



# COMPaRE-PHC

CENTRE FOR OBESITY MANAGEMENT & PREVENTION RESEARCH EXCELLENCE IN PRIMARY HEALTH CARE

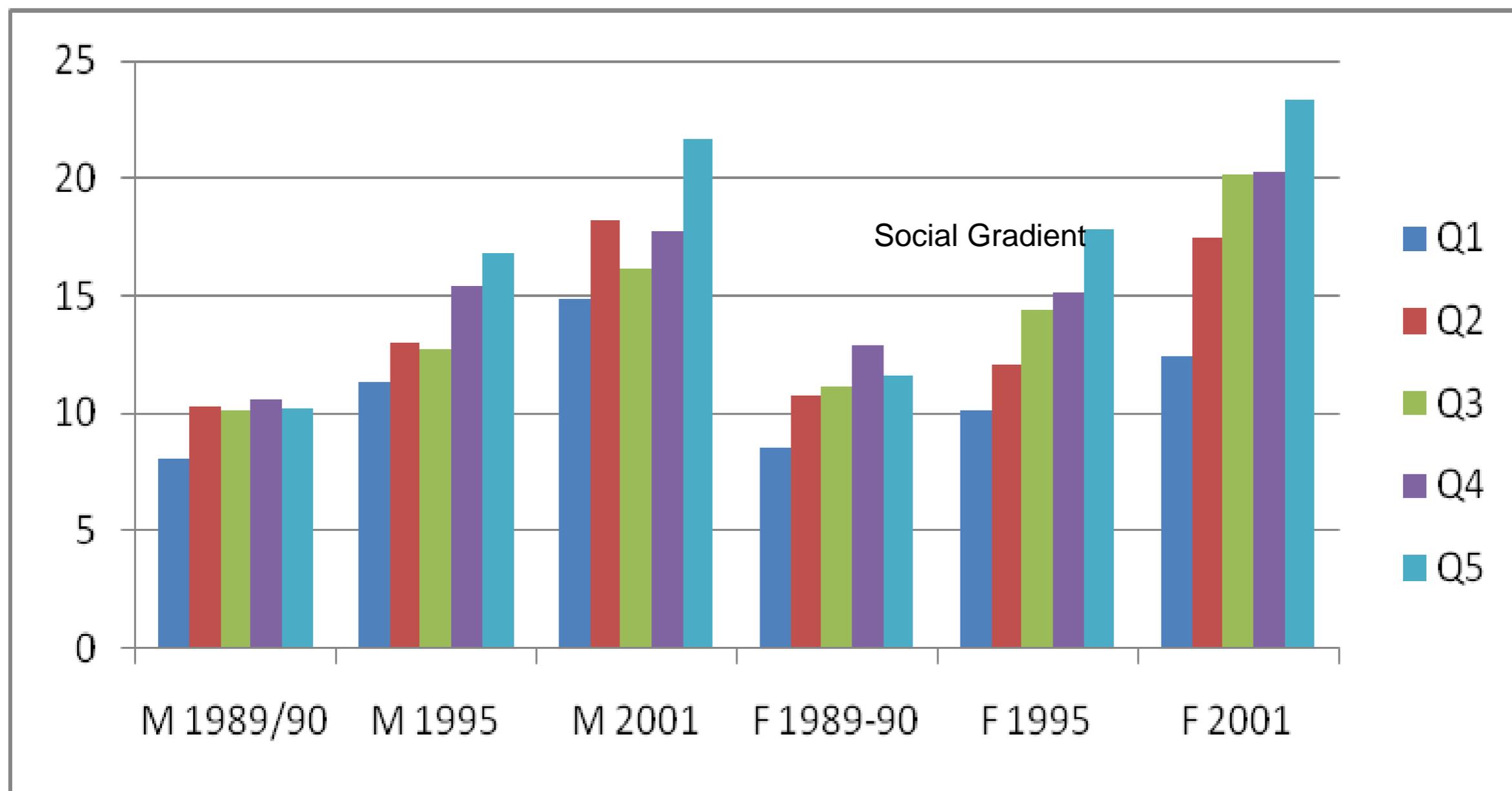
Addressing inequity?

