

Annual Report



CHRONIC
DISEASES
NETWORK

2007

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Chronic Diseases Network Coordinator 2007

TABLE OF CONTENTS:

- Report Aim and Methodology** 3

- CDN Aim and Structure** 3-4

- CDN Activities 2007**
 - Staffing 6
 - Steering Committee 6
 - The Chronicle 9
 - CDN Conference 2007 12
 - CDN Membership 16
 - CDN Website 17
 - CDN Resources 18
 - Member Evaluation 19

- Report against Performance Indicators** 21

Report Aim and Methodology

This report summarises the activities, challenges and achievements of the NT Chronic Disease Network (CDN) from January to December 2007. It is aimed at providing an overview of the current state of the Network for the CDN Steering Committee, the CDN membership and interested stakeholders.

The report will provide an evaluation of CDN activities against the key aims of the Network: Communication, Collaboration, Coordination, and Collective memory, as outlined in the CDN Strategic Plan and the CDN coordinator work-plan for 2007.

The Chronic Diseases Network

Aims

The Chronic Diseases Network (CDN) was established in 1997 in response to the documented rising impact of chronic disease in the Northern Territory (NT) and the need to link stakeholders to improve communication and coordination of chronic disease programs and services.

The CDN has over 1000 members across the NT & Australia representing 90 government and non-government organisations. The CDN enjoys a high profile nationally as a highly successful model promoting the effective and efficient delivery of primary health care.

The primary aims of the CDN are to link stakeholders and promote:

- Communication,
- Collaboration,
- Coordination, and
- Collective memory in the area of common chronic diseases affecting the NT population, across the continuum of care.

The key Network products can be generally described as follows.

- The Chronicle - a bi-monthly bulletin that delivers timely updates and summaries on NT and interstate projects, innovations and related activities.
- Annual CDN Conference - a conference held in August of each year, for members to interact and exchange information.
- Website and Electronic Information – the CDN has a website with information about the Network and chronic disease and provides regular updates of information to members of the CDN via the electronic mailing list.
- Resources – the Network provides resources and information regarding chronic diseases in the NT, via the CDN website and upon request by members.

