Understanding health talk

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Aims of study

• to describe the profile of health literacy amongst patients attending the Centre of Excellence (CoE) Clinic; and

• to identify the patient’s experiences of communication with General Practitioners.
Research Questions

1. What proportion of adult patients aged ≥18 years and older, attending the Centre of Excellence experienced adequate and inadequate levels of health literacy?

2. What proportion of patients attending the Centre of Excellence experienced difficulties when communicating with their doctors and nurses?
Method

• Prospective cross-sectional study conducted in the CoE waiting room over 6 weeks: 4th May to 11th June 2015 between 0830 and 16:30.

• **Inclusion criteria**: patients aged ≥18 years; self-identifying as Aboriginal and/or Torres Strait Islander; not experiencing chest or other moderate to severe pain, shortness of breath, emotionally unwell, or cognitively impaired.
Study approved by the Inala Community Jury for Aboriginal and Torres Strait Islander Health Research and Metro South Human Research Ethics Committee.
Survey Questionnaire

Three Sections

Demographic

Brief Health Literacy Screen (BHLS) 3-items

Consumer Assessment of Healthcare Providers and Systems (CAHPS) program: communication with health care providers - 9 items
Demographic characteristics

427 (39%) out of ~1083 patients/parents attending CoE Clinic during data collection period completed survey.

- Age range, years: 18 - 89 (mean 43; median 39)
- 59% females
- Majority (75%) attended for ≥3 years, 54% attended for ≥6 years
• 394 (92.3%) attended CoE Clinic in previous 12 months

• Highest level of education completed
  5% did not complete primary school
  31% did not complete Year 12
  26% completed Year 12
  31% completed trade qualification, certificate course or diploma
  7% completed university degree
Brief Health Literacy Screen items:

- Requiring help with reading health information
- Problems learning about their medical condition because of difficulty understanding health information materials
- Confidence in filling medical forms.
### Brief Health Literacy Screen responses (n = 424)

#### Assistance with reading
- Never: 58%
- Occasionally: 22%
- Sometimes: 4%
- Often: 4%
- Always: 4%

#### Difficulty understanding information
- Never: 52%
- Occasionally: 23%
- Sometimes: 17%
- Often: 4%
- Always: 4%

#### Confidence in completing medical forms by self
- Never: 45%
- Occasionally: 27%
- Sometimes: 13%
- Often: 8%
- Always: 7%
- Not at all: 0%

**BHLS items**

**Percentage**

- Never
- Occasionally
- Sometimes
- Often
- Always
- Extremely
- Quiet a bit
- Somewhat
- A little bit
- Not at all
Adequate health literacy: 72%
Inadequate health literacy: 28%

Factors associated with inadequate health literacy (univariate logistic regression analysis):

Age \geq 50 \text{ years} \quad (\text{OR} \, 3.12; \, 95\% \, \text{CI} \, 2.00 - 4.0, \, p=0.0001)

Protective factors: completed trade or certificates qualification \quad (\text{OR} \, 0.41; \, 95\% \, \text{CI} \, 0.21-0.78, \, p=0.007); \text{ or university} \quad (\text{OR} \, 0.18 , \, 95\%\text{CI} \, 0.05 -0.65, \, p=0.009)
Consumer Assessment of Healthcare Providers and Systems: communicating with doctors: (n=391)

- Explanations hard to understand?
- Medical words not understood?
- Doctor talked too fast?
- Doctor used pictures, drawings etc to provide explanations?
• Doctor ignored what patient told him/her?

• Doctor interrupted patient when talking?

• Doctor showed interest in patient’s questions and concerns?

• Doctor answered all questions to patient’s satisfaction?

• Doctor encouraged patient to talk about all health questions and concerns?
Characteristics of effective information provision from patient comments:

Personal characteristics: courteous, friendly, helpful, an understanding nature.

Knowledgeable and 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 and visual aids such as internet pictures to explain diseases.

Explain reasons for prescribing medication.

Provide small amounts of information.

Only provide required and relevant information.

Talk at patient’s level of understanding – “no big words, break down easy and simple to understand”.

Do not rely on patients asking questions – they may not know what to ask.
Conclusions

Study provides a snapshot of health literacy among Aboriginal and Torres Strait Islander adult patients attending an urban PHC, with a small number (23) declining participation.

Majority of patients experienced adequate health literacy.

Majority of patients found that GPs communicated extremely well when providing information to patients, except when using medical words, and in using different methods of providing information.
Acknowledgments

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