Mark Harris

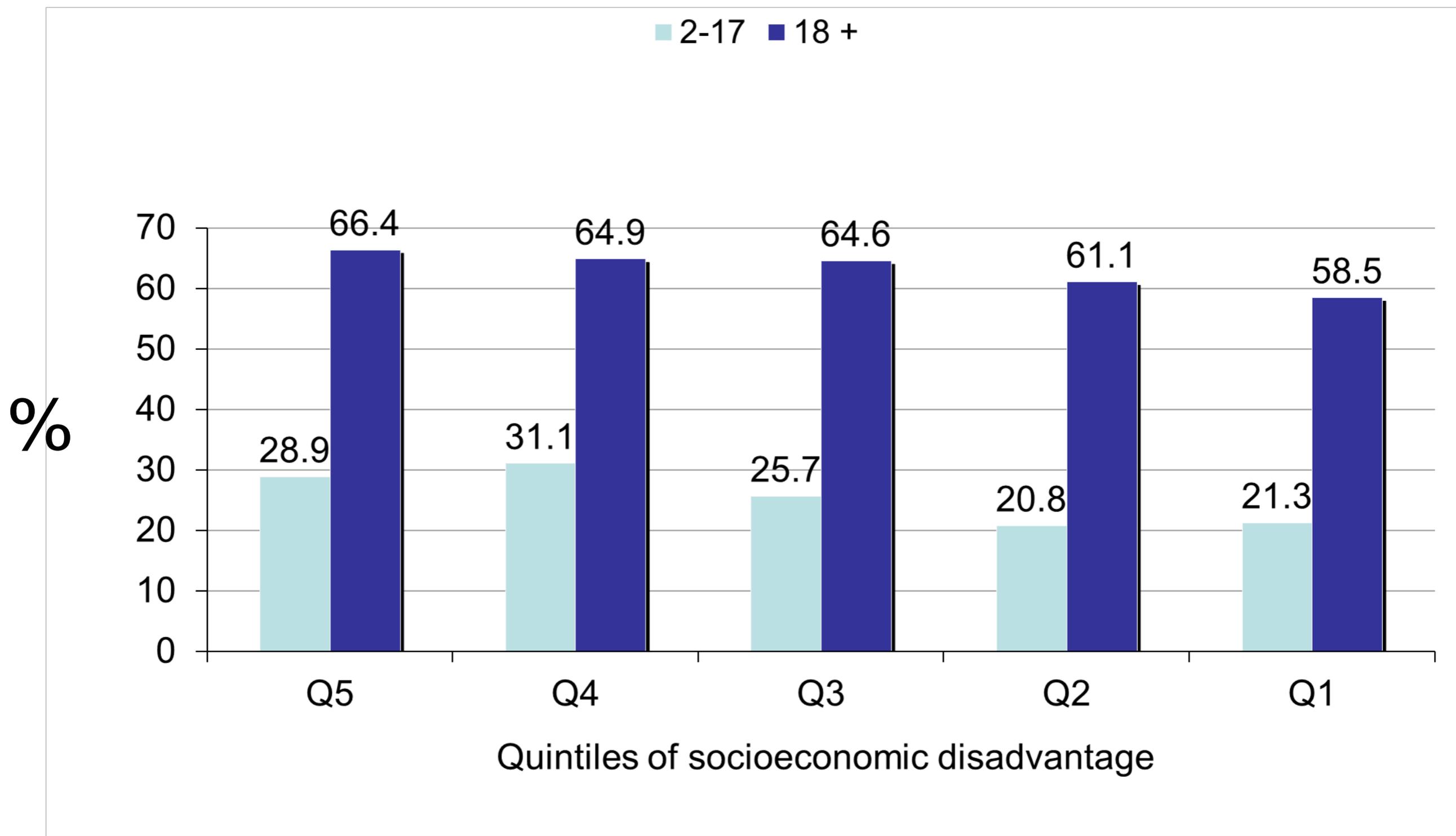
# Outline

- Disparities in obesity
- Health literacy
- Implementation of preventive interventions for people with low health literacy
- Our research

