



MONASH
University

MONASH
PRIMARY
AND ALLIED
HEALTH CARE

REHABILITATION, AGEING AND INDEPENDENT LIVING (RAIL) RESEARCH CENTRE

Member eBulletin #9

A message from the Director

Well, it is now just on 12 months since the RAIL Research Centre commenced operations at Monash University. It is timely to reflect back on the past 12 months, and to look forwards to the coming year.

We have brought together a small but strong and diverse team of researchers as the RAIL research team, in increments over the past 12 months, with myself and Cassie Stephens commencing in July, Libby Callaway and Tarsh Brusco commencing around October 2019, Christina Ekegren commencing in January, Natasha Layton in March, and Aislinn Lalor in May.

We have met or exceeded most of the traditional KPIs for a new Centre of this nature in its first year, including the following outcomes:

- Grants received – auspiced by Monash University with one or more RAIL staff as CIs – 7 grants, total income \$2,124,026; or auspiced through an external organisation 2 grants, total income \$425,178. We also have 8 further grant applications under review (that have a RAIL staff member as CI and auspiced through Monash) with a total funding request of \$5,540,810;
- 24 peer reviewed papers and 1 book chapter with a RAIL lead or co-author;
- 5 HDR students enrolled at Monash with one or more RAIL staff supervision (3 international and 2 domestic); and 1 Monash student completion (with RAIL staff supervision);
- 8 RAIL forums, often with 10-20 participants, but a recent forum with international speaker (Prof Derick Wade from the UK) attracted 81 participants;
- 110 researchers across Monash have joined the RAIL Members group, which provides regular communications regarding RAIL activities, and external events and information relevant to researchers involved in rehabilitation, ageing or independent living;

- 28 individuals or organisations external to Monash have joined the recently commenced Partners of RAIL (for communications with groups external to Monash University who collaborate or are interested in collaborating with RAIL researchers); and Friends of RAIL (consumers and general public with interests in supporting the work of RAIL) is commencing.

We have, like many, been moderately impacted in terms of our plans to build the profile of RAIL through traditional means particularly since the COVID-19 restrictions were implemented. This has resulted in postponement of a number of key strategic events including a planned launch with Minister Hunt, a 2 weeks community engagement program, with the latter showcasing a RAIL narrative portraits project being led by Gabby Brand from the School of Nursing and Midwifery, a full day forum, and community consultations. All of these will be undertaken later 2019 or early 2020, subject to circumstances at that time. Despite the delay in running these major exposure, profile and consultation events, the RAIL Research Centre has developed a strong presence in its first year of operations.

The year ahead will be a year of consolidation, with the aim of completing some of our early funded projects and disseminating outcomes, and working towards translation into practice. We have had excellent advice and guidance from an Internal Executive Committee, and are in the process of establishing an External Advisory Committee drawing on important stakeholder engagement and advice in informing and planning our future activities and outcomes.

I want to thank the RAIL team for their outstanding work over the past 12 months, and look forward to our second year of activity. And I look forward to our ongoing themed team zoom meetings that help strengthen the team bonds during the current challenging times – the most recent one had a “hat” theme.

A message from the Director
Professor Keith Hill



Member profile

Dr Debbie Pu

Debbie is a research fellow in the School of Allied and Primary Health Care. She is currently coordinating and managing a large-scale project examining a new approach to disinvestment of health interventions, with a nested application to falls prevention mobilisation alarms. She has a background in speech-language pathology, and has worked as a clinician in different settings across the private and public sectors.



Prior to joining Monash University, Debbie was a post-doctoral researcher in the Department of Surgery at the University of Hong Kong, where she oversaw a randomised controlled trial for swallowing prehabilitation in nasopharyngeal cancer patients. Debbie completed her doctoral training at the Swallowing Research Laboratory at the University of Hong Kong. Debbie's research took her to 50+ facilities with aged care provision in Hong Kong, where she saw the need for more focus on effective delivery of allied health in the ageing population. She has extensive experience in conducting instrumental assessment of the swallowing and vocal functions, including videofluoroscopic studies and endoscopies. Having recently joined Monash University, Debbie will be expanding her research scope to the wider topics of allied health and health implementation, while maintaining and seeking out collaborations for swallowing and voice projects.



Melbourne
Ageing Research
Collaboration

6th Annual MARC Symposium

From Cells to Society - The most recent trends in research in ageing

Wednesday 15th July 10am - 12pm & Friday 17th July 10am - 12pm
Venue: Zoom

The Melbourne Ageing Research Collaboration (MARC) invites you to our 2020 Annual Symposium. This year the symposium will address the continuum of research in ageing. We are pleased to present leading experts in four domains of research: biomedical, behavioural, environmental and social.

