

COMPARE-PHC



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

Managing health literacy for weight loss in primary health care: Better Management of Weight in General Practice (BMWGP)



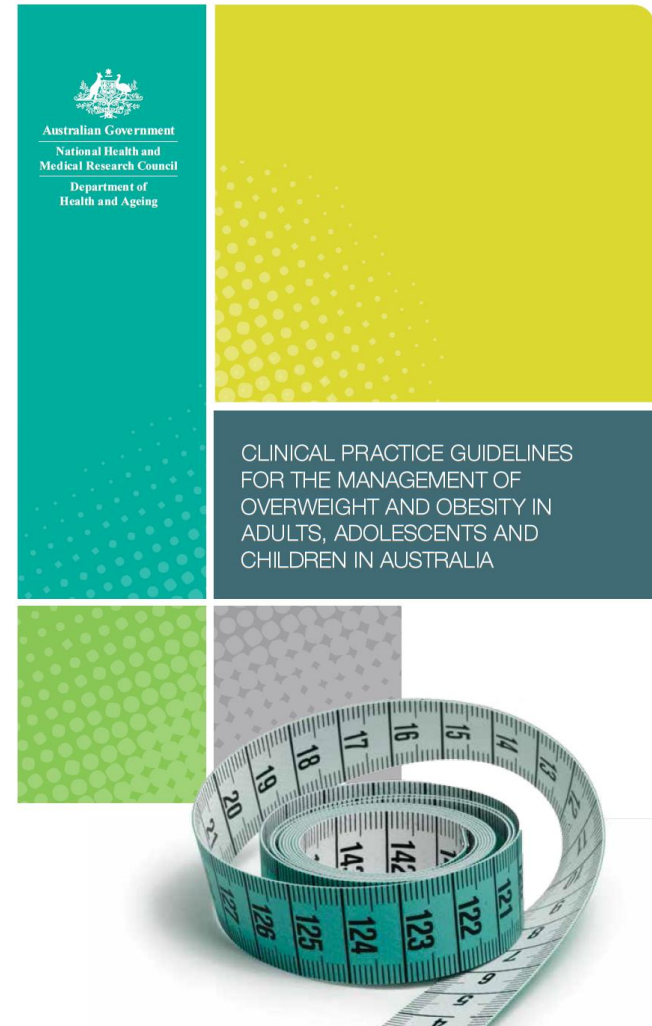
Outline

1. Background and aims

2. Methods

3. Findings

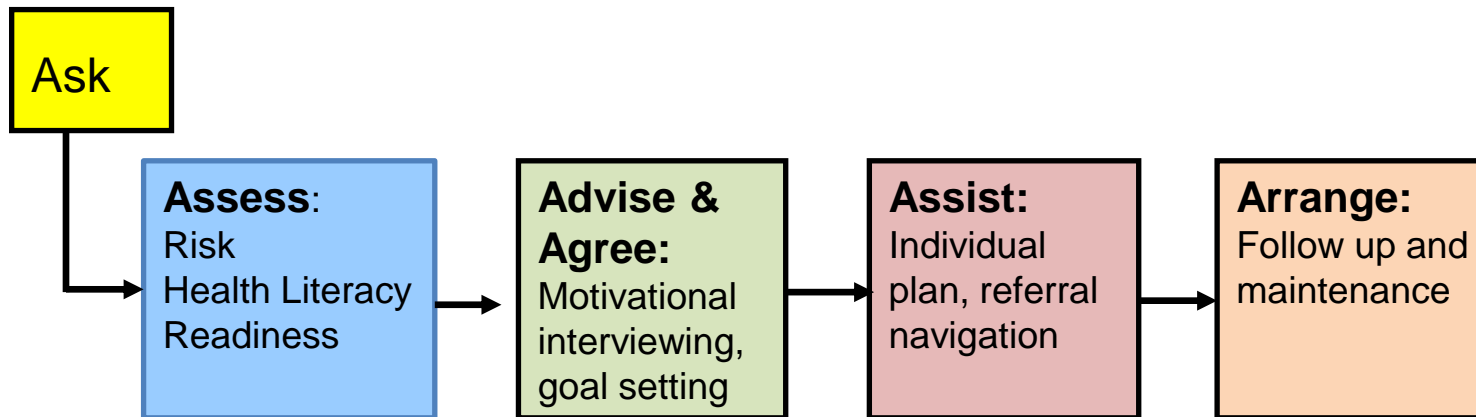
4. Implications



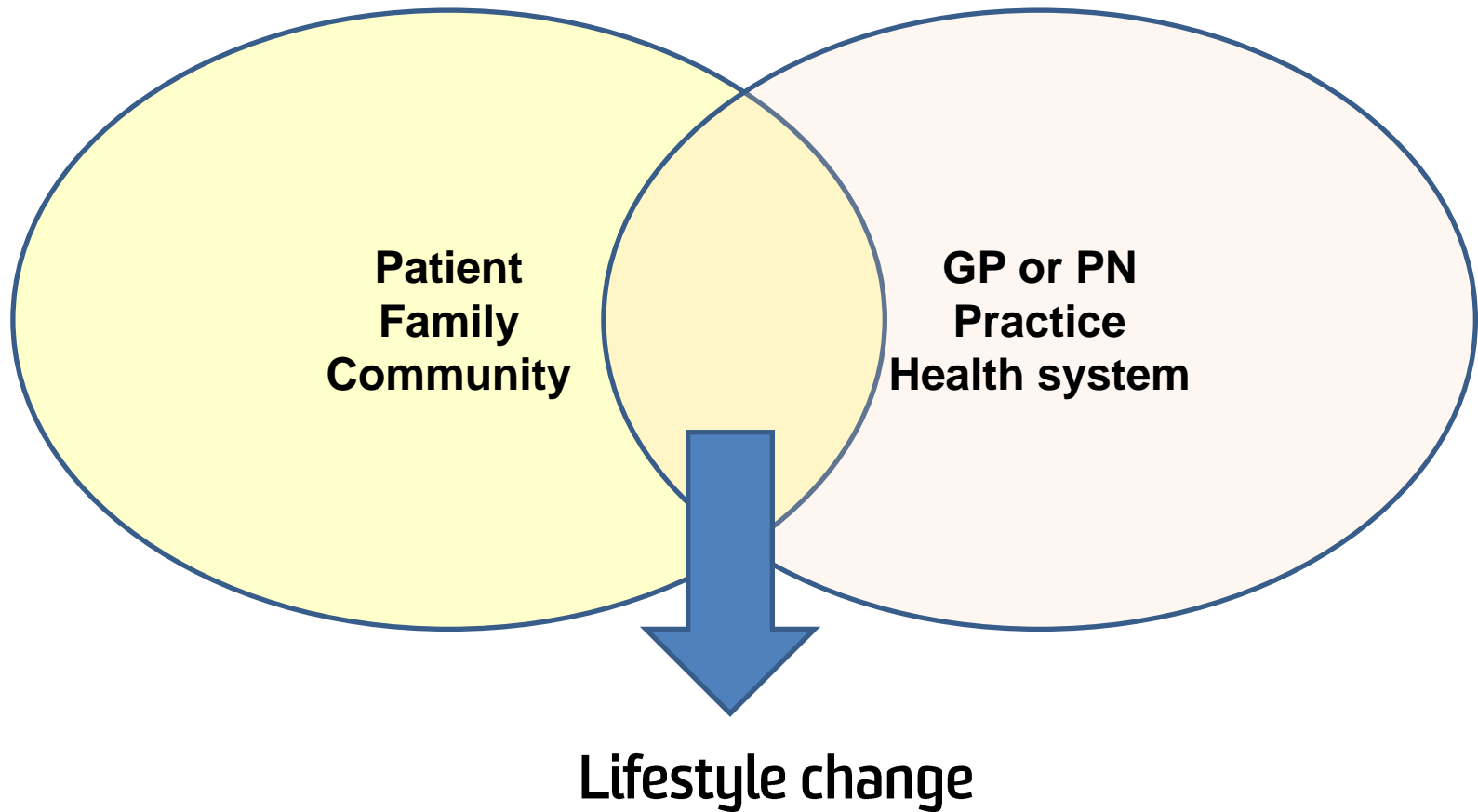
Rationale

- Over 80% of the population visit a GP at least once a year (ABS 2013)
- Two thirds of patients presenting in general practice are overweight or obese (BEACH 2015)
- Behaviour interventions can be effective in helping patients to lose weight in PHC (LeBlanc 2011)

5As of preventive care

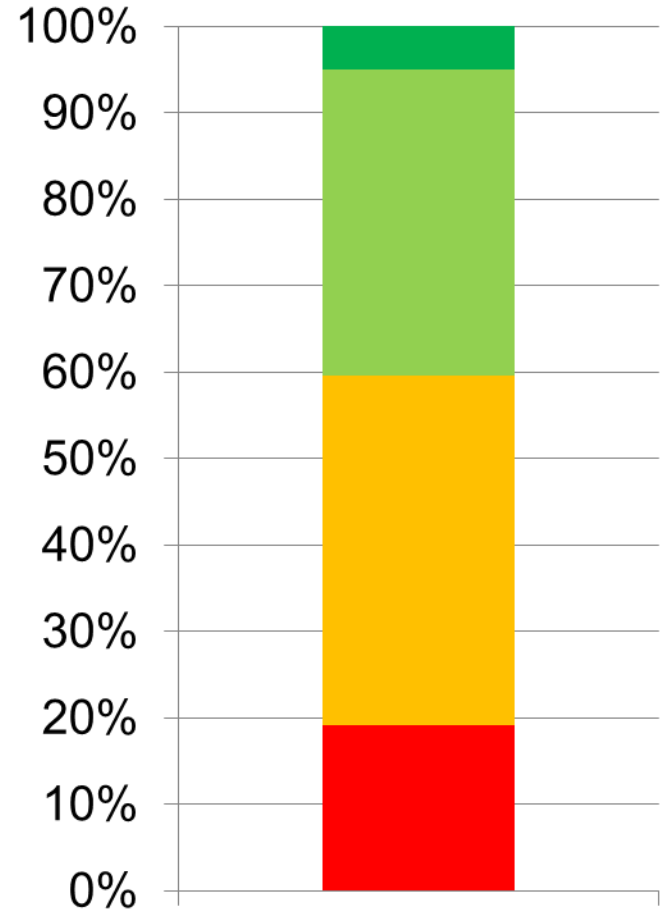


Barriers to effective preventive care

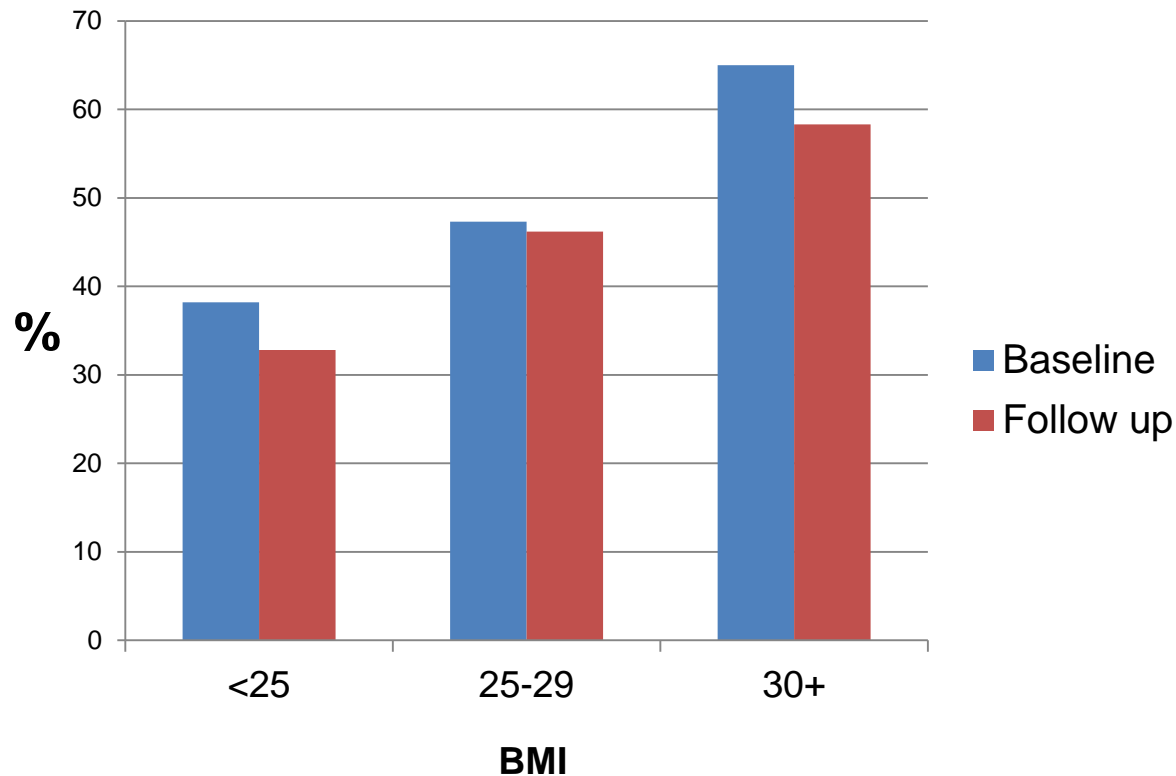


Health literacy in Australia

Very low health literacy affects 20% of Australian adults and is a barrier to the uptake and effectiveness of lifestyle interventions. (ABS 2006)



Percent of general practice patients with low health literacy by BMI



Joshi C, Jayasinghe UW, Parker S, et al. Does health literacy affect patients' receipt of preventative primary care? A multilevel analysis. *BMC family practice* 2014; **15(1): 171.**

Faruqi et al. *BMC Obesity* (2015) 2:6
DOI 10.1186/s40608-015-0035-7



RESEARCH ARTICLE

Open Access

Primary health care-level interventions targeting health literacy and their effect on weight loss: a systematic review

- Aim: To determine the effectiveness of lifestyle interventions aimed at improving adults' knowledge and skills for weight loss in primary health care.
- Evidence found for the effectiveness of interventions that focussed on improving knowledge and skills (health literacy) for weight loss.
- However, there was insufficient evidence to determine relative effectiveness of individual intervention methods.

Pilot study

- Aim: to determine the feasibility of an intervention to enhance preventive care for people with low health literacy in primary health care.
- A mixed method study in four Sydney general practices in areas of socioeconomic disadvantage.
- Despite improved awareness of the need for better communication, there was limited evidence of change in providers' approach to providing preventive care, suggesting a need for more attention towards providers' attitudes to support these patients.

