

Understanding health talk

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Health literacy and why it matters...



"That's not quite the stool sample we had in mind, Mr. O'Donnell."

Why did we do the study?



- ❖ To describe the profile of health literacy (HL) amongst patients attending the Centre of Excellence (CoE) Clinic;
- ❖ To identify patients' experiences of communication with General Practitioners.

How did we do the study?

Surveyed patients/carers in the clinic waiting room if they:

- ❖ were aged ≥ 18 years
- ❖ self-identified as Aboriginal and/or Torres Strait Islander background
- ❖ not acutely unwell
- ❖ not cognitively impaired

Obtained approval from:

- ❖ The Community Jury for Aboriginal and Torres Strait Islander Health Research. Reciprocity – each participant went into draw for a meat tray or fruit & vegetable hamper + CoE pen
- ❖ Metro South Human Research Ethics Committee

Survey Questionnaire



- Demographic information:
age, gender, frequency of attendance at Clinic (years); attendance in previous 12 months; highest level of education completed
- Health literacy
Brief Health Literacy Screen (BHLS) - 3 questions
- Communication with health care providers
Consumer Assessment of Healthcare Providers and Systems (CAHPS) program: 9 questions

Our study sample

Response rate	45% (427/954 eligible patients)	
Age range	18 – 84 years (39 years (median))	
Attendance at clinic	≥1 year	88%
	≥ once in preceding 12 months	93%
Sex	Females	60%
Education	Not completed secondary	36%
	Completed secondary	25%
	Post secondary qualification	39%

Health literacy of our patients

Adequate health literacy	72%	305/424
Did not require assistance with reading health information materials	80%	339/425
Did not experience difficulty learning about illness because of not understanding health information materials	75%	320/426
Confident to complete medical forms	72%	308/427

Who was most likely to have inadequate health literacy?

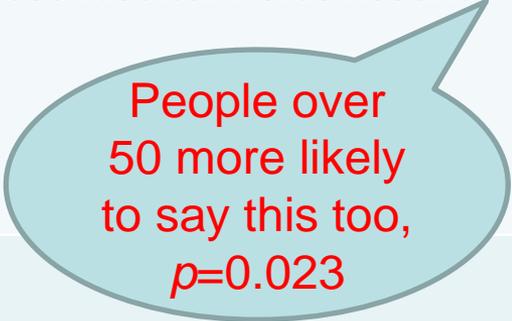
- Patients ≥ 50 years
 - (OR 2.7; 95% CI 1.7 - 4.3; $p < 0.0000$).
- Patients who didn't complete secondary school
 - Completion of secondary school or higher was protective against low HL
 - (OR 0.5, 95% CI 0.4 - 0.7; $p < 0.0000$).

Results from multivariate logistic regression analysis

Communication with GP (n= 394)

<i>In last 12 months how often ...</i>	Never	Sometimes	Usually	Always
were explanations your doctor gave you hard to understand because of an accent or the way the doctor spoke English?	87%	10%	1%	2%
did your doctor use medical words you didn't understand?	54%	43%	3%	0.5%
did your doctor talk too fast when talking with you?	86%	13%	1%	0.3%
did your doctor use pictures, drawings, models, or videos to explain things to you?	40%	48%	6%	5%
did your doctor ignore what you told him or her?	92%	7%	0.2%	0.5%
did your doctor interrupt you when you were talking?	93%	6%	0.3%	0.5%
did your doctor show interest in your questions and concerns?	0.5%	4%	14%	81%
did your doctor answer all your questions to your satisfaction?	0	3%	18%	79%
did your doctor encourage you to talk about all your health questions or concerns?	0.5%	7%	21%	71%

Thinking about health literacy and communication

		Health literacy	
		Inadequate	Adequate
Doctor used medical words not understood 	Never	41%	59%
	Sometimes	53%	39%
	Usually	6%	1%
	Always	0%	0.7%
Doctor uses different methods to convey information (eg. pictures, drawings, models or videos)	Never	53%	35%
	Sometimes	38%	53%
	Usually	4%	7%
	Always	5%	5%

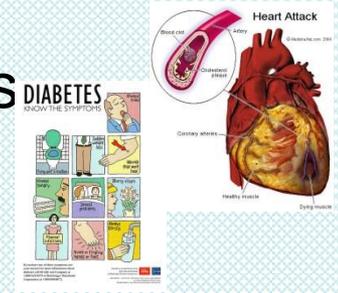
People over 50 more likely to say this too, $p=0.023$

Patient experiences of positive communication



- Personal characteristics of GPs:
 - courteous, friendly, helpful, an understanding nature.
 - knowledgeable, informed.
 - always having patient's concerns as priority.
 - understanding of Indigenous peoples' health concerns and their culture.
- Simplify information by 'breaking down' medical terminology.

- Use diagrams, pamphlets, pictures, visual aids
- Explain reasons for prescribing medication.
- Provide small amounts of information at a time.
- Only provide required and relevant information.
- Talk at patient's level of understanding – “no big words, break down so easy and simple to understand”.
- Do not rely on patients asking questions – they may not know what to ask.



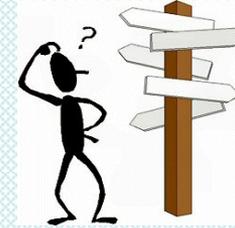
Conclusions

We obtained a snapshot of health literacy among Aboriginal and Torres Strait Islander adult patients/carers attending an urban PHC, small percentage (2.4%) declining participation.

We found that a majority of patients experienced adequate HL. Increasing age was associated with inadequate HL and higher level of education completed was protective against inadequate HL.

Majority of patients found that GPs communicated well when providing information to patients.

Implications for practice



Assess patient's level of health literacy, especially among those aged 50 and older. Assess patient's understanding of information.

Information provided in simple language. Less use of difficult medical words in information provision.

Variety of methods to be used when providing information.

Acknowledgments

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