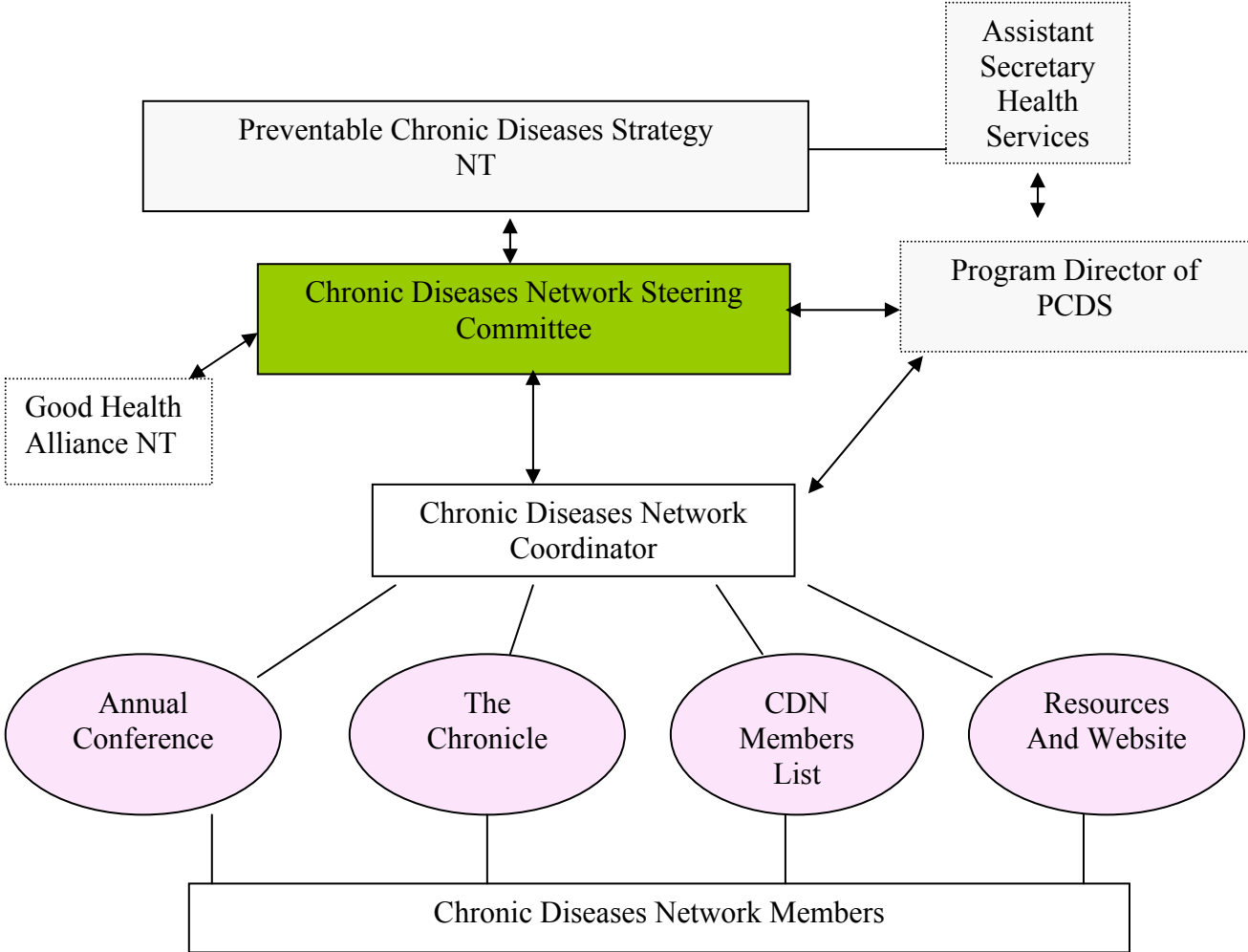
CDN Organisational Structure

The CDN is a consolidated group of people and organisations with an interest in reducing the rates of chronic diseases and their complications in the NT. The existence of the CDN is a crucial enabling factor for the ongoing implementation of the NT Preventable Chronic Diseases Strategy (PCDS). However the CDN is broader than the PCDS encompassing wider sectors and organisations.

The NT Department of Health and Community Services supports the CDN by funding the position of Chronic Diseases Network Coordinator. The Coordinator's primary objective is to actively engage members of the CDN to work collaboratively and play a key role in the implementation and further development of the PCDS. The CDN Coordinator is situated in the Preventable Chronic Diseases Team (PCD), and is responsible to the PCD Program Director and the Chronic Diseases Network Steering Committee (CDNSC).

The CDNSC is comprised of government and non-government representatives with major interests in the common chronic diseases affecting the NT population, across the continuum of care. The CDNSC provides guidance to the PCD Program Director and the CDN Coordinator as to the running of the CDN and future directions. The CDN Coordinator is line managed by the PCD Program Director and also informs the CDNSC of their activities.

Structure of the Chronic Diseases Network



Chronic Diseases Network Activities 2007

Staffing

The CDN Coordinator position was undertaken as a full time position from January – June 2007. However, the position reverted to part-time status due to unforeseen chronic health issues of the Coordinator. An additional staff member was employed on a full time basis for 4 weeks in July, and for 3 months from December 2007 to March 2008, to enable some work in areas of the position, which had not been maintained due to the limited hours of the CDN coordinator. This report includes information on the 2007 activities as well as a summary of progress over the first 3 months of 2008.

CDN Steering Committee

In 2007, the CDN Steering Committee (CDNSC) maintained an active involvement in overseeing the Network. Members of the CDNSC over this year included:

Heart Foundation NT	Greg Hallen
Healthy Living NT	Anne Kemp
Asthma NT	Jan Saunders
Cancer Council NT	Helen Smith
Arthritis & Osteoporosis NT	Louise Schnitzhofer
Aboriginal Medical Services Alliance NT	Rob Curry /Tanya Davies
Top End Division General Practice	Leonie Katekar / Kerry Copley
General Practice Primary Health Care NT	Fiona Hofmeyer/ Jill Naylor
DHCS Physical Activity & Nutrition Unit	Carrie Turner
Menzies School of Health Research	Robyn Williams
Central Australian Division Primary Health Care	Sue Korner
DHCS Preventable Chronic Disease Program	Christine Connors/Jenny Hains

The CDN SC had four regular committee meetings over 2007, and carried out the business of overseeing the main aims of the Network. Summaries of these achievements are included in the sections below.

