Health Literacy in Primary Health Care: what we have learnt

Scientia Professor Mark Harris
Health literacy is two-way

INDIVIDUAL

Skills and abilities

HEALTH LITERACY

Demands/complexity

ENVIRONMENT

Health Literacy in Australia 2006 (ABS)

Level 1: Very poor
Level 2 Insufficient: to manage health
Level 3 Sufficient: to manage health
Level 4/5 Proficient

Level 1: Very poor
Level 2 Insufficient: to manage health
Level 3 Sufficient: to manage health
Level 4/5 Proficient
## Our research

<table>
<thead>
<tr>
<th>Study</th>
<th>Description</th>
<th>References</th>
</tr>
</thead>
</table>
| Systematic reviews | 1. Health literacy for SNAPW behaviour change  
2. Health literacy for weight loss in primary health care  
3. Effective strategies for health literate organisations | Taggart *BMC Fam Pract* 2012; 13:49  
Dennis *BMC Fam Pract* 2012; 13:44  
Faruqi *BMC Obesity* 2015, 2:6 |
| PEP           | Trial of evidence-based preventive care in 32 general practices in four states. | Joshi *BMC Fam Pract* 2014, 15:171  
| STEPP         | Mixed method study of screening and intervention in four practices.          | Faruqi *Aust J of Primary Health*, 2014; DOI: 10.1071/PY14061              |
| LiGHT         | Health literacy for preventive care through education and referral.          | IWSML Evaluation report                                                   |
| BMWGP         | Health literacy and weight management in obese patients in 20 Sydney and Adelaide Practices. | Faruqi *BMC Obesity* 2015, 2:5                                              |
Framework for health literacy and health action

Paasche-Orlow & Wolf 2007 and von Wagner et al 2009

**Individual influences**
- Cognitive abilities
- Knowledge
- Literacy & Numeracy
- External influences
  - Socioeconomic environment
  - Formal education
  - Experience

**Health Literacy**

**Mediators**
- Motivation
  - Knowledge & understanding
- Attitudes and beliefs
- System factors
  - Accessibility
  - Appropriateness
- Intentions
  - Planning
  - Implementing

**Actions**
- Use of health care
- Patient Provider interaction
- Self management behaviours

**Health status & QoL**
Health Literacy is related to health behaviours (PEP study)

- Inadeq PA
- Inadeq Diet
- Overweight
- Smoking

* p<0.05
Health Literacy and intention to change health behaviours (PEP study)

* p<0.05
Health literacy and quality of life (PEP Study)  
(SF12 scores: PCS = Physical activity; MCS = Mental health)
Health Literacy Questionnaire (HLQ) (BMWGP)

Multilevel analysis adjusted for gender, employment, education, hospital admission, physical activity, smoking, BMI category, physical and mental health status

1. Have sufficient information: $\text{BMI} \geq 35$. Physical and mental health status
2. Actively managing health: Mental health status
3. Healthcare provider support: Smoking, mental health status
4. Social Support: Smoking and mental health status
5. Critical appraisal: Nil
6. Active engagement with health care providers: Mental health status
7. Navigating the health care system: Physical and mental health status
8. Ability to find good health information: Physical and mental health status
9. Reading and understanding health information: Educational attainment and mental health status
HLQ by satisfaction with GP or PN (BMWGP)

Understanding health info. well enough to know what to do
Ability to find good quality health info.
Navigating the healthcare system
Ability to actively engage with healthcare providers

Range 1 Lowest – 5 Highest

Appraisal of health info.
Social support for health
Actively managing my health
Having sufficient info. to manage my health
Feeling understood and supported by HC providers

Range 1 Lowest – 4 Highest

Satisfied
Not satisfied

* p<0.01
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Health status & QoL
Intervening in primary health care
Measuring health literacy

Health Literacy Questionnaire


- 44 questions that can be either self-administered or orally administered. Nine scales.
HLQ in obese patients in primary health care (BMWGP) (Mean scores)

- Understanding health info. well enough to know what to do: 3.91
- Ability to find good quality health info.: 3.69
- Navigating the healthcare system: 3.70
- Ability to actively engage with healthcare providers: 3.99
- Appraisal of health info.: 2.74
- Social support for health: 3.00
- Actively managing my health: 2.67
- Having sufficient info. to manage my health: 2.89
- Feeling understood and supported by HC providers: 3.17
Brief Health Literacy Screen (BHLS)

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

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

C. How confident are you filling in medical forms by yourself?
HLQ by BHLS screening (BMWGP)

Total score

- HPS
- HSI
- AMH
- SS
- CA
- AE
- NHS
- FHI
- UHI

Question C >2

- HPS
- HSI
- AMH
- SS
- CA
- AE
- NHS
- FHI
- UHI

* p<0.05
**Systematic review**

**Aim:** Assess the effectiveness of PHC interventions targeting knowledge and/or skills of adults to promote weight loss.

