Taking a population approach to content development in CareSearch

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Introduction
There are differences in the health and wellbeing of specific groups within Australia, with inequalities in access and care delivery. Individuals may be disadvantaged for reasons such as age, sex, ethnicity and race, social and economic position, disability, geographical area and health status. McInerney and colleagues describe a “disjuncture between the rhetoric of palliative care and the limitations inherent in both population-based research and service delivery”. The World Health Organization and Palliative Care Australia have both identified that a public health approach to palliative care needs to respond to all community needs and expectations including those of disadvantaged, marginalised and culturally and linguistically diverse groups.

CareSearch has recognised the importance of population health issues by developing a suite of pages for the website. These are ‘Specific Populations’ in the Clinical Practice section and ‘Specific Groups’ in the For Patients and Families pages.

Methods
The quality processes inherent in the website continue in the development of these pages. Reviewing research literature and policy documents played a part in identifying groups requiring special focus. The National Advisory Group was instrumental in finalising groups with specific needs and in prioritising page development. Once written, each page is sent to two people for informal comments and feedback. These people are usually clinicians working in palliative care or in the area of interest. A formal external peer review is then undertaken, either with an academic in the field or with the peak body such as Alzheimer’s Australia or Carers Australia.

Results
All pages in the Specific Populations suite are being viewed. Page analysis for the first six months of 2009 shows that on average each page is viewed between 4 and 14 times each day. The most frequently viewed pages dealing with groups with specific needs are intellectual disability, people with dementia, and rural and remote. Figure 1 shows the relative number of page views for each of the groups with specific needs during the first six months of 2009.

Figure 1: Proportion of page views by specific population group

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elderly</td>
<td>High</td>
</tr>
<tr>
<td>People with Disabilities</td>
<td>High</td>
</tr>
<tr>
<td>Women</td>
<td>High</td>
</tr>
<tr>
<td>People with Intellectual Disability</td>
<td>Low</td>
</tr>
<tr>
<td>People with Dementia</td>
<td>Low</td>
</tr>
<tr>
<td>Prisoners</td>
<td>Low</td>
</tr>
<tr>
<td>Rural and Remote</td>
<td>Low</td>
</tr>
<tr>
<td>Specific Groups</td>
<td>Low</td>
</tr>
<tr>
<td>Specific Populations</td>
<td>Low</td>
</tr>
</tbody>
</table>

Specific populations featured in CareSearch website
Each of the pages for health professionals in the Clinical Practice section follows a defined structure. It provides an overview of core issues and considerations and links to helpful resources. An associated PubMed Topic Search helps health professionals find the most recent literature and evidence relating to the specific population.

Specific populations Content pages for eleven groups with specific needs are currently included in the CareSearch website. The groups are:
- Aged
- Aged care facilities
- Homelessness
- Indigenous
- Intellectually disabled
- Multicultural
- Paediatrics
- People with dementia
- Prisoners
- Rural and remote
- Young carers

Two extra pages are currently being developed. The range of pages show the diversity of groups for whom palliative care needs to be considered.

Case Study: Intellectually Disabled
Intelligently disabled people may require palliative care or may be affected when family or friends face a life limiting illness. Clinicians need to understand the special needs of those with intellectual disabilities such as difficulty in understanding abstract concepts and how this can affect how care is provided.

Developing pages
A review of literature was undertaken prior to content development. An associated PubMed Topic Search was developed. A search of the web was undertaken for useful resources or relevant tools for inclusion. Information and resources for those with specific needs and their families and for health professionals is gathered.

Evidence and policy findings are summarised. Weblinks to relevant policy documents and resources are collected. A Further Reading page is created. This lists articles and texts identified during the development of the Intellectually Disabled page by the authors and reviewers. Other relevant CareSearch resources such as the Review Collection are added.

Reviewers
As two specialties intersected here (i.e., palliative care and intellectual disability) the identification of appropriate reviewers was critical. Two external reviewers were approached with specialist expertise in disability and health. Comments from palliative care professionals were sought during development of the content and layout. Consumers and associated organisations such as Disability SA also participated in developing the pages and commenting on their content.

Page Use
The Intellectually Disabled pages are one of the most frequently viewed pages of the specific population pages. There were 2,533 visits to the Intellectually Disabled pages in the first six months of 2009. This equates to 14 page views per day.

Conclusion
Population health looks at the social, environmental and behavioural determinants of health and health service delivery in Australia. This approach identifies groups that may have differential access to resources and services, or who may have specific needs in ensuring equitable care. All pages in the Specific Populations suite are being viewed (between 4 and 14 views every day). These pages inform not only those involved in palliative care about the needs of Specific Groups, but remind those working with Specific Populations that some clients may benefit from palliative care.

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References