Primary Prevention

An additional area of focus for the CDNSC has been the development of a more coordinated and proactive approach to primary prevention across the NT. The CDNSC undertook two extra meetings in 2007 /2008 to develop a strategic approach to this issue. Within the CDNSC discussions it was recognised that there had been limited capacity and resourcing of primary prevention and health promotion in the NT in the past. The PCD Strategy Evaluation 2007 showed that there was a need to strengthen the area of health promotion and to ensure better coordination across the NT. The CDN was identified as a useful vehicle for forwarding the primary prevention approach and supporting the development of a primary prevention implementation strategy for the whole of the NT. A number of strategies were identified and a broad plan of action agreed upon. This has resulted in a decision for the DHCS Preventable Chronic Disease program to look at employing a project officer with the aim of scoping the process of development via:

- Providing an overview of the current evidence base for effective health promotion /prevention work in the NT
- Researching the extent of this type of strategy development in other states in Australia
- Identifying a range of experts (both locally and interstate) who could contribute to leading this process
- Facilitating a number of public forums across the NT to bring together stakeholders from the areas of government, NGOs and consumers
- Explore strategies for on-going funding with both state and national programs

As part of this approach the CDNSC highlighted the need to work more closely with the Preventable Chronic Disease Clinical Reference Group (CRG). The CRG was formed in late 2007, in order to oversee the implementation of the NT PCD Strategy, and provide high-level advice to the Assistant Secretary Acute Care and the Assistant Secretary Health Services. It was identified that the CDNSC needed to work in partnership with the CRG in order to effectively support the further development of the PCD Strategy. The CDNSC Terms of Reference were amended to better reflect this role, (outlined in the table below). The role of the CDNSC includes a focus on the primary prevention approach, whilst the CRG will primarily focus on the clinical aspects of implementation of the PCDS. In March 2008, the CDNSC and CRG had their first joint meeting and it is expected that these meetings will be ongoing for 2008.

1. Aims of CDNSC
 To provide strategic advice and leadership to the PCD Program Director and the Chronic Diseases Network (CDN) Coordinator, regarding the running of the CDN and its future directions.
 To work in collaboration with the Preventable Chronic Disease Clinical Reference Group (CRG) in developing and overseeing the implementation of the Northern Territory Preventable Chronic Disease Strategic Plan.
2. Objectives
- 2.1 Provision of strategic advice through the PCD Program Director, including approval of strategic objectives and policies for the CDN and annual CDN work plans.
- 2.2 Governance, leadership and strategic direction for:
- Development and delivery of an annual chronic disease conference that is relevant to the needs of CDN members and supports the implementation of the PCDS.
 - Content and promotion of the Chronicle
 - Review and evaluation of CDN initiatives and operation
- 2.3 Provision of strategic advice through the PCD Program Director, regarding any issues that may impact on the effective implementation of the NT PCD Strategic Plan. This will include advice regarding:
- Priorities and timelines for achieving implementation;
 - Service development and workforce planning
 - Primary prevention and health promotion
 - Processes and strategies to maximise the potential integration of research (including research priorities), with a whole of Territory networked service perspective.
 - Strategies that will support a Territory wide approach to the management of provision of chronic disease services.

The Chronicle

The CDNASC Editorial Committee oversaw the production of The Chronicle. For 2007, members of the Editorial committee included:

- Christine Conners, DHCS PCD
- Jan Saunders, Asthma NT
- Pam Gollow, DHCS, Nutrition and PA
- Carrie Turner, DHCS, Nutrition and PA
- Gerard Wong HLNT

In 2007 a number of changes were made to the production of The Chronicle. Under direction from the CDNASC Communication Subcommittee (Robyn Williams and Greg Hallen), changes in layout, were undertaken to enable more visible recognition of the member organisations of the CDNASC. This included a list of the Steering Committee organisations names on the front page of The Chronicle and the addition of a regular page in each edition to include the logos of member organisations. This was seen as an important strategy to highlight the effective multi-stakeholder ownership and involvement that exists within the Network.