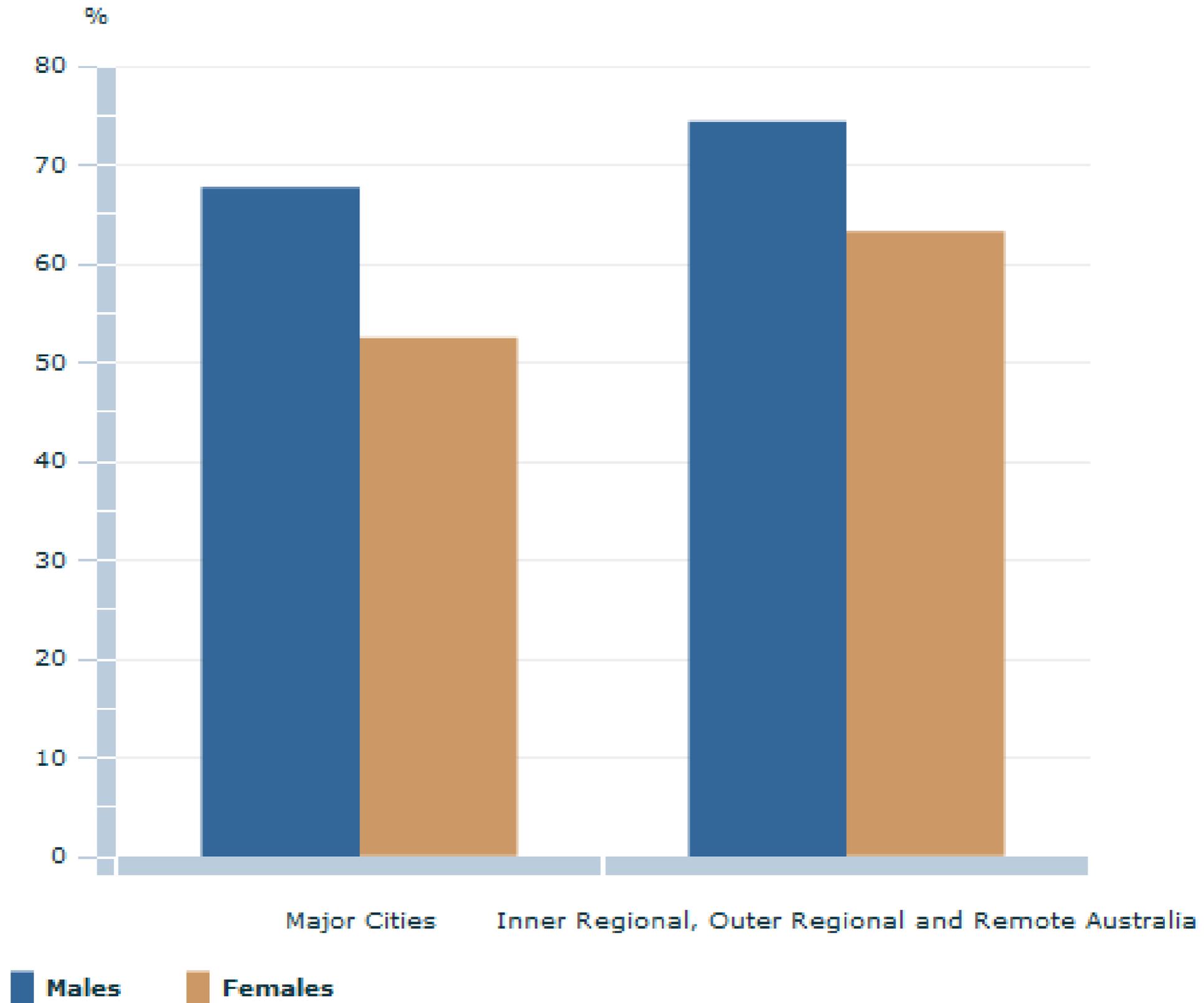
# Rise of disparities



# Overweight in children and adults



## Persons aged 18 years & over - Proportion who were overweight or obese by remoteness by sex(a), 2011-12



# Health literacy

# Definitions

National Library of Medicine:

*The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions*

Nutbeam:

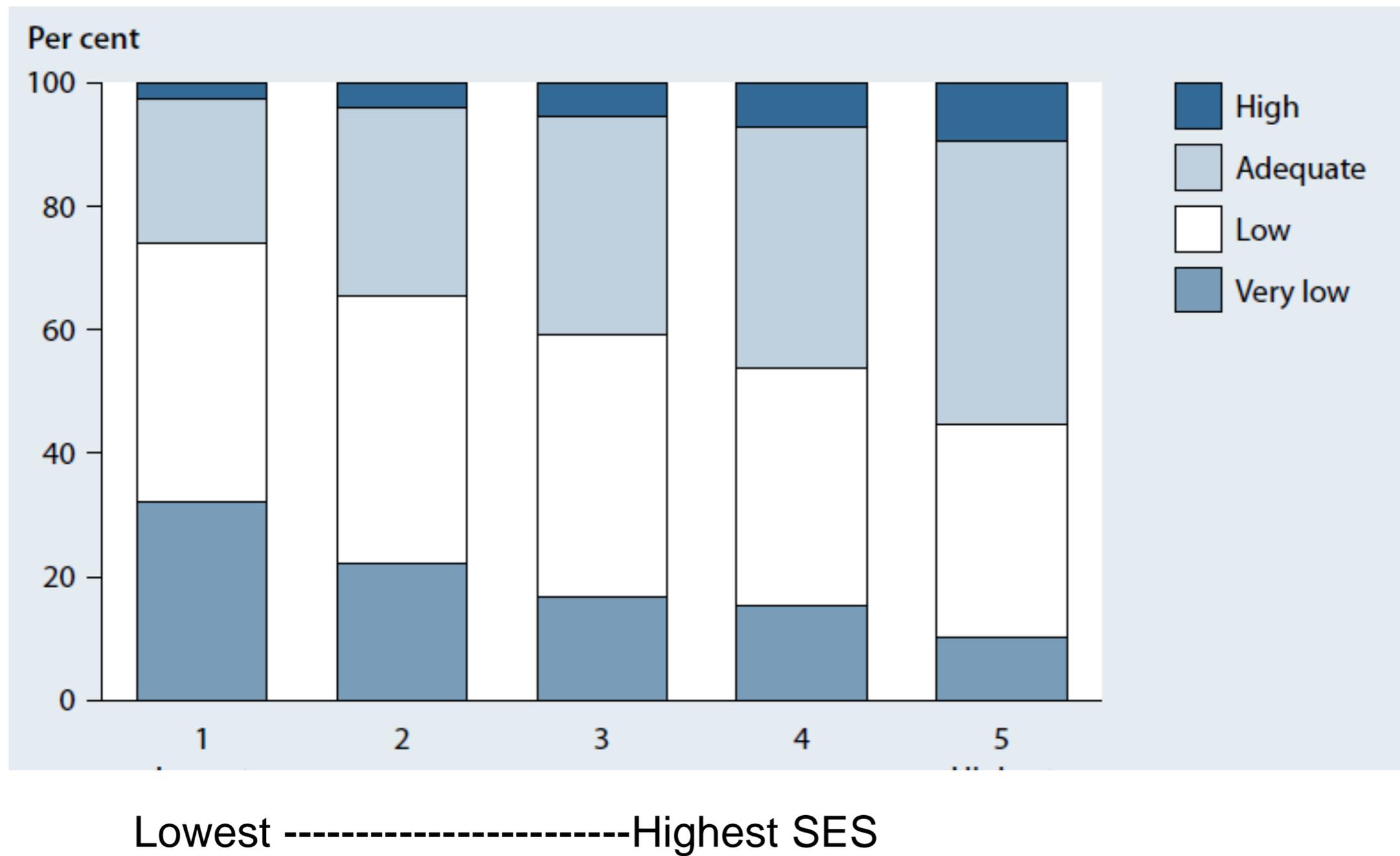
**Basic or functional health literacy** is the basic reading and writing skills needed to be able to function in daily life.