BMWGP Trial

Aims

To evaluate

- the implementation and effectiveness of primary care nurses acting as prevention navigators to support obese patients with low health literacy to lose weight.
 - the reported assessment and management of patients with obesity and low health literacy (GP and practice nurse [PN] surveys and interviews)
 - the assessment of risk factor recording by GPs (clinical audit)
 - the reported assessment of lifestyle-related risk factors and management by GPs and PNs (patient interviews)

Health professional involvement

- 61 participants: 37 GPs and 24 PNs from 20 practices in disadvantaged areas in Sydney and Adelaide.

Intervention

- **Practice level:** Clinical audit with feedback, practice meetings, training of GPs and PNs, practice visits and support phone calls.
- **Clinical level:** Based on the '5As' of the chronic disease model approach – *Assess, Advise, Agree, Assist and Arrange*:-
 - Screening for obesity and low health literacy
 - PN health check:
 - Assessment, brief advice and goal setting
 - Referral navigation to one of three options (phone coaching, group education or individual education)
 - 'Phone follow up.

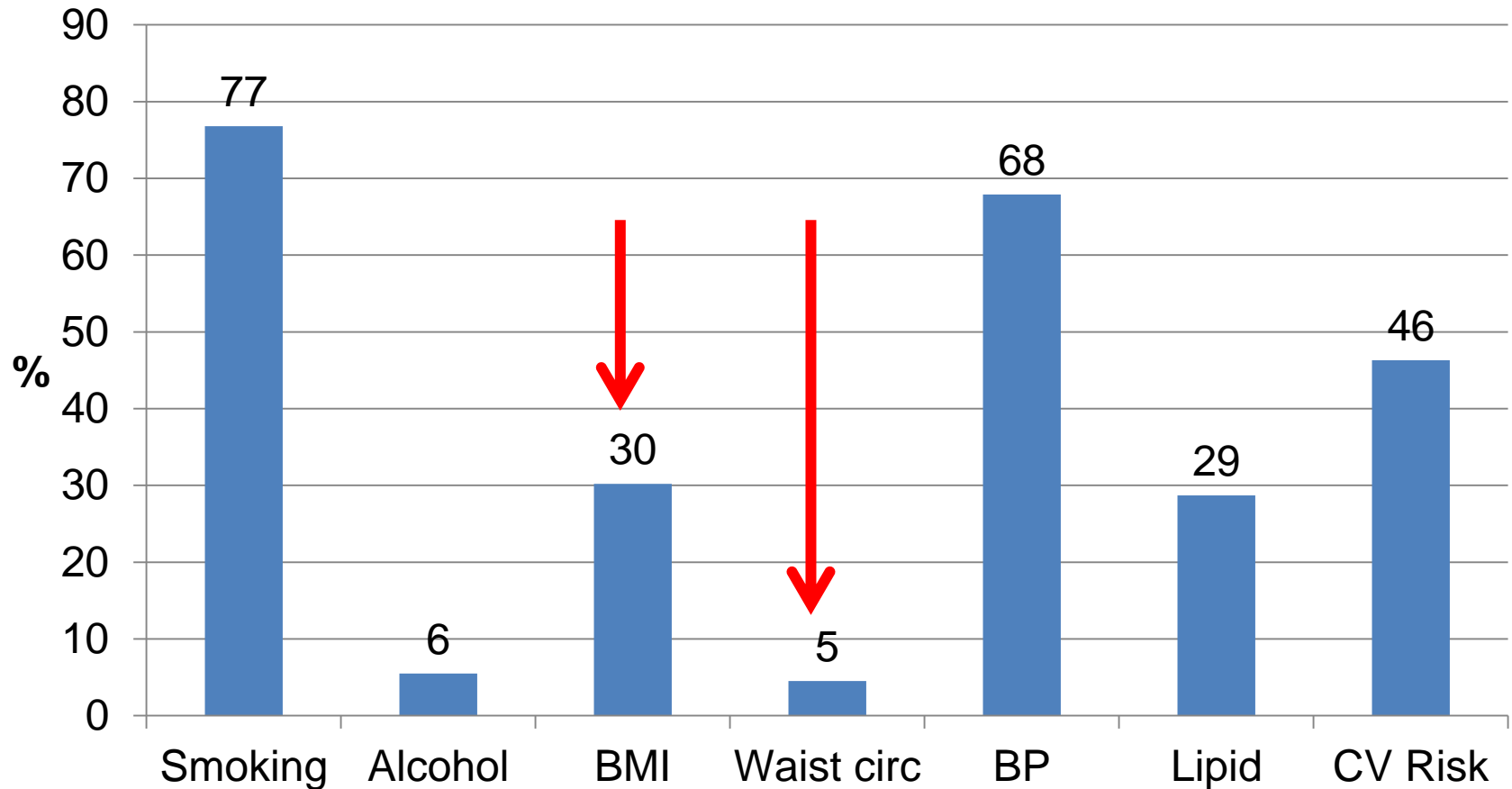
Evaluation

- Design: Randomisation of practices (control practices provide usual care)
- Data collection:
 - GP and PN surveys and qualitative interviews
 - Clinical audit
 - Patient interviews (quantitative and qualitative)