The Editorial Committee agreed to implement some further changes to the layout of The Chronicle by including some regular sections such as Men's Health, Acronyms, Resources and Conferences. It was also agreed to highlight a specific theme or focus for each edition and call for contributions from stakeholders relevant to the identified theme. Themes that were nominated for 2007:

- April – Nutrition and Physical Activity
- June – Diabetes / Renal
- August – Respiratory Health
- October – CDN conference
- December – Health Promotion

As a result of these changes a large number of contributions were received for each edition, which increased the average size of The Chronicle compared to previous years (see table below).

Analysis of Chronicle 2001 – 2007

YEAR	Number of Editions	Average Length
2001	8 editions	19 pages
2002	8 editions	19 pages
2003	7 editions	23 pages
2004	7 editions	23 pages
2005	4 editions	23 pages
2006	4 editions	23 pages
2007	5 editions	35 pages

The Chronicle Production Schedule

The performance indicators for the CDN positions indicate that 6 editions of The Chronicle should be produced annually in the months of:

- February
- April
- June
- August
- October
- December

In 2007, only 5 editions were produced due to factors affecting production in the early months of 2007. The months of January / February of each year, traditionally sees a decline in workplace activity in organisations across the NT due to the Christmas holiday period and the Wet Season. This makes it difficult to obtain contributions for The Chronicle from CDN stakeholders,

within the timeframes for production of a February edition. In 2008, this was again an issue for The Chronicle with the first edition being released in March 2008, one month late.

Recommendation:

It is recommended that in 2008, the Editorial Committee review the production schedule of the Chronicle to ascertain whether the number of editions should be reduced from 6 to 5 editions annually.

Design and Layout

In 2007, the editorial committee decided to utilise the DHCS Corporate Communications Division to provide graphic design and layout for The Chronicle content. The NT Government Printing Office undertook the printing of The Chronicle. There were some issues with this process, mainly to do with timeframes, which impacted on the late distribution of the Chronicle on at least three occasions in 2007. It appears that these problems were caused by a lack of resources within the Corporate Communications section. In previous years, the design and layout elements of The Chronicle were out-sourced to a private graphic designer, Sue Dibbs, who was able to provide more timely services.

Recommendation:

An agreement has been drawn up for 2008 (as happened in 2007) and it is recommended that this process be monitored for any issues this year. In the event that similar issues with the timeframes arise in 2008, it is recommended that a cost benefit analysis be undertaken to determine if the option of a private graphic designer may be suitable for 2008.

CDN Conference 2007

The CDN conference 2007 was held in Darwin at the Holiday Inn, on 30-31st August 2008. The conference theme was education and it was titled "Learning for Living", Chronic Disease Education for Communities, Clients and Health Professionals. The Conference was overseen through the Conference Organising Sub Committee which included:

- Christine Connors - Department of Health & Community Services
- Rachael McGuin / Marie Hodsdon – Chronic Disease Network Coordinator
- Brooke Kimberley – Top End Division of General Practice
- Jill Naylor - General Practice & Primary Health Care NT
- Robyn Williams – Menzies School of Health Research
- Sharon Manhire – Healthy Living NT
- Marg Hodgetts - Cancer Council NT

MC and Keynote Speakers

The Committee decided to engage the MC Jacko Angeles, who successfully facilitated the 2006 conference. The role of MC however incurred a substantial fee this year, as the MC was no longer a member of a CDN organisation as occurred in 2006 where his services were provided as an 'in kind' support. This was an unforeseen cost that impacted on the budget. The conference had nine keynote speakers presenting, 5 from the NT and 4 from interstate, including:

- Kendra Sundquist – The Cancer Council NSW
- Dr. Ashim Sinha – Cairns Base Hospital, QLD
- Associate Professor Moira Sim – Edith Cowan University, WA
- Dr. Christine Connors – Department of Health and Community Services, NT
- Rob Curry – Aboriginal Medical Services Alliance, NT
- Associate Professor John Coveney – Flinders University, SA
- Professor Sandra V Dunn – Charles Darwin University, NT
- John Paterson – Aboriginal Medical Services Alliance NT

- Greg Hallen – Heart Foundation NT

Delegates

In all, 195 delegates registered for the 2007 Conference. In comparison to previous years the 2006 conference attracted 240 delegates and 380 delegates registered for the 2005 conference. The smaller numbers resulted in a small loss of profit in the overall budget.