Due to current limitations on face to face events imposed by social distancing rules MARC is moving its Annual Symposium to 2 independent 2 hour sessions on separate days.

Wednesday 15th July

10:00 - 10:05 Welcome

- Debra O'Connor, MARC Director

10:05-10:55 A Geroscience Approach to Inform Clinical Practice

- Professor Andrea Maier

Professorial Fellow General Medicine & Aged Care, University of Melbourne

Professor of Ageing, Vrije Universiteit Amsterdam

10:55 - 11:45 TBC

11:45 - 12:00 Further Questions & Close

Friday 17th July

10:00 - 10:05 Welcome

- Debra O'Connor, MARC Director

10:05-10:55 Title: TBC

- Professor Kaarin Anstey

Scientia Professor and Director, UNSW Ageing Futures Institute

Senior Principal Research Scientist, NeuRA

10:55 - 11:45 Title: TBC

- Professor Briony Dow

Director of National Ageing Research Institute

Honorary Professor, School of Nursing & Midwifery, Deakin University

Honorary Professor, School of Population & Global Health, University of Melbourne

11:45 - 12:00 Further Questions & Close

This event is free for MARC Members and Students (note: Monash University is a MARC member).

Non-MARC Members:

1 session - \$60

2 sessions - \$100

Non-MARC Students:

1 sessions - \$30

2 sessions-\$50

To register: <https://nari.us20.list->

[manage.com/track/click?u=599b5b2278613e5efdc14fe14&id=82df0c2766&e=09925551f6](https://nari.us20.list-manage.com/track/click?u=599b5b2278613e5efdc14fe14&id=82df0c2766&e=09925551f6)

Grants available



**Australian Association of Gerontology -
research grant available:**

The AAG has two \$20,000 grants available to support early career researchers to improve their track record to lead to an ARC Grant or

Fellowship or comparable research funding.

These grants are aimed at supporting a discrete research effort that provides evidence and critical thinking that furthers the interests of vulnerable older people in advanced age (with a strong emphasis on psycho-social research and quality of life). The funding round will open on the 1st of June and close on the 27th of July. **For further details, see**

- <https://www.aag.asn.au/education/the-hal-kendig-research-development-program>

Grant success

External grants involving RAIL staff:

Associate Professor Pazit Levinger (National Ageing Research Institute, and RAIL adjunct), Keith Hill, and other NARI researchers (Frances Batchelor and Briony Dow) were successful in obtaining \$250,000 from the State Trustees Australia Foundation to further expand their research in the Seniors Exercise Park area. Title: The ENJOY MAP for HEALTH: Exercise interveNtion outdoor project in the cOmmunitYfor older people - More Active for HEALTHier communities.

Events

Member forums

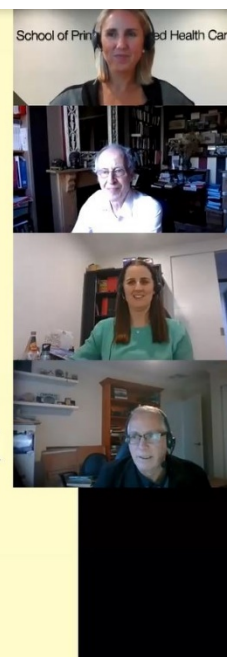
Rehabilitation: an evidence-based description

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cheduled for

The forum will feature **Associate Professor Rosalie Wang and Louise Puli** sharing their insights and expertise on ***Living well across the lifespan and across the globe: Perspectives from international rehabilitation and independent living practitioners.***

Objectives

- Understand cutting edge global habilitation and ageing initiatives, and their relevance to Australian practice
- Learn from the research and practice journeys of health practitioners working nationally and internationally

RSVP: [Online](#) by 27/07

SPEAKER 1 - International ageing: view from Canada

Rosalie Wang (A/Prof) is an occupational therapist and a researcher with Canada's Age Well network. The AGE-WELL Network is a pan-Canadian network of industry, non-profit organizations, government, care providers, end-users, and academic partners working together to drive innovation and create technologies and services that benefit older adult. The Network aims to strengthen Canada's international leadership in the design, development and commercialization of technology and our research will ultimately contribute new solutions for older adults through technological, policy, and social advances that will change current practice.

