

Self-management and health literacy in patient with obesity and type 2 diabetes in patients with Australian general practice

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Goals of self-management

- Building self-esteem and self-confidence
- Reflecting on their health behaviour and considering change
- Making decisions whether or not to change their behaviour
- Reaching their goals and making an action or self-management plan
- Acquiring knowledge and skills to support self-management and/or health behaviour change



"Ed is in a study involving diabetes and lack of exercise.
This is his remote control group."

© 2006 Diabetes Health

Health literacy for self management of

- The capability of patients to obtain and process health information and navigate services is a major determinant of patients' ability to self-manage their chronic condition and is a barrier to the effectiveness of self-management education.¹
- CALD groups may experience cultural and linguistic barriers, as well as geographic and socio-economic barriers, that limit their access to other health services and education.²

1. Jordan et al. 2008

2. Alzubaidi et al. 2015

Measuring health literacy

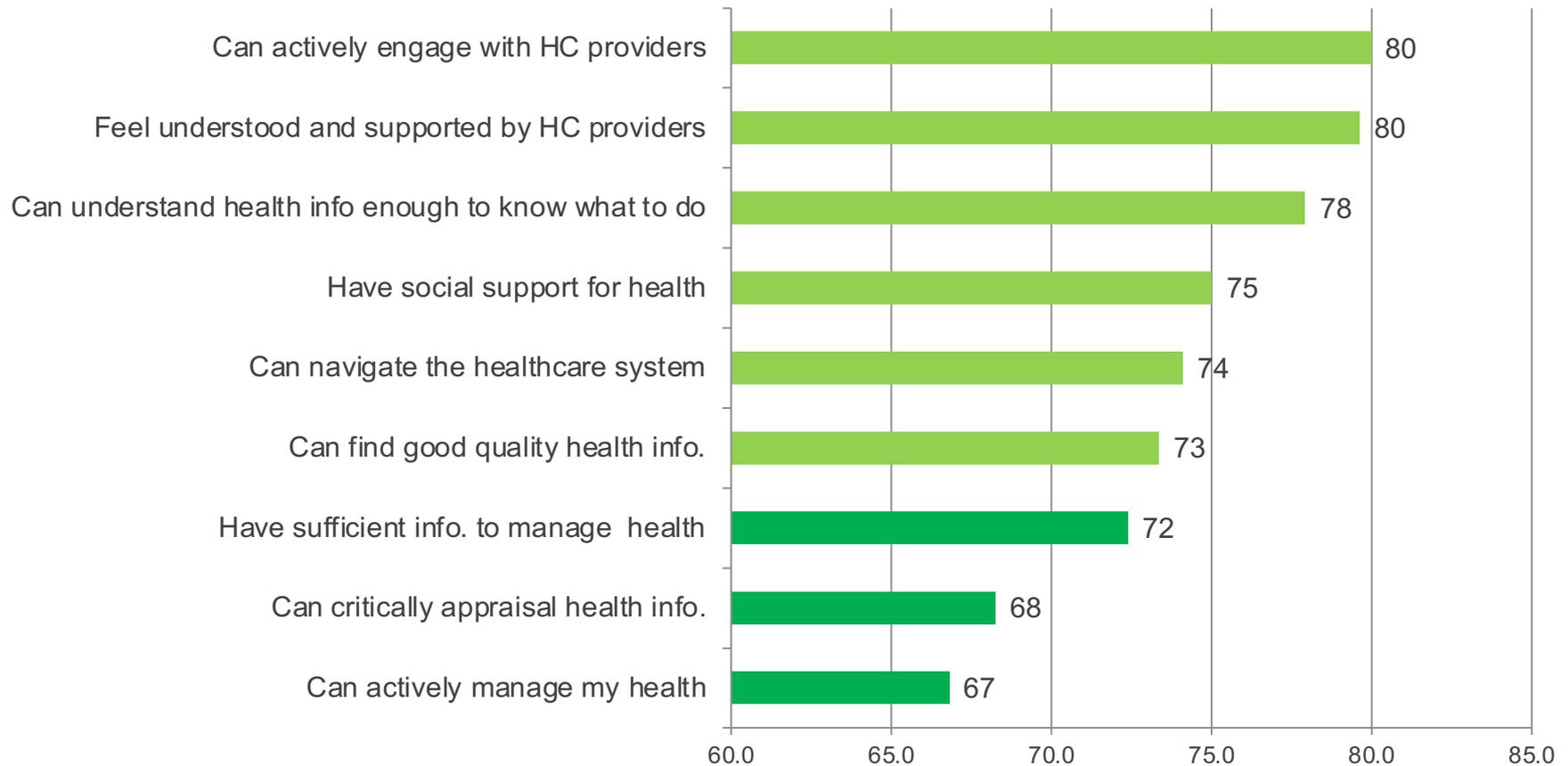
9 scales.