Registration by State

Australian Capital Territory	1%
New South Wales	1%
Northern Territory	79%
Queensland	8%
South Australia	4%
Victoria	5%
Western Australia	2%

The committee agreed to keep the cost of registration to a minimum. Funding was sought from the Department of Health and Ageing (OATSIH) to assist Aboriginal and Torres Strait Islanders who wished to attend the conference. Funding was provided to the amount of \$20, 000 (ex GST). Approved applicants were given financial support enabling them to claim registration, travel and accommodation fees; Eleven (11) delegates and 22 students benefited from the funding.

The feedback from delegates with regard to the conference content and presenters was positive overall. The feedback is detailed below.

Day's Attended:

<i>Thursday Only</i>	<i>Friday Only</i>	<i>Both Days</i>	<i>Unknown</i>
6%	6%	72%	16%

Q1. I have gained valuable learning and knowledge from the conference content:

No Answer	Not at all	A little	Satisfactorily	Well	Very Well
1%	1%	9%	18%	50%	21%

Q2. The conference content was presented in an easy and clear manner:

No Answer	Not at all	A little	Satisfactorily	Well	Very Well
0%	0%	1%	19%	49%	31%

Q3. I can apply the conference content to my work:

No Answer	Not at all	A little	Satisfactorily	Well	Very Well
0%	0%	18%	9%	42%	31%

Q4. I have gained new skills from the conference:

No Answer	Not at all	A little	Satisfactorily	Well	Very Well
0%	4%	22%	16%	45%	13%

Q5. I found the networking valuable:

No Answer	Not at all	A little	Satisfactorily	Well	Very Well
1%	0%	6%	18%	40%	35%

Sponsorship

The following organisations provided sponsorship for the 2007 conference:

Commonwealth Sponsorship (\$20, 000.00)*

- Federal Department of Health & Aging

Gold Sponsors (\$5000.00)

- Charles Darwin University
- Top End Division of General Practice

Name Badge Sponsor (\$1200.00)

- General Practice/Primary Health Care NT

Satchel Insert Sponsors (\$200.00)

- EdCaN - Peter MacCallum Cancer Centre
- Healthy Living NT

The total amount received in sponsorship was \$31, 600 (ex GST).

* The commonwealth sponsorship could only be used to fund travel, registration fees, meals and accommodation costs associated with Aboriginal or Torres Strait Islander delegates and speakers attending the conference.

Conference Budget

The 2007 CDN conference unfortunately ran at a loss of approximately \$4000.00. The CDN originally had a total of \$19079.00 Seed Funding for the conference and the final balance returned at the end of the conference was \$15100.39. A number of reasons were identified for the loss of profit including:

- Greater variable costs this year such as MC fees and venue fees,
- Less sponsorship income
- Delegate registrations were lower than expected – down by 50 compared to 2006 and down by almost 200 compared to 2005

Recommendation:

The 2008 CDN conference ensure that greater sponsorship income is sought; particularly to cover the additional costs of the conference being in Alice Springs, and to ensure that the conference makes a profit.

CDN Membership

Email List Members

Membership of the CDN is offered free of charge to organisations and individuals who have an interest in the area of Chronic Disease. CDN members join the Network by registering electronically via the membership subscription list, which is managed by the CDN coordinator and an externally provided list management service provided through the NT Government. Membership numbers of this list is fluid, with regular subscriptions for new members interested in joining the Network, as well as members who 'unsubscribe' from the Network list – mostly due to the fact that they have either left the NT or are no longer working in the area of Chronic Disease.

The table below provides an overview of the changes in membership of the CDN electronic mailing list for 2007. Overall, for the 12 months of 2007, the CDN membership has increased by 92 members showing a 10% increase in membership, bringing the membership number to a total of 1005.