Rosalie will share her view from Canada about the power of research networks; the focus on end-users, and her national project on enhancing equitable access to assistive technologies <https://agewell-nih-appta.ca/2019/09/16/aging-disability-and-technology-access-with-dr-rosalie-wang/>



SPEAKER 2 - International NCD's: view from Australia

Louise Puli is a passionate Australian orthotist / prosthetist. She has experience working both in Australia and internationally in both resourced and less resourced settings. The World Health Organisation have a range of initiatives to address the increasing burden of non-communicable diseases globally. Louise will share her research and practice journey leading to her current work on a collaboration between the World Health Organisation's AT, Rehabilitation and NCD programmes aiming to integrate AT and rehabilitation into primary health care.



RAIL paper of the month

Global actions for equity of access to assistive technology

The World Health Organisation (WHO) identifies the severe global uneven distribution of resources, expertise and extensive unmet need for AT. Australia's peak body for assistive technology, ARATA, is leading the global application of systems thinking to address these challenges and leverage the ingenuity and expertise of AT stakeholders. Working with the WHO and with partners from Latin America, Southern Africa, the Pacific, Japan, Korea, Taiwan, Europe and North America, a new Global Alliance of Assistive Technology Organisations (GAATO) has been formed as a vehicle to facilitate global networking. Partners in this Global Alliance aim to advance the field of assistive technology by promoting shared research, policy advocacy, educating people and organisations within and outside the field, teaching, training and knowledge transfer. This open-access paper is a 'call to action', showcasing emerging AT networks as exemplars of a distributed, but integrated mechanism for addressing AT needs globally.

REFERENCE Layton, N., Bell, D., Buning, M. E., Chen, S.-C., Contepomi, S., Delgado Ramos, V., . . . de Witte, L. (2020). Opening the GATE: systems thinking from the global assistive technology alliance. *Disability and Rehabilitation: Assistive Technology*, 15(5), 484-490. doi:10.1080/17483107.2020.1738565

Issues papers

In May/June 2020, three new issues papers were posted by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, for public comment. These included a focus on employment, first nations people with disabilities and use of

restrictive practices. The Commission is seeking public responses to the issues papers by specified deadlines. These documents can be accessed in word, PDF and plain English versions via <https://disability.royalcommission.gov.au/policy-and-research/issues-papers>

Health Economics

The RAIL research team is presenting a 6 part mini-series on economic evaluations alongside Rehabilitation, Ageing and Independent Living (RAIL) research programs. This series will explore:

1. Economic evaluations: What are the different types?
2. **Determining the perspective of an economic evaluation**
3. Defining the units of health care and disability service utilisation, as well as defining the effect of the intervention
4. The impact of the time horizon and adjusting for risk in an economic evaluation
5. How to present results from an economic evaluation
6. How to use the results of an economic evaluation to inform health and disability service delivery and policy

Today we are reporting on Part 2: Determining the “perspective” of an economic evaluation

The “perspective” is the viewpoint of the economic evaluation for both costs and consequences, and it is the perspective which determines what costs are, and are not, included in the economic evaluation (Husereau, Drummond et al. 2013). While most perspectives have a general common understanding, they do not have a standard definition and therefore require the authors to describe the perspective in detail. It is also important to detail the justification for why the perspective was chosen.

Here are some of the most common economic perspectives:

- **Health service perspective** refers to a single health care organisation under a single governance structure, such as Peninsula Health. This perspective will generally include the direct medical costs, such as the intervention, staff costs and follow-up treatment. This perspective may also include some indirect costs such as health service capital costs, reception / administration costs, health service overheads and employee overheads.
 - Example from a paper: “The evaluation was completed from a health service perspective..... This study did not include the wider economic impact from a health system perspective during the rehabilitation inpatient admission, as

well as the impact on the community once the patient was discharged from rehabilitation, including return to work.” (Brusco, Watts et al. 2014)

- **Health system perspective** refers to multiple health care organisation and services which work together to provide integrated care across a community. Examples of this include combined cost data from a health services as well as multiple community health care services such as the GP, pharmaceuticals from the Chemist, RDNS / Bolton Clarke, as well as the local exercise physiologist. It would also include Victorian state-wide scaling projects. This perspective will include the same types of direct and indirect medical costs which were noted for the health service perspective.
 - Example from a paper: “The economic evaluation has taken a health system perspective inclusive of private costs. Out-of-pocket costs for access to medical, non-medical services and pharmaceuticals have been included in this analysis. Informal care was also included on the assumption that its availability meant that health system costs were reduced. For example, without the availability of informal care at discharge, length of stay may have increased, or patients may have been discharged with additional formal community-based health services. We do not consider this economic evaluation to be from a broader societal perspective as productivity changes have not been incorporated.” (Brusco, Watts et al. 2015)
- **Societal perspective** will often include the direct and indirect medical costs seen in a health system perspective, as well as broader costs to society such as patient productivity losses, carers costs and their productivity losses, as well as costs to other sectors such as education, criminal justice and housing. While the societal perspective is considered the gold standard in health economics, it is essential that the included costs are described in detail as variation exists from one definition of societal perspective, to the next. It is recommended that when reporting a societal perspective, the results from the health service / health system perspective, which is included in the societal perspective, are also reported separately.
 - Example: “This systematic review aimed to answer the following questions: for adults requiring rehabilitation, is there a cost difference from a societal perspective if the rehabilitation takes place in inpatient rehabilitation versus alternative settings? the societal perspective includes the same costs directly relating to the health service providing the care as well as costs external to the health care service. Societal costs may include the cost of formal and informal carers, loss of income, government-funded benefits, and home modifications required to return home. A sensitivity analysis was performed using a health care system economic perspective [across all included health services] with the inclusion of common costs to only the health care service for the period of admission to discharge from rehabilitation. These common costs included hospital staff costs, therapy