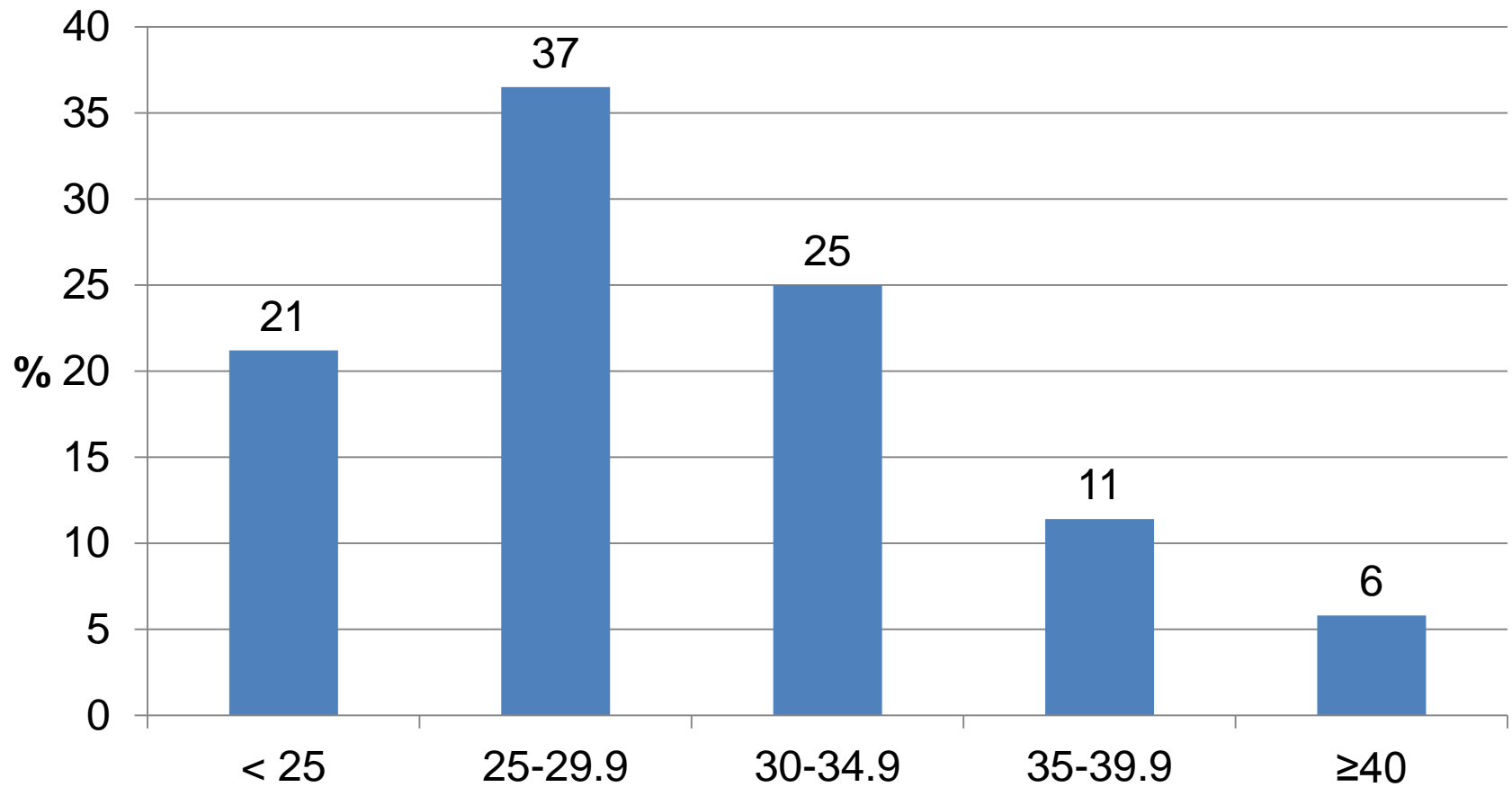
Baseline Clinical Audit



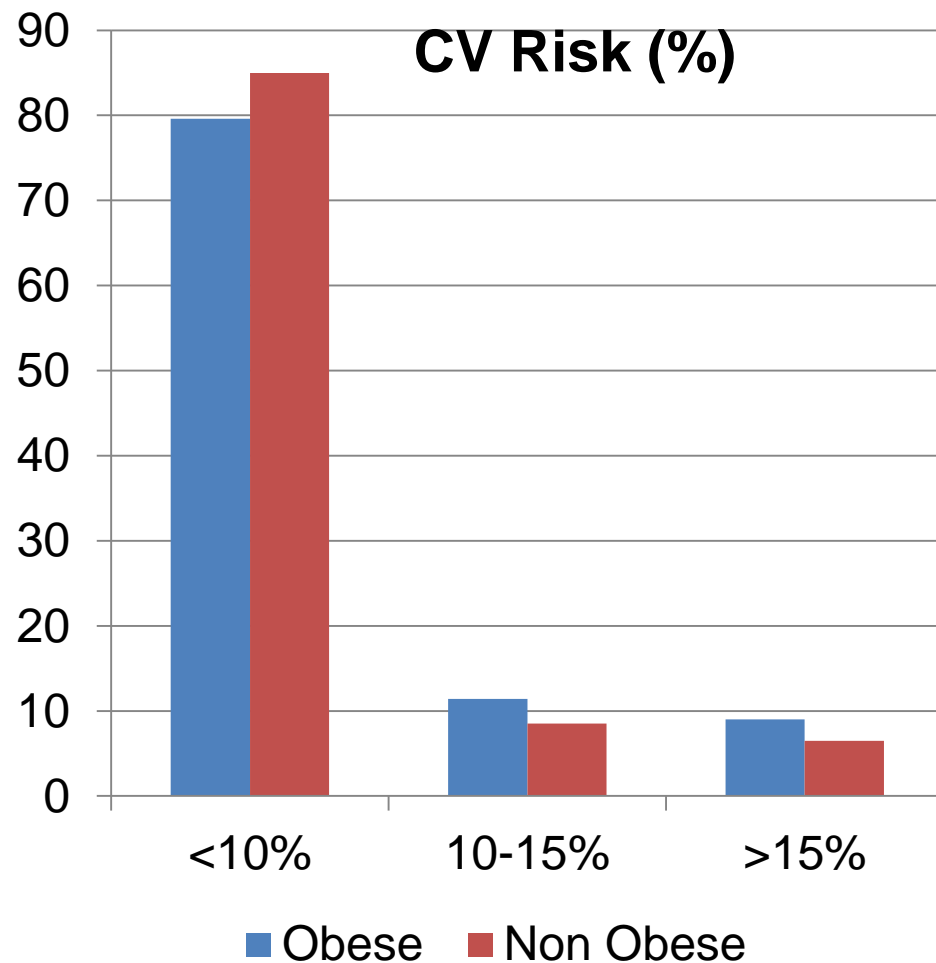
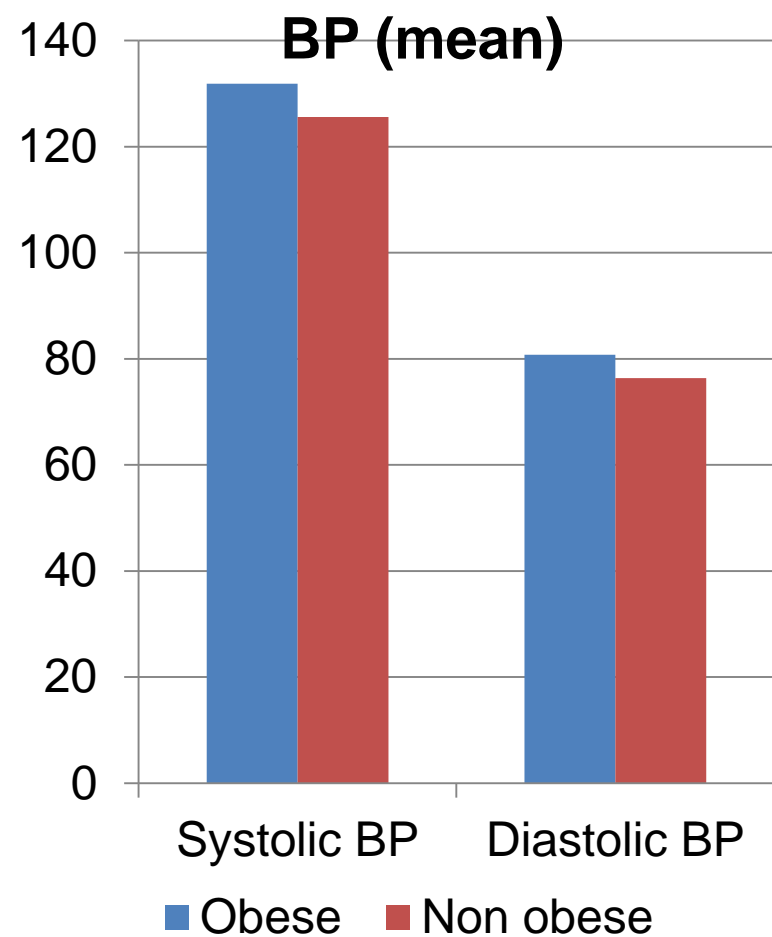
Recording of risk factors (n=22,070)



BMI category (n=6,664)