MEMBERS	JAN-MAR	APR-JUNE	JUL-SEP	OCT-DEC
New members	25	51	92	34
Cancellations	27	14	3	3
Total	924 decrease of 2	961 increase of 37	985 increase of 26	1005 increase of 31

Membership Database

As well as monitoring member numbers through the email list above, the CDN utilises an Access database to record the details of individual members, for information purposes. Maintenance of this database has however been inconsistent over the last few years, resulting in the fact that the database is currently incomplete and out of date. In early 2008, some work has been done on updating the database and setting up a process to ensure that

efficient maintenance of the database occurs in the future. This includes negotiation with the DHCS Web Team, to set up an on-line membership application process, to be hosted on the CDN website, which will be linked to the membership database. This will enable an automatic updating of member details whenever a member joins or leaves the Network. It will also enable the Network to undertake improved analysis of the Network membership, in terms of reviewing the number and type of organisations, professions, and location of members involved with the Network.

Recommendation

Development of the on-line membership application process and the maintenance of the Membership database be continued in 2008.

CDN Website

The CDN website is currently hosted by the DHCS and provides a range of information including: information on past and current CDN conferences, past and current editions of The Chronicle, information on resources and an overview of the Network. In 2007 the CDNSC Communication sub committee identified some issues and areas of improvement for the CDN website as outlined below:

- The CDN link on DHCS website is difficult to find – need a clearer link from the homepage.
- CDN Web address is complex – needs simplification
- Useful resources and links are out of date
- Consumer groups are not represented
- There is no evidence of NGOs involvement as core partners in the CDN on the website - need to include steering committee members' names and logos on website

In early 2008, the NT Government DHCS has undertaken a process to update the Departmental Website, including the CDN webpage. The feedback

noted above has been forwarded to the DHCS Web team. The development process for the new website is currently being implemented and a trial version of the new CDN website is expected to be available in April 2008.

Recommendation:

The CDN Website development be continued in 2008.

CDN Resources

One of the main aims of the CDN is to maintain collective memory in the area of Chronic Diseases in the NT. This is undertaken via the maintenance of up to date information on resources and information. The CDN website includes a list of resources, however this list is out-dated. The CDN also undertook the development of a resource database: the Public Health Resources and Education Database (PHRED) in 2005. This was undertaken as a 6-month project from September 2004 – March 2005. It resulted in the development of a web-based directory ready for trialling, with 250 service providers across the NT identified, and 65 of these organisations having been interviewed and the data entered onto the directory. The directory was developed on stakeholder suggestions and trialled by a group representing all health sectors (government, non-government and community controlled organisations). A funding proposal was written and given to LGANT for further development and costing. Outstanding areas for follow up included: ongoing financial support for training, marketing, ongoing data collection and maintenance of the directory. There has been no progress in 2007 on the further development of PHRED due to the part time status of the CDN coordinator.

Recommendation:

Further work be undertaken in 2008 to review the existing resources and information available through the CDN website and the PHRED, to develop an effective system of maintaining collective memory in the area of Chronic Disease.

CDN Member Evaluation

In late 2007, it was identified that it would be useful to elicit feedback from CDN members to provide an evaluation of the CDN. The most recent evaluation of the CDN was undertaken in 2000, and included a process of interviews with CDN members as well as information analysis to determine the value of the Network. This evaluation provided much positive feedback and input into the direction of the Network over the last 7 years. In addition to the 2000 evaluation, the CDN has an annual evaluation mechanism attached to the CDN conference – whereby conference delegates provide feedback on the conference event and highlight improvements and future directions for the CDN conference. This is a valuable tool for obtaining feedback from members. Regular informal feedback is also provided via emails and verbal conversations between members and the CDN Coordinator – often providing positive commentary on The Chronicle.

In early 2008, a member survey tool was developed in order to obtain more formal feedback from CDN members as to the value of the Network. A trail version of the survey tool is included below. Negotiations have occurred with the DHCS Web team to enable the hosting of the survey tool on the new CDN website, aiming to be in action in April 2008. A process has been developed whereby the CDN Member Survey will be hosted on the CDN website for a period of one month. CDN members will then be encouraged to complete the survey on-line. Member feedback will automatically be collated in a database (with member confidentiality maintained), which will then be forwarded to the CDN Coordinator for final analysis, after the one month period. This process is anticipated to be implemented in April 2008, once the new CDN website is active.