44 items -that can be self-administered or orally administered.

www.ophelia.net.au



Results: HLQ score (*Mean scores, highest possible=100*)



Objective and study

To evaluate the impact of a PHN web-based patient information portal facilitated during health check visits with GPs and practice nurses (PNs) on the abilities of patients with type 2 diabetes (T2D) to access appropriate health care and the confidence of providers in supporting their self-management..

Methods

Design: Single group trial evaluated using qualitative and quantitative methods before and after an intervention.

Settings: 10 general practices in South West Sydney in areas of low socioeconomic status.

Intervention

Practice level: audit of electronic medical records with feedback, online training and practice support visits by PHN facilitators.

Clinical level: Health check visits to practice structured on the 5As including introduction of Website





Diabetes Support

manage my weight



quit smoking



diabetes services



control my blood sugar



look after my kidney health



look after my feet



look after my eyes



improve my mood



get help with my medications



drink less alcohol



diabetes team



diabetes terms



Manage my diet, activity and weight

Where to get help?

Contact the "Get Healthy" line which has a specific diet and physical activity program for people with diabetes.

- Your GP practice can register you using a form which is available in the practice software.
- Phone 1300 806 258
- Website <http://www.gethealthynsw.com.au/>
- A telephone interpreter can be arranged for other languages.

Go to the ["8700" website](#).

This provides a lot of information on the energy content of foods especially fast foods and the amount of energy you use in physical activity. It can help you to set goals for changing your diet and physical activities.

Go to the Making Healthy Normal site for suggestions about how you can do more physical activity as part of your normal day

You can find an [exercise program in your local area](#) or a [local walking group](#)

Download an APP to monitor your daily diet. Examples of these include [Easy Diet Diary - Australian Calorie Counter](#).

Use the step counter on your mobile phone or a fitness tracker (these are now available for less than \$25) to measure how many steps you do in a day and set a goal. See [this website](#) for using your iPhone or Android phone as a fitness tracker

Speak to your doctor and nurse about the best diet and physical activity plan and weight target for you. Discuss referral to dietitian or exercise physiologist for some more intensive education. To find a service close to you, use the orange search tool on the right of the screen