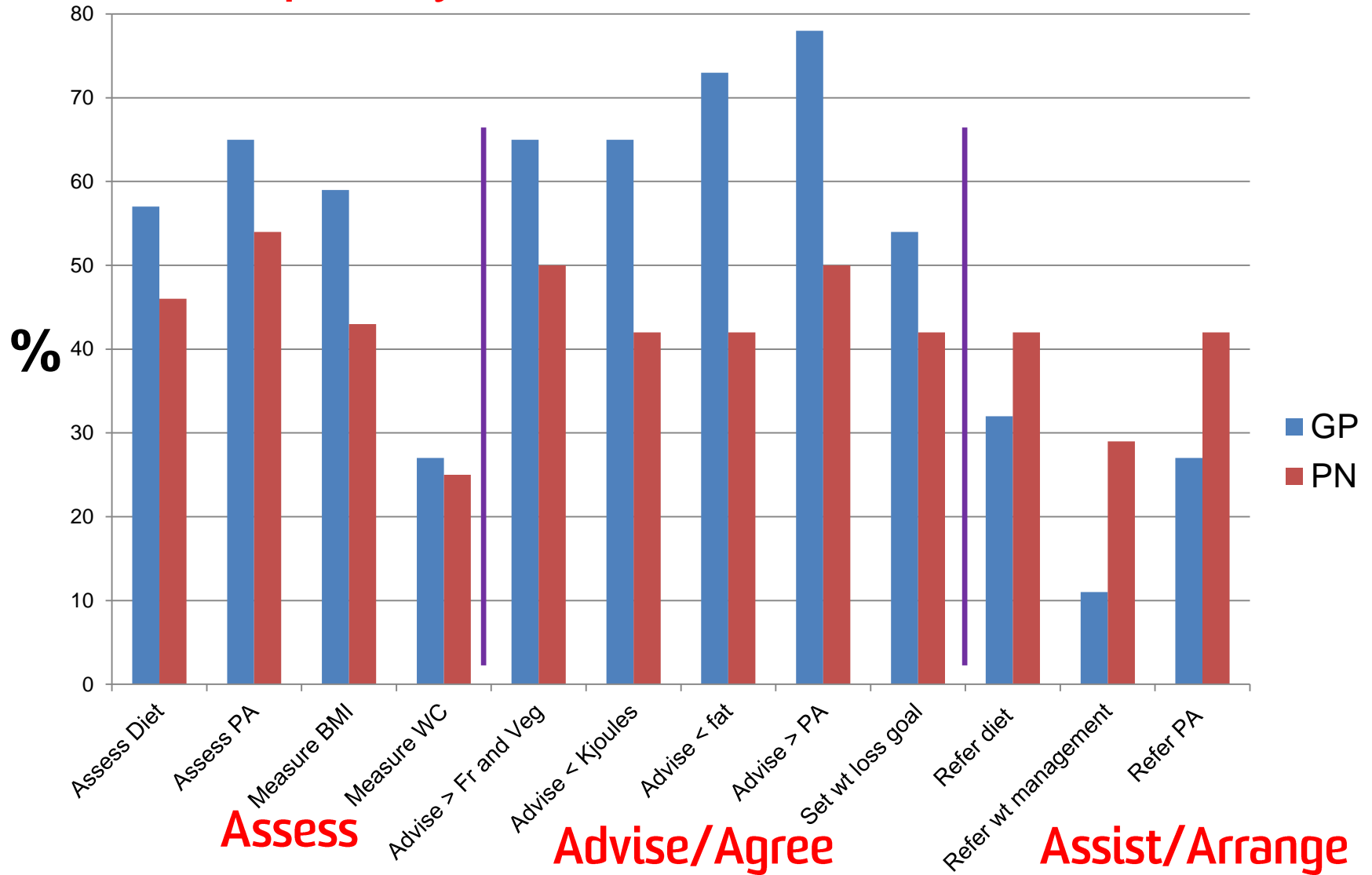
Risk factors of obese and non obese patients