Recommendation:

The process and results of the Member Survey be continued in 2008 and an Evaluation report be provided to the CDNSC and membership.

CDN Member Survey 2008

1. Where are you located?

- NT
- Interstate
- Urban /rural /remote

2. Do you work with a:

- Government health service
- Non government organisation
- Aboriginal Community Controlled Health Organisations or Aboriginal Medical Service
- Other - please identify

3. How do you rate the information and resources provided by the CDN through The Chronicle, the email list and the CDN website:

Scale: 1 Not at all 2 Sometimes 3 Undecided 4 Yes 5 Extremely

Please circle:

	CHRONICLE	EMAIL LIST UPDATES	CDN WEBSITE
Relevant	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Useful	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Easy to access	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

4. What is the most useful type of information and resources you receive through the CDN?

(Please rank in order of most useful 1 - to least useful 10):

- Research updates / recent studies
- Regional NT news in chronic disease
- Employment opportunities
- Indigenous health information
- New Chronic Disease resources
- Conference information
- Local 'people' stories
- National information
- NT government health services information
- Non-government organisations information

5. Is there any information or resources you would like to receive more of, or anything else that we do not provide that you think would be useful?

6. In relation to the CDN, what has worked well and what has not?

7. Has your membership of the Network improved your ability to collaborate across the Chronic Diseases sector? If so how??

8. Do you have any further suggestions as to how we can improve the Network?

REPORT ON PERFORMANCE INDICATORS FOR CDN 2007

	OBJECTIVE	STRATEGY	INDICATORS	OUTCOMES 2007
1.	<p>Communication: - Member needs regarding communication addressed</p>	<p>Provide secretariat support for the CDN Steering Committee</p> <p>Produce The Chronicle</p> <p>Increase membership of CDN</p> <p>Maintain links with regional centres</p>	<p>4 CDN meetings per year</p> <p>6 Editions of The Chronicle</p> <p>Increase membership (10-15%) as monitored by electronic membership list</p> <p>2 visits Alice Springs, 1 Nhulunbuy, 1 Katherine,</p> <p>Regular regional stories in Chronicle</p>	<p>5 Steering committee meetings held</p> <p>5 Chronicle editions produced</p> <p>Membership increased by 92 members over 12 months, which is a 10% increase and brings the members to a total of 1005.</p> <p>1 visit to Alice Springs. No other regional visits due to part-time status of CDN coordinator</p> <p>Regional stories included in each edition</p>
2.	<p>Collaboration /Coordination: - Increased awareness of services /resources</p> <p>- Wide range of Stakeholder involvement in CDN</p>	<p>Coordinate Annual CDN conference</p> <p>Provide information sessions re CDN to broad range of stakeholders</p>	<p>Evaluation of Conference – numbers of participants, satisfaction etc.</p> <p>10-15 information sessions with stakeholders</p> <p>Number of requests for resources and information</p>	<p>195 people attended the CDN in Darwin in August 2007. High levels of satisfaction.</p> <p>10 formal information sessions provided.</p> <p>Approximately 5 queries per month related to resources and information</p>

	<p>Collaboration /Coordination: contd</p> <p>- Wide range of Stakeholder involvement in CDN</p>	<p>CDN Steering committee to have wide range of stakeholder involvement</p> <p>CDN Conference to have wide range of stakeholder involvement</p>	<p>Number and type of representation on CDN steering Committee</p> <p>Number and type of representation at CDN conference</p>	<p>CDN steering committee has active representation from 12 organisations</p> <p>195 people attending 22% Aboriginal /Torres Strait Islander, NT and interstate representation</p>
3.	<p>Maintain Collective Memory</p>	<p>Share, disseminate and record innovative ideas and information re chronic disease</p> <p>Maintain a resource database</p>	<p>Conduct 5 -10 local interviews to include in The Chronicle</p> <p>Review content / quality of database</p>	<p>7 local interviews included in The Chronicle</p> <p>Not completed due to part time status of CDN coordinator</p>