*Primary search:* Citations identified through database and journal searching ($n=2,432$)

Citations after de-duping ($n=2,286$)

Full-text papers assessed ($n=255$)

Papers for data extraction ($n=18$)

Total papers for data extraction ($n=50$)

Overall: 13 studies (13 papers) selected for inclusion
**Systematic review**

**Findings:** Interventions targeting knowledge and/or skills for weight loss were effective. No associations found between mode of intervention delivery, contents, its duration or intensity, or who provided the intervention and the outcomes.

| Total number of participants: | 2,089 (mean n=161) |
| Retention rates: | 45 - 100% |
| Aiming to achieve body weight reduction: | 13 studies |
| Aiming to achieve BMI reduction: | 10 studies |
| Targeted Behaviour Change: | Combined Diet & Physical Activity: 100% |
| Modal period of Intervention Delivery: | 6 months (n = 4) |
| Modal Duration of Final Follow-Up: | 12 months (n = 8) |

**Type of Contact**

| Number of studies |
| Face to face | 12 |
| Group sessions | 6 |
| Group sessions and One-to-one | 3 |
| One-to-one | 3 |
| Internet | 1 |

*Faruqi et al* *BMC Obesity* 2015, 2:6
Lack of health literacy a barrier to preventive care in PHC (BMWGP)

• “.. you try and understand try and see what their concerns are ... what’s stopping them, and what’s stopped them in the past ...address those things...to sort it out or you won’t get anywhere.” (GP)

• I think if they have low literacy you’ll have to make the appointment for them. I think that’s the best to help them, they will get confused, won’t remember, probably won’t make the appointment but you make the appointment for them, this is when you got to go, where you got to go. (PN)
Tailoring preventive care to health literacy

- **Assess**
  - Risk & low health literacy

- **Advise/agree**
  - Advice, goal setting, teachback

- **Assist**
  - Referral navigation

- **Arrange**
  - Follow up

**5 STEPS**
- Speak slowly
- Teach back
- Encourage questions
- Plain language
- Show examples

**GOAL SETTING**
- Specific
- Measurable
- Attainable
- Relevant
- Time-bound

**To better health literacy**
Proportion GPs and PNs tailoring approach to health literacy ‘often’ or ‘>60%’ of the time (BMWGP)

- Assess health literacy
- Tailor advice to HL
- Communication techniques
- Teach-back
- Encourage questions
- Assist access to referral
- Follow up referral

% for GP and PN
Barriers to management of obesity in patients with low health literacy (BMWGP)

- Lack of time
- Uncertainty about what to provide
- Communication difficulties
- Cultural differences
- Lack of patient interest
- Patient low health literacy

Graph showing the percentage of barriers faced by GPs and nurses (PN) in managing obesity in patients with low health literacy.
Practice nurse intervention

Assess risk and motivation, health literacy

Assess and record
- BMI, Waist circumference,
- Diet, physical activity

Advise/Agree
Advice, goal setting

Brief advice on risk, diet and physical activity
Agree on realistic goals, targets

Assist/Arrange
Referral

- Explain why
- Discuss referral options
- Provide detail and navigation

Arrange Follow up

- Phone support
- Long term follow up visits

Planned approach

Knowledge and Motivation to change

Appropriate health service use

Never Stand Still Medicine Centre for Primary Health Care and Equity
Change in tailoring of approach to health literacy before to after intervention (BMWGP)

Assess health literacy  Tailor advice to HL  Communication techniques  Teach-back  Encourage questions  Assist access to referral  Follow up referral

%  Intention  Control

Assess  Advise/Agree  Assist/Refer
Change in frequency of education and referral received by obese patients (baseline to 6 month follow-up, BMWGP)
Change in patient health literacy
(HLQ, baseline to 6 month follow-up, BMWGP)

- Reading and understanding health information
- Ability to find good health information
- Navigating the healthcare system
- Active engagement with healthcare providers
- Critical appraisal
- Social support
- Actively managing health
- Having sufficient information
- Healthcare provider support

Legend:
- Control
- Intervention

* p<0.05
Implications

• PHC is well placed to identify and support patients with low health literacy.
• This requires action by receptionists, practices nurses as well as the GP. There is also potential for involvement of other health professionals such as pharmacists.
• PNs can play an effective role across the 5As and working with patients with low health literacy to build skills and manage the information demands on them.
Implications

• Pathways for referral to weight loss interventions are complex and adherence is low (<50%). This requires more intensive navigation support to ensure adherence and PNs have an important potential role in this.

• Availability of services is not the main barrier in most areas. Attitudes and knowledge of providers and patients need to be addressed through training and community programs.

• Health literacy needs to be incorporated into provider and consumer health service pathways.
Some priorities for further research

• Strategies to engage consumers and communities in improving their health literacy for prevention in PHC need to be developed and evaluated;

• The use of mobile, social media and text message support needs to be evaluated in the management of weight in patients with low health literacy in primary health care;

• The BHLS demonstrated relatively good specificity but low sensitivity. The length of the HLQ is a barrier to its routine use in practice. Brief measures need to be developed and evaluated in primary health care.
Acknowledgements

The research reported in this presentation was a project of the Australian Primary Health Care Research Institute, which was supported by a grant from the Australian Government Department of Health. The information and opinions contained in it do not necessarily reflect the views or policy of the Australian Primary Health Care Research Institute or the Australian Government Department of Health.