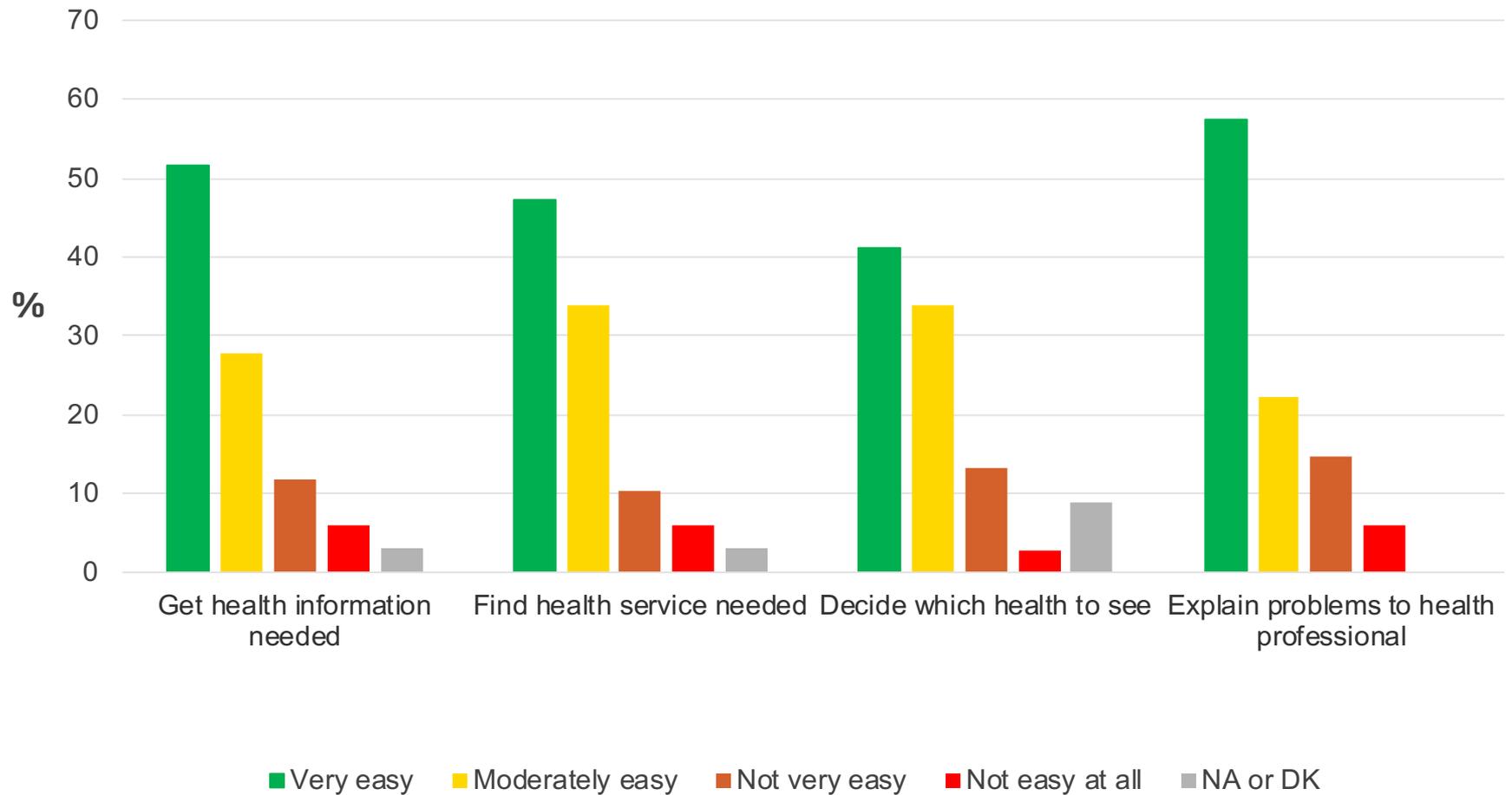
Some local hospital services offer dietician services. To access these services, you must live in the same Council area of the hospital. You will need a referral from your doctor

Participant characteristics

N=90 14% of baseline patients scored as 'socially vulnerable' (social vulnerability score cut off 2)

- 48% male
- Mean age = 62 years (SD=10)
- 50% had high-school or less education
- 43% described their financial situation as poor, very tight or tight.
- 46% described their general health as poor or fair (as against good, very good or excellent)
- 11% did not speak English at home* (compared with 39% of dropouts)
- 46% were born outside Australia* (compared with 67% of dropouts)
- Internet use:
 - Most of the sample used the internet daily (60%) or several times a week (13%); 22% used it never or rarely. (Table 1)
 - Confidence finding health information on the internet on a scale of 1 (no confidence) to 10 (very confident): mode=10 (39% of patients), mean= 6.7
 - Exactly half the sample had used the internet in the previous three months to find information for their health or wellbeing.

Health Literacy



Website

Websites viewed at baseline health check.

1	Manage weight	32	59.3
2	Quit smoking	4	7.4
3	Diabetes services	13	24.1
4	Control blood sugar	16	29.6
5	Kidney health	12	22.2
6	Look after feet	20	37.0
7	Look after eyes	16	29.6
8	Improve mood	10	18.5
9	Get help with medications	11	20.4
10	Drink less alcohol	0	0.0
11	Diabetes team	10	18.5
12	Diabetes terms	2	3.7

Website unique page views increased over the months from October 2017 to June 2018.

The most frequently visited web pages:

- **English:** diabetes services, blood sugar control, weight management, foot and eye care.
- **Arabic:** diabetes terms and diabetes services.

Patients' ability to access appropriate primary health care?

Ability to perceive or seek

(Scale; 1= Not easy at all to 4=Very easy) Increased from 3.18 to 3.40 $p=0.006$

Providers shifted from emphasis on motivation to health literacy
Variable usefulness of website by patients

Ability to engage

Patients' reports of how easy it was to explain their problems to their health professionals. On a scale of 1 to 4 (1=Not easy at all; 4=Very easy), Change mean=3.26 to mean=3.50 $p=0.07$

Some GPs reported that the intervention improved the interest and motivation of many patients in self-management. However concern about sustained use. Some patients also felt more informed and engaged.

