p> <p>With an estimated 1 in 8 women experiencing perinatal depression, mummatters meets a need for increased awareness and early intervention.</p> <p>Methods: An external evaluation is being conducted by the University of NSW. The mummatters evaluation will examine the impact of this online tool on women's health. Data will be collected from consenting women at 1-month, 3-months, and 6-months after completion of the mummatters self-assessment measures.</p> <p>Results: Data from the first 200 women enrolled in the evaluation will be presented.</p> <p>Preliminary results are:</p>

	<ul style="list-style-type: none"> • In the year since mummatters has been 'live', over 2,700 women have signed up. • 50% of users are antenatal and 50% are postnatal. • Over 50% of users either have symptoms or risk factors of depression. <p>Conclusions: New and expectant mums may be reluctant to disclose psychological distress, even to members of their healthcare team, because of concerns about being regarded as 'not coping'. mummatters is a valuable digital tool for women to get regular support for mental wellness throughout the perinatal period. It is promoting awareness and early intervention for women at risk or experiencing symptoms of depression during this life stage, through increasing help-seeking behaviour and facilitating communication with healthcare providers.</p>
1600-1620	<p>Mindstep- A Cognitive Behavioural Intervention for Depression</p>  <p>Prof Nancy Huang, Clinical Director, Remedy Healthcare</p> <p>Remedy launched MindStep in 2016 and has delivered this to >1000 people from across Australia.</p> <p>The case for integrating physical and mental health care is compelling. However, its translation into practice, both locally and internationally, is beset by health system siloes, service gaps, care coordination governance, agreement on what constitutes 'value' and cultural difference between professional groups (Naylor et al, 2016). This presentation will outline an innovative model of care that leverages existing chronic disease management (CDM) programs with co-location of a new low intensity cognitive behaviour therapy (CBT) intervention in the private sector to successfully integrate physical and mental health care. Outcome results and early re-hospitalisation data will be presented to inform further discussions.</p>
1620-1630	Question time
1630-1635	Close