equipment costs, and other direct costs associated with the rehabilitation programs." (Brusco, Taylor et al. 2014)

Brusco, N. K., N. F. Taylor, J. J. Watts and N. Shields (2014). "Economic evaluation of adult rehabilitation: a systematic review and meta-analysis of randomized controlled trials in a variety of settings." Archives of physical medicine and rehabilitation **95**(1): 94-116. e114.

Brusco, N. K., J. J. Watts, N. Shields and N. F. Taylor (2014). "Are weekend inpatient rehabilitation services value for money? An economic evaluation alongside a randomized controlled trial with a 30 day follow up." BMC medicine **12**(1): 89.

Brusco, N. K., J. J. Watts, N. Shields and N. F. Taylor (2015). "Is cost effectiveness sustained after weekend inpatient rehabilitation? 12 month follow up from a randomized controlled trial." BMC health services research **15**(1): 165.

Husereau, D., M. Drummond, S. Petrou, C. Carswell, D. Moher, D. Greenberg, F. Augustovski, A. H. Briggs, J. Mauskopf and E. Loder (2013). "Consolidated health economic evaluation reporting standards (CHEERS)—explanation and elaboration: a report of the ISPOR health economic evaluation publication guidelines good reporting practices task force." Value in Health **16**(2): 231-250.

Upcoming conferences

Please note – we have checked as best as possible regarding updates on whether events in coming months are being cancelled or proceeding (as detailed below). Please check websites / conference organisers to confirm details of specific events.

- **(POSTPONED TO Tuesday 13 October – Wednesday 14 Oct 2020)** - ATSA independent living expo <http://atsaindependentlivingexpo.com.au> Free exhibition
- **(POSTPONED TO Monday 12 October - Tuesday 13 October)** Melbourne - Biennial Universal Design Conference <http://universaldesignaustralia.net.au/australian-ud-conference-ud2020/>
- **(POSTPONED – new date to be set)** Adelaide – The NHMRC National Institute for Dementia Research (NNIDR) Australian Dementia Forum. Theme: Innovation, Discovery and Translation. Abstract submission open until Feb 14. <https://nnidr.eventsair.com/adf2020/>
- **(UNDER REVIEW) July 12 - 15 2020.** Australian & New Zealand Association for Health Professional Educators (ANZAHPE) 2020 Conference, hosted in Melbourne, <https://www.anzahpe.org/2020-conference>
- Nov 17-20, 2020. Australian Association of Gerontology conference – Hobart. Theme: A climate for change in Ageing. <http://2020.aagconference.aag.asn.au/>

- **(POSTPONED TO Saturday 28 November - Monday 30 November 2021)** Australian and New Zealand Falls Prevention Society conference – Auckland, NZ. Theme: Live stronger for longer. Abstract submission opens Feb 27, abstract submissions close May 29. <http://anzfpconference2020.co.nz/>
- Latest NDIS-hosted events for Scheme participants, families and/or providers. See <https://www.ndis.gov.au/news/events>

If you are aware of any other conferences that may be relevant to members of RAIL, please forward details (if possible, before the timing of closure of abstract submissions).

Early and mid-career research support activities

Although the staffing level for RAIL at this point is small, we are keen to provide support for any early or mid career researcher that we can. We are happy to provide an external review perspective of grants you are preparing as one avenue of support. If you would like to discuss possibly accessing this service, please email Cassie in the first instance (spahc.rail@monash.edu).

Member contributions

We would love to showcase current research from our members. We invite you to submit a short story (and relevant images) about any research you are working on that aligns with RAIL. Submissions are due by the 30th of each month to spahc.rail@monash.edu