

Health services research on complementary and integrative medicine: Some advances from the field

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Overview

- What is CIM?
- Why focus health services research upon CIM?
- Context and Funding: NORPHCAM
- The 5 Stream Program: Research and Research Capacity Building
- Selected findings to date
- Selected NORPHCAM Readings

What is CIM?

- A wide range of practices, products and technologies not traditionally associated with medical profession or medical curriculum
- Acupuncture , traditional Chinese medicine, aromatherapy, naturopathy, reflexology, massage, chiropractic, etc.

Why focus health services research upon CIM?

- Significant % of general public already using CIM; CIM is a major component of patients' health-seeking behaviour (both community-based, self-care and practitioner-led)
- Vast majority of information about CIM is simply debate, political interest, partisan commentary (on both sides!)
- Need for a broad **critical, rigorous** research agenda to supplement and contextualise clinical focus (HSR around communication, decision-making and behaviours of patients, practitioners, service managers etc. regarding CIM)
- CIM raises issues around safe, effective and coordinated patient care and provision of services (especially considering lack of patient disclosure and clinician enquiry)
- But until now limited research interest in the interface between CIM and health services research

Context and Funding: NORPHCAM

- Aims: to provide leadership, promote and conduct *critical, rigorous* public health and health services research with a focus upon CIM; to facilitate and provide research capacity building for PH/HSR on CIM
- Headquarters of NORPHCAM located at Faculty of NMH (Health), UTS with over 220 international researcher members to date
- Developed by a large national and international team of public health and health service researchers (Australia, NZ, Brazil, Indonesia, UK, US, Canada, Germany, Norway, China, etc)
- Multi-disciplinary, multi-method expertise: qualitative research/methods; biostatistics; epidemiology; health sociology; health economics; health geography; rural health; women's health; nursing; general practice, etc
- NORPHCAM Executive members (4) have authored/edited 14 international CIM research books, directed/conducted 7 national CIM research projects to date, published 97 CIM peer-reviewed journal articles in last 3 years & presented 9 invited plenary/keynote talks
- Attracted **over \$6.5M** funding to date from NHMRC, ARC, PHCRED and other external Govt health research funding bodies (e.g CIHR, Canada)

- Introduced a practitioner collaborator membership with over 100 practitioners (both conventional and CAM) included to date
- Initiated international 'Attachment/Internship' programme (4 completed to date)
- Introduced international PH/HSR workshop programme (research capacity building)
- Partnerships, collaborations and MOUs with number of partners (PHAA, AIMA, APHA, IPHA [IAKMI], BCHA)
- Editorship of Special Call for PH/HSR of IM for *European Journal of Integrative Medicine* (2012)
- Collaborating/analysing data from Norwegian HUNT study, Hunter Community Study, ALSWH and 45 and Up Study around CIM