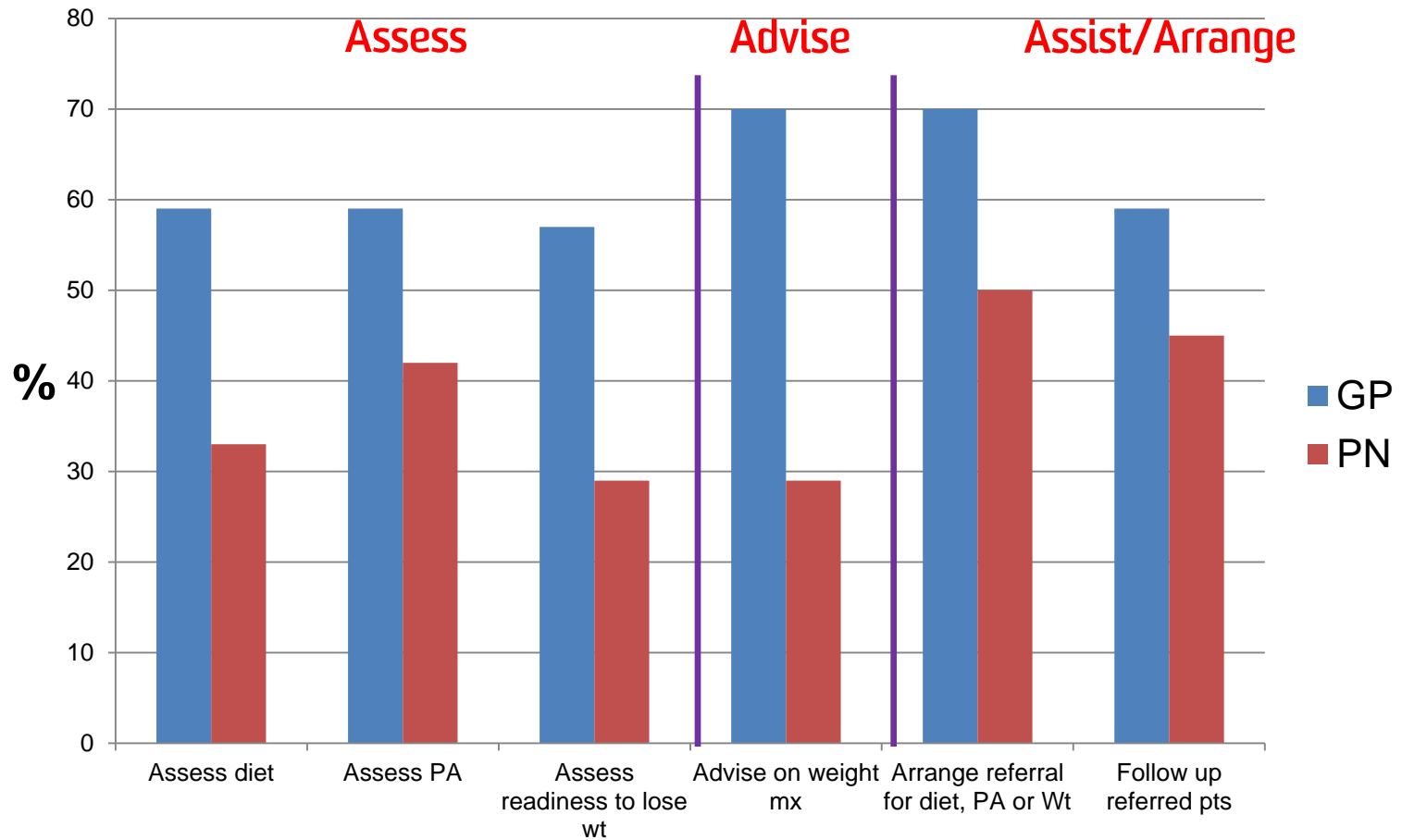
Baseline Provider Survey



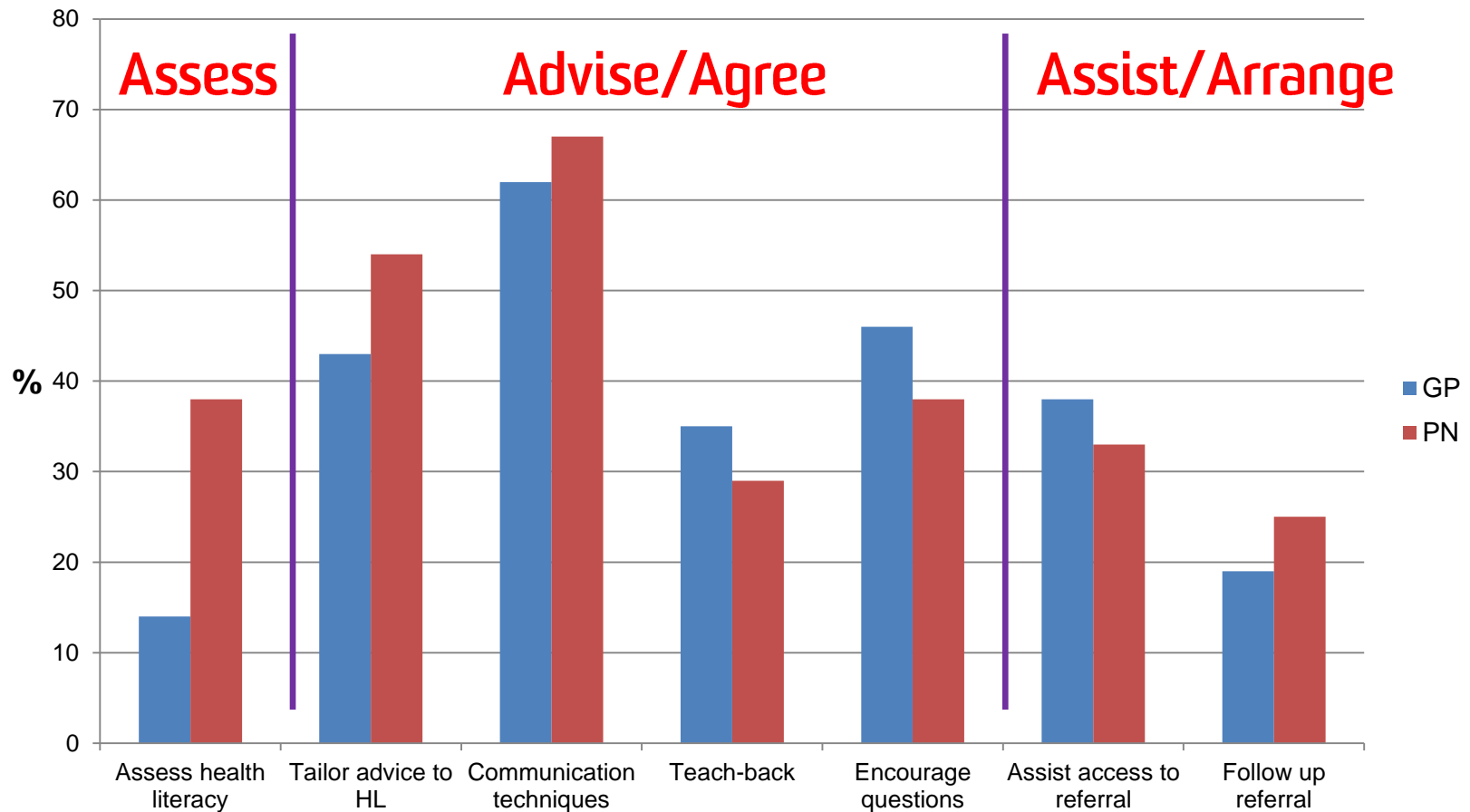
Frequency of actions across the 5As



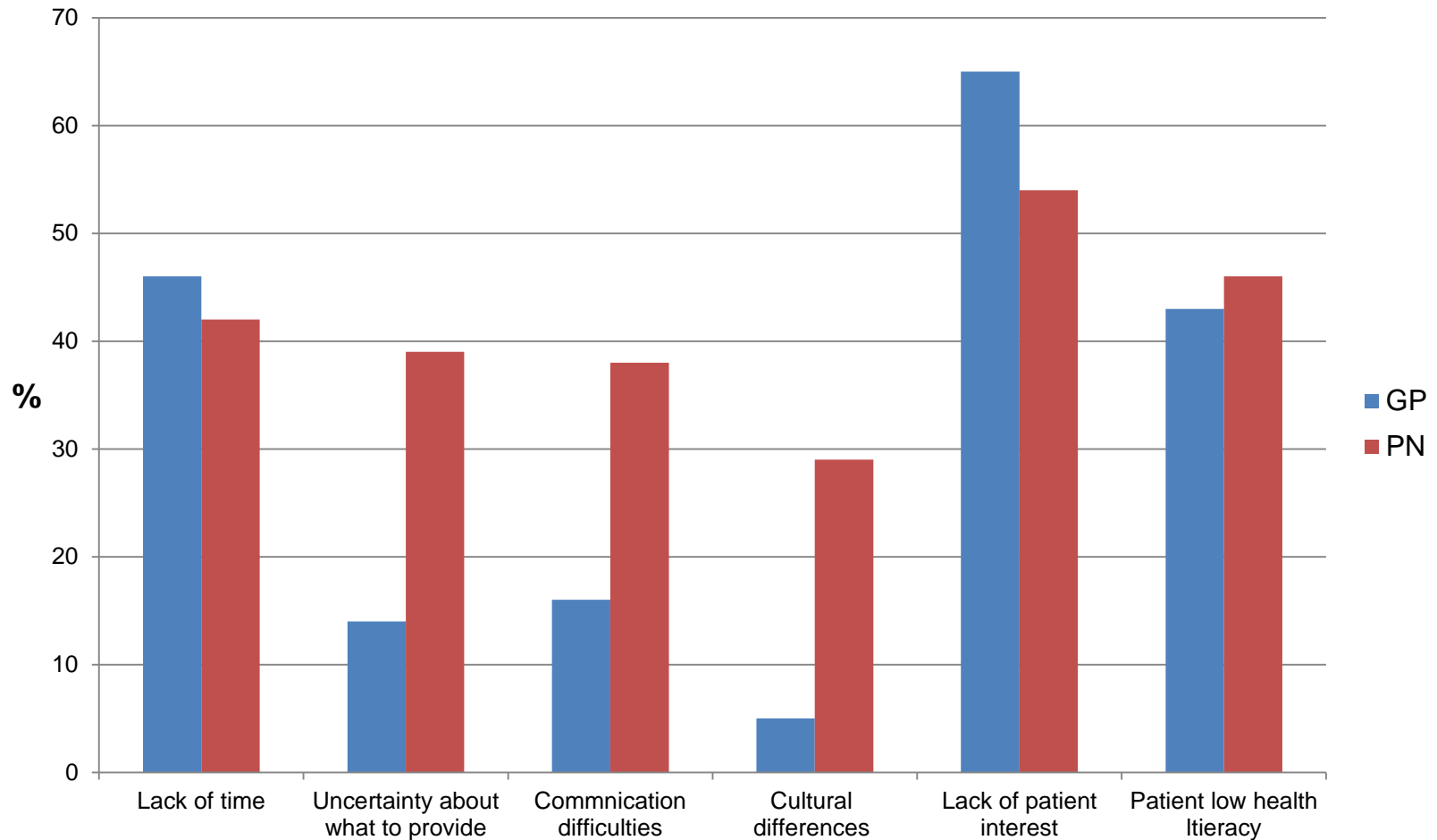
Confidence in assessment and management of obesity



Tailor approach to patients' health literacy >60% of the time



Barriers to management of obesity in patients with low health literacy



Brief Health Literacy Screen

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?