**Communicative or interactive health literacy** describes more advanced cognitive and literacy skills which combine with social skills to enable someone to participate in a range of activities and apply information to changing situations.

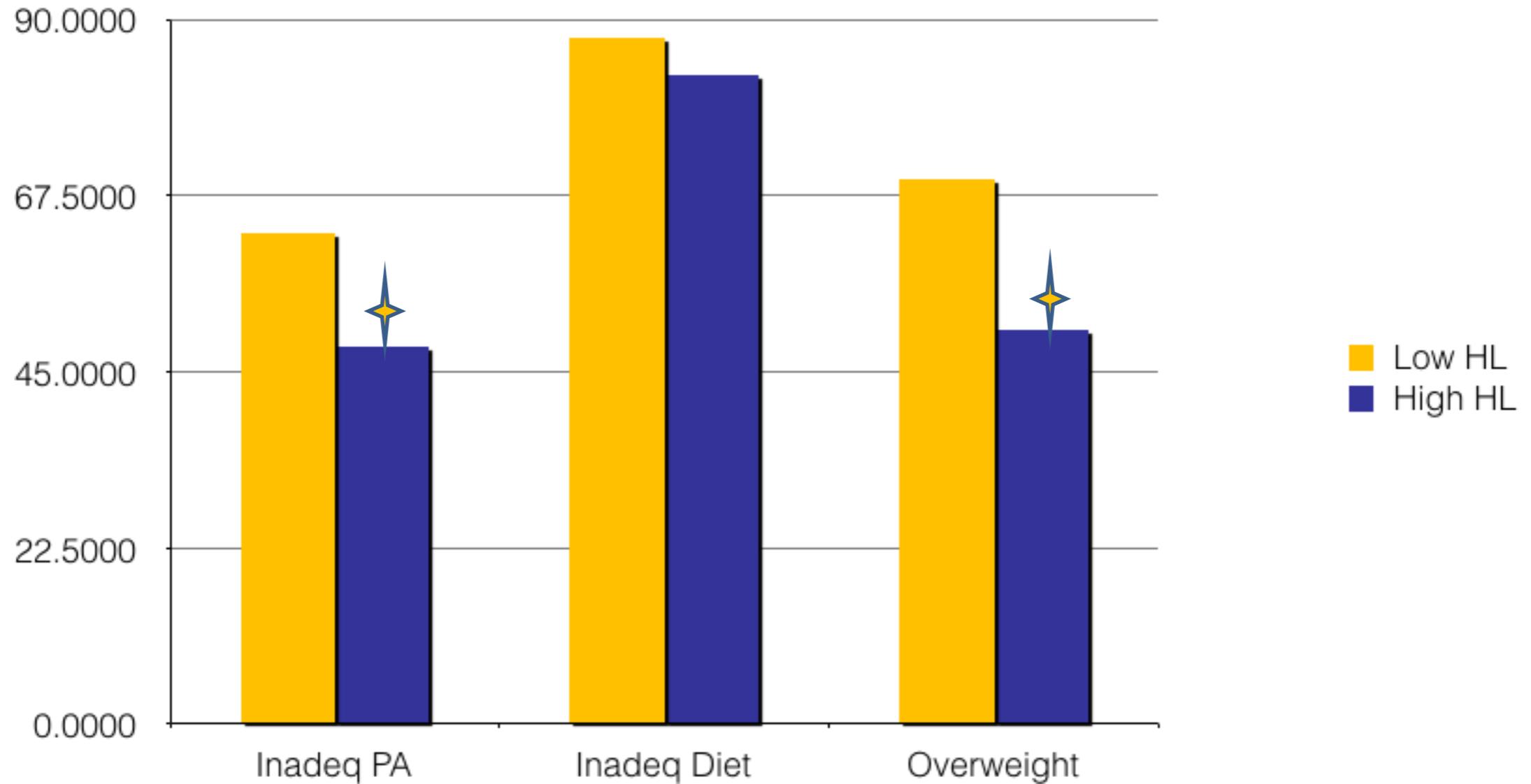
**Critical health literacy** describes more advanced cognitive and social skills that a person can use to exert more control over their lives.