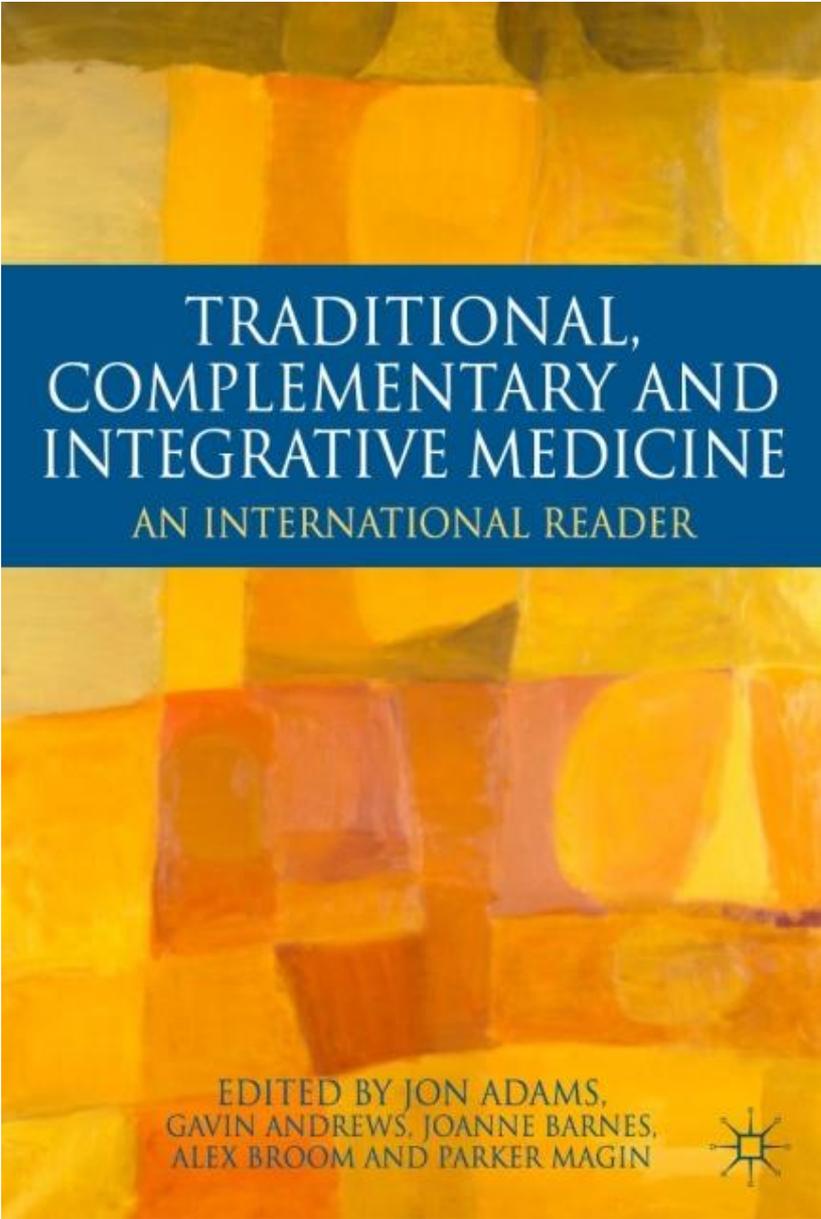
The 5 Stream Programme: Research and Research Capacity Building

- **CIM use/users** (women's health, rural health, pregnancy and birthing, oncology/cancer care, back pain, dementia and ageing, cardiovascular disease and chronic care)
- **CIM practice/practitioners** (rural health, CAM/conventional practitioner interface, IHC models and analysis, pregnancy and birthing, regulation & policy, etc)
- **CIM/Conventional care interface** (primary care, pharmacy, nursing, midwifery, physiotherapy, palliative care, oncology, etc.)
- **Health economics/cost-effectiveness modelling of CIM**
- **Research capacity building** to connect researchers and practitioners around CIM

- High prevalence of CIM use amongst Australian women (all age groups; pregnant)
- Non-disclosure and lack of communication with conventional practitioners is substantial
- Rural women statistically more likely to use CIM than urban women
- Chiropractic use is fuelling CIM use in rural Australia
- For back pain, substantial numbers of patients are seeking CIM without medical consultation (pathways to care)

Selected NORPHCAM Readings

- Adams J. (Ed) (2007) ***Researching Complementary and Alternative Medicine***. London: Routledge.
- Adams J, Lui C, Sibbritt D, Broom A, Wardle J, Homer C, Beck S. (2009) The use of complementary and alternative medicine during pregnancy: a critical review. ***Birth: Issues in Perinatal Health*** 36(3): 237-245.
- Adams J, Magin P, Broom A. (Eds) (2012) ***Primary Health Care and Complementary and Integrative Medicine: Research and Practice***. London: Imperial College Press.
- Adams J, Andrews G, Barnes J, Broom A, Magin P. (Eds) (2012) ***Traditional, Complementary and Integrative Medicine: An International Reader***. Buckinghamshire: Palgrave McMillan.



TRADITIONAL,
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AN INTERNATIONAL READER

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