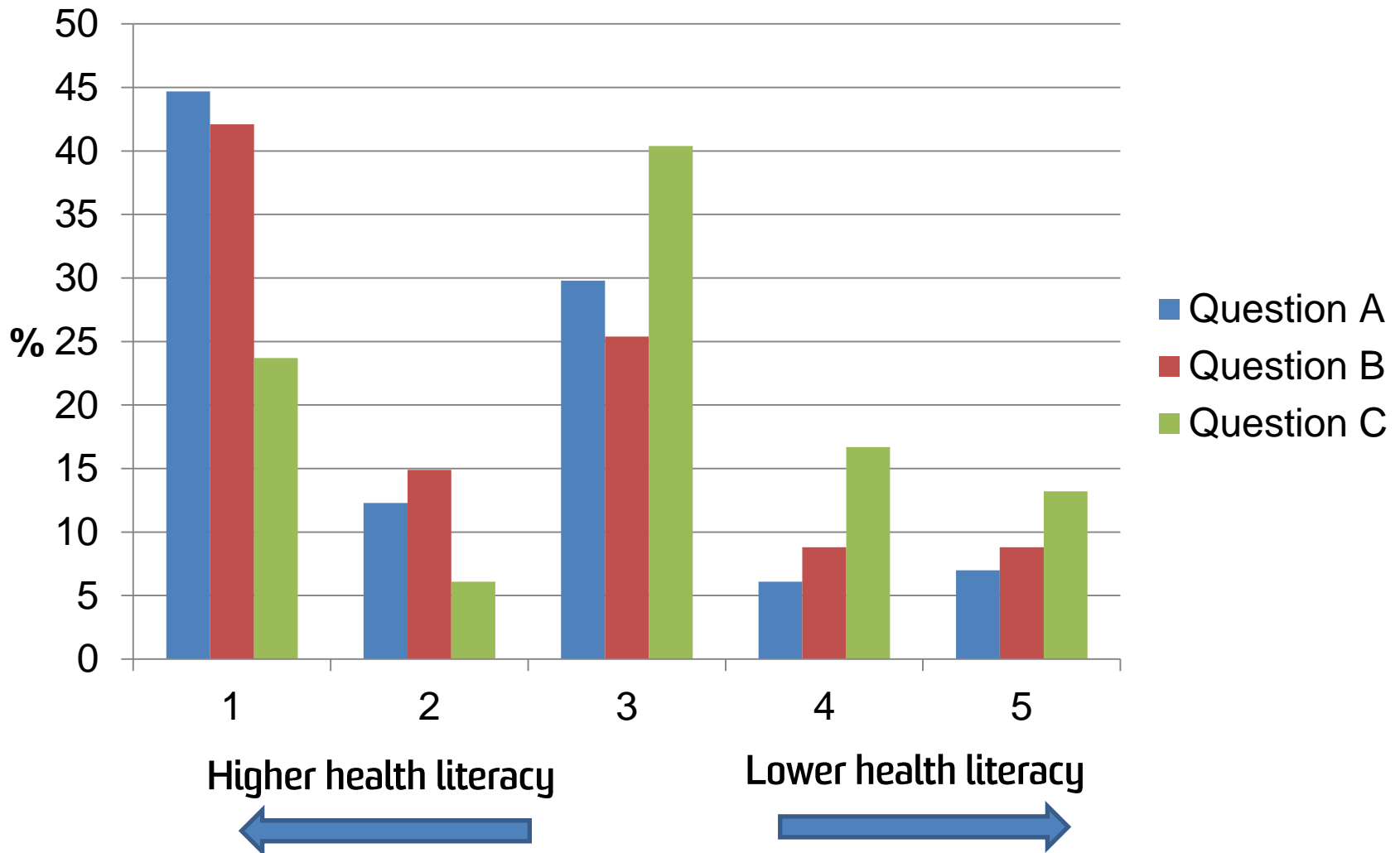
1. Never 2. Occasionally 3. Sometimes 4. Often 5. Always

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

(Chew, 2008)

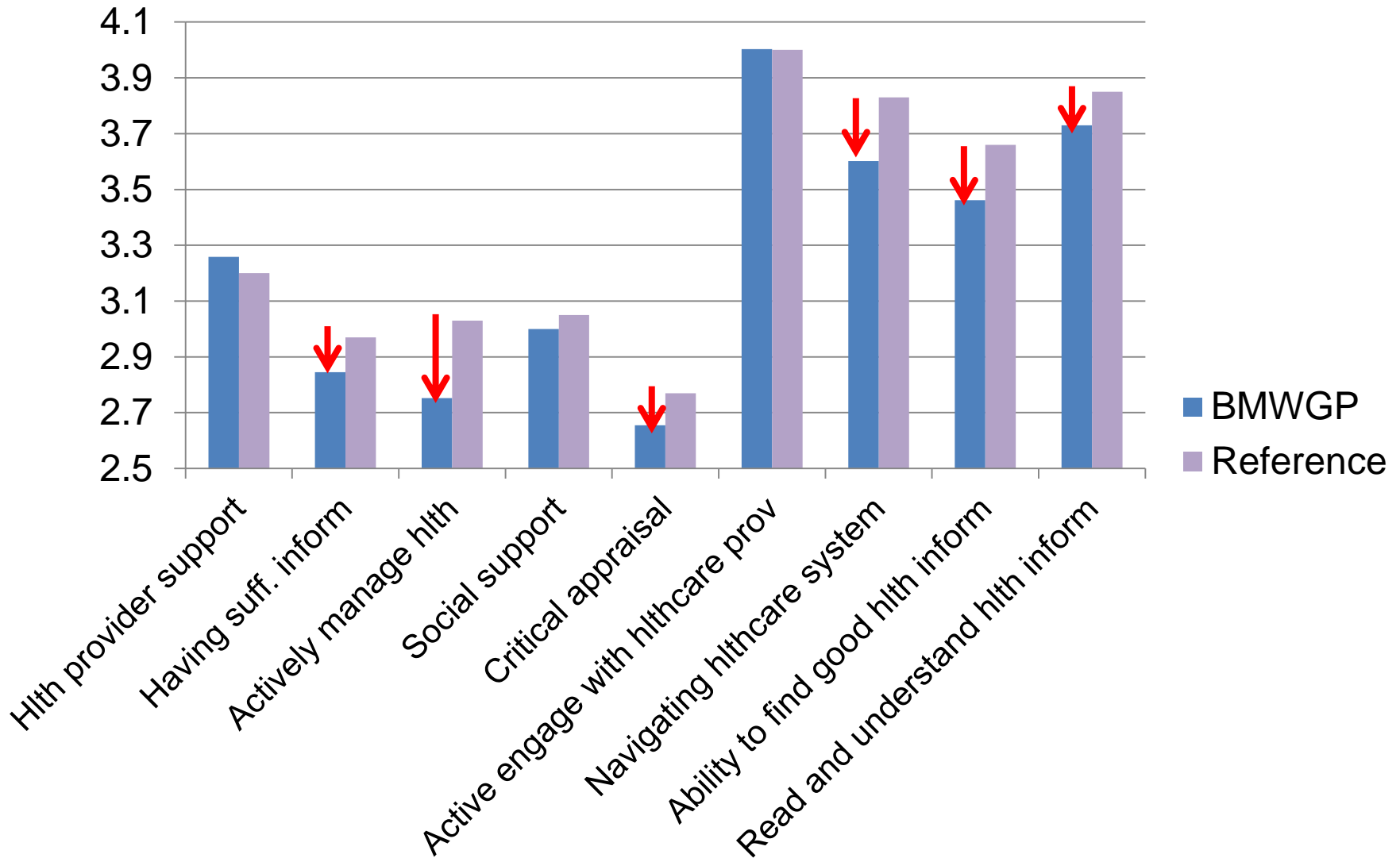
Health literacy screening of recruited patients