# Level of health literacy and socioeconomic status (AIHW 2010)



# Helms Health Literacy and risk factors (PEP study)



 P<0.001

# Disparities in patient centeredness by health literacy

- Patients with low health literacy were more likely to report worse communication in the domains of:
  - *general clarity (AOR [Adjusted Odds Ratio] 6.29,  $P < 0.01$ )*
  - *explanation of condition (AOR 4.85,  $P = 0.03$ )*
  - *explanation of processes of care (AOR 2.70,  $p = 0.03$ )*  
(Schillinger D et al. 2004)



## Disparities in patient centeredness by health literacy (2)

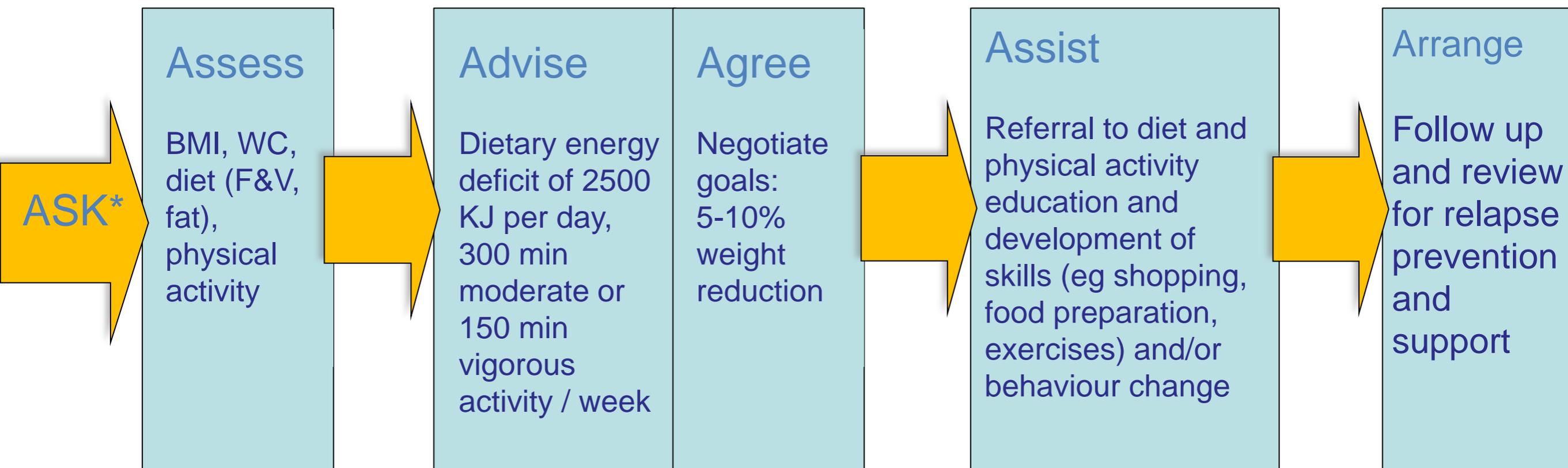
Patients with lower health literacy:

- ask *fewer questions of physicians in observed medical encounters (Katz et al. 2006; Beach et al. 2006)*
- are more likely to be *perceived by physicians as desiring a less active role (Beach et al. 2006)*



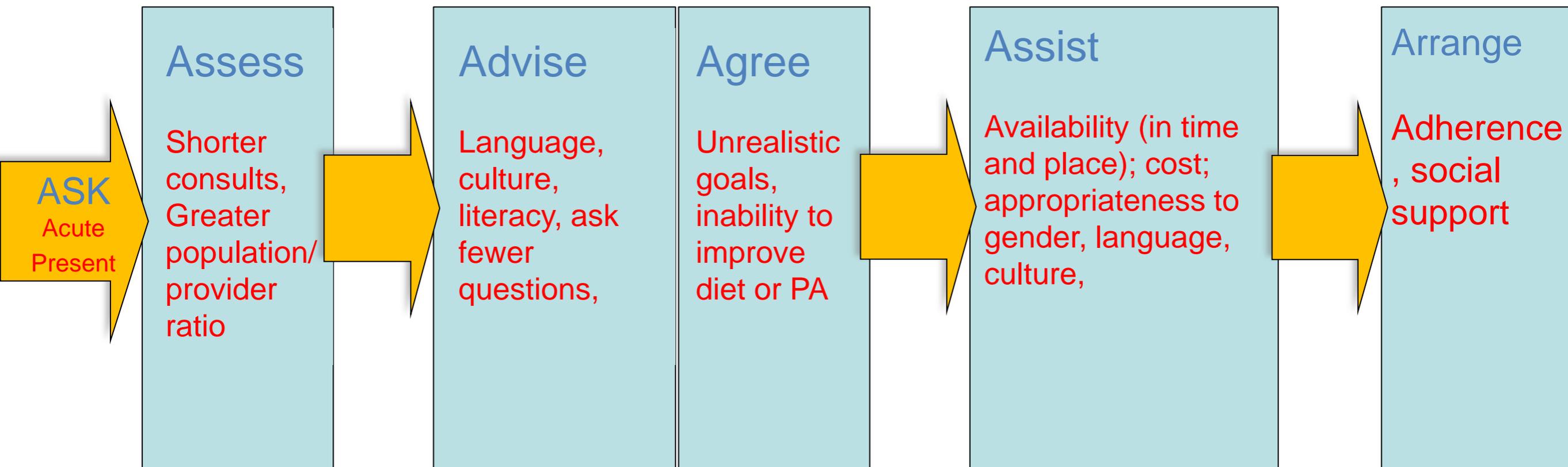
# Implementation of preventive care in patients with low health literacy

# Intervention pathway: 5As Model



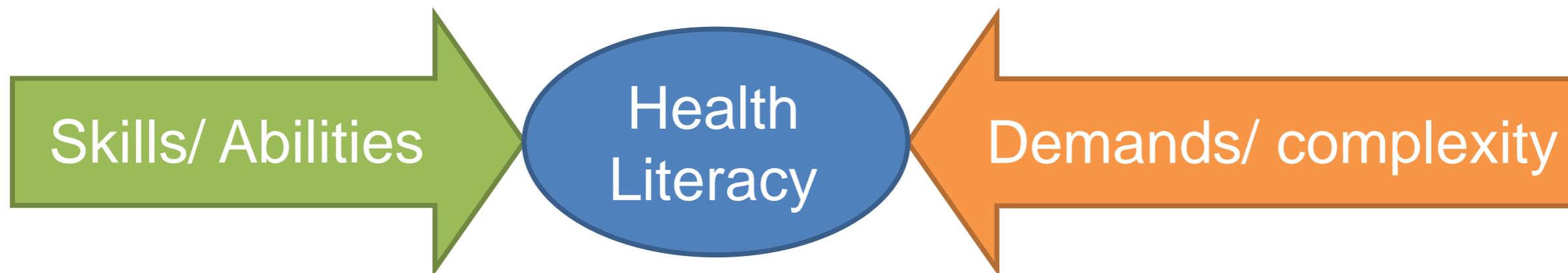
\* All patients but especially higher risk patients: physiological risk factors (hypertension, high cholesterol, pre-diabetes) ; indigenous and CALD groups; family history of CVD, diabetes, renal disease, OA;