Patient Phone Interviews



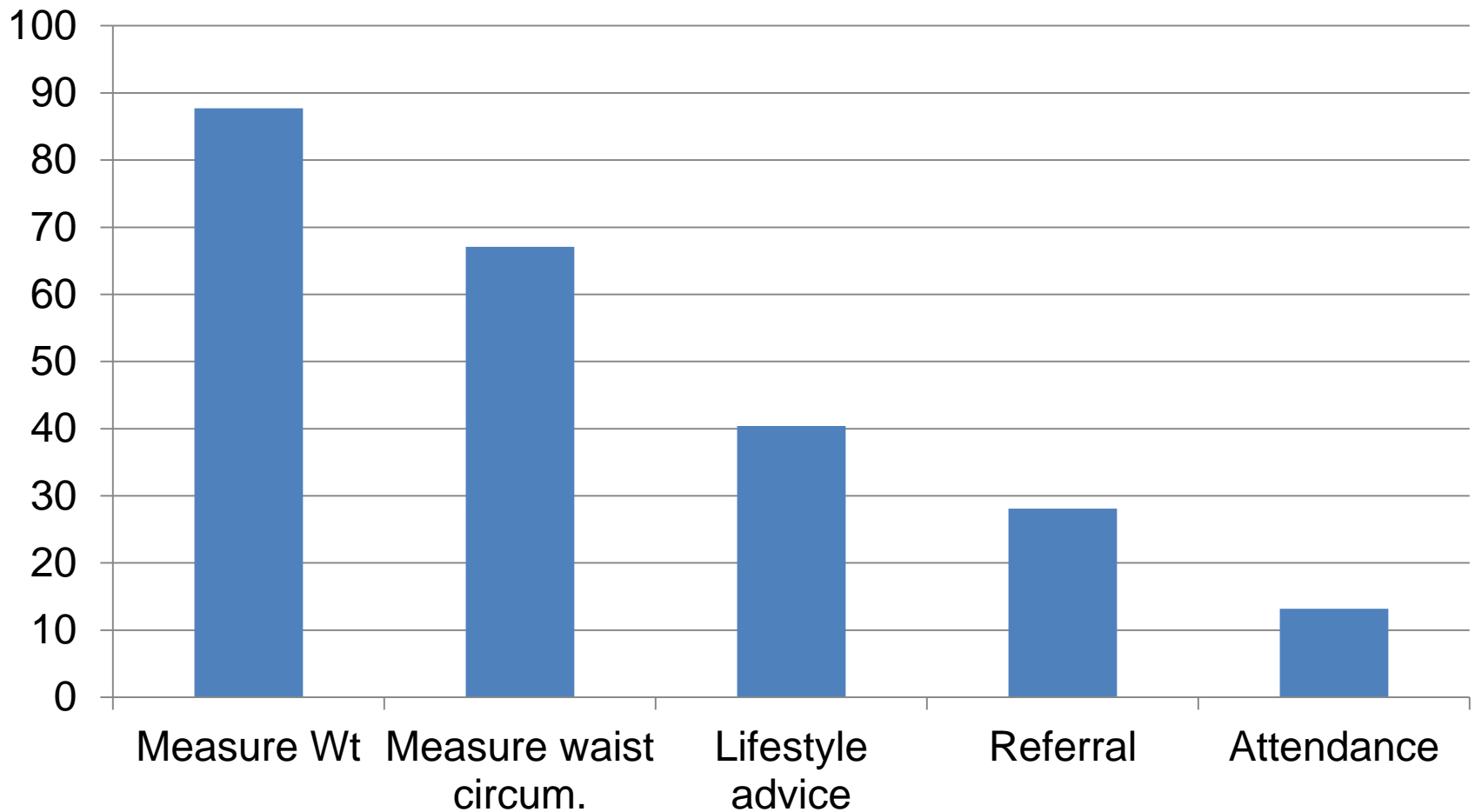
Comparison



Association between HLQ domain scores and lifestyle

HLQ DOMAIN	Fruit & Veg. Portions	Physical activity
Health provider support		
Having sufficient information		
Actively managing health	<input checked="" type="checkbox"/>	
Social support		
Critical appraisal	<input checked="" type="checkbox"/>	
Active engagement with health providers		
Navigating healthcare system	<input checked="" type="checkbox"/>	
Ability to find good health information	<input checked="" type="checkbox"/>	
Reading and understanding health information	<input checked="" type="checkbox"/>	

Percentage of patients reporting assessment, advice, referral and attendance



Conclusions (so far)

- Low rates of recording of BMI and waist circumference.
- Many obese patients in PHC have high cardiovascular risk.
- GPs and PNs accept role in obesity management including assessment and education. PNs are less confident and both GPs and PNs infrequently report using techniques to manage low health literacy.
- Lower health literacy in obese patients associated with poorer diet but not physical activity scores.
- Lifestyle advice and referral reported by less than half of patients.

Some Potential Implications

The study is ongoing but our work to date suggests:-

1. There are barriers to implementation of weight management across the 5As especially referral.
2. The role of practice nurses in education and referral navigation needs to be developed and evaluated.
3. Clinical approach needs to be better tailored to level of health literacy especially in:
 - education about diet
 - active management of patient own health, and
 - helping patients to navigate the health system.

COMPaRE-PHC



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<http://compare-phc.unsw.edu.au/>



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Publications

- Faruqi N, Lloyd J, Ahmad R, Leong L, Harris MF. Feasibility of an intervention to enhance preventive care for people with low health literacy, in primary health care. *Aust J of Primary Health*, 2014; <http://dx.doi.org/10.1071/PY14061>
- Faruqi N, Stocks N, Spooner C, El-Haddad N, Harris MF. Research Protocol: Management of obesity in patients with low health literacy in primary health care. *BMC Obesity* 2015, 2:5 doi:10.1186/s40608-015-0036-6
- Faruqi N, Spooner C, Joshi C, Lloyd J, Dennis S, Stocks N, Taggart J, Harris MF. Primary healthcare-level interventions improving health literacy for weight loss: A systematic review of the literature. *BMC Obesity* 2015, 2:6 DOI: DOI: 10.1186/s40608-015-0035-7

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