# Barriers for patients with low health literacy across the 5As Model



Reach	+++	80-90% coverage + bulk billing but fewer health checks
Effectiveness	+	Appropriateness to language, culture, and health literacy
Adoption	+	Patients and providers recognize importance of obesity
Implementation	+/-	Low frequency of referral
Maintenance	-	Demands on practice, lack of social support

# What can be done?



Action focused on improving individual skills and making health service, education and information systems more appropriate

# Causal pathway

Orlow and Wolf (2007) proposed causal pathways between limited health literacy and health outcomes. Their model distinguishes three different types of health actions that mediate the impact of health literacy on health:

- access to and utilization of health care,
- patient–provider interaction, and
- self-care.

*Paasche-Orlow, M. K., & Wolf, M. S. (2007). The causal pathways linking health literacy to health outcomes. American Journal of Health Behavior, 31(Suppl. 1), S19-S26*



# Our research

# Our Research Programs

## Knowledge Gaps:

1. How can PHC support healthy weight in families with young children?

2. How can assessment and brief advice in PHC be lined with more intensive interventions?

3. How can PHC support healthy weight for disadvantaged groups

4. How can guidelines for overweight and obesity, diet and physical activity be implemented in PHC

Change to diet and physical activity routines in families with young children

Interventions by practice nurses to prevent obesity

Trial evaluating change in behaviours, parental efficacy, use of health services

Management of overweight adults with low health literacy

Web links to referral programs and long term support

Cluster randomised trial evaluating change in quality of care, change and maintenance of patient behaviours and weight control

Implementation of obesity guidelines

Practice facilitation, audit and links to community programs

Mixed method study evaluating change in provider roles, information systems, referral to health and other services and programs.

# Stream 2 Research

1. Systematic review
2. Pilot in four practices
3. Trial in two states.



"Well, yes, I suppose I could explain the test results in 'plain English' — but then you'd know how sick you are."

# Systematic review

**Question:** What health literacy interventions are effective in PHC settings in managing weight loss?

- **Extraction:** 20 studies from 235 studies identified after title and abstract screening
- **Interventions:**
  - 5 individual, 10 group, 3 mixed group and individual, 3 internet and/or phone.
  - Duration between 3-12 months; between 5-12 sessions.
  - Delivered by nurses, health promotion workers, nutritionists, community educator
  - 8 functional HL, 12 interactive

# Health Literacy Screening

**A. How often do you have someone help you read health information materials?**

*1. Never 2. Occasionally 3. Sometimes 4. Often 5. Always*

**B. How often do you have problems learning about your medical condition because of difficulty understanding health information materials?**

*1. Never 2. Occasionally 3. Sometimes 4. Often 5. Always*

**C. How confident are you filling in medical forms by yourself?**

*1. Extremely 2. Quite a bit 3. Somewhat 4. A little bit 5. Not at all*

# Pilot study

Clinicians tended to have three approaches:

## Repetition:

*if you're talking about people with low literacy you've got to do it in a repetitive manner for them to get it and take on that information on board (PN)*

## Reinforcing compliance

*most of them understand but some people they can't, they say they cannot follow this list I feel like I'm starving or something but we just try get them to do it (GP)*

## A tailored approach

*After I educate them... I try to ask them the questions about the things that I told them...if they can answer the questions well, it means that they understand (PN)*

## Intervention

**ASK:** Screening, clinical sensitivity.

**ASSESS:** BMI, WC, diet, PA, readiness

**ADVISE:** Interpreters, graphic education materials, communication strategies including "teach-back"

**AGREE:** Negotiate realistic goals

**ASSIST:** Navigation. Group coaching tailored to language and culture.

**ARRANGE:** Phone follow up, social support



# COMPARE-PHC

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[www.comparephc.unsw.edu.au](http://www.comparephc.unsw.edu.au)

To be launched on 8<sup>th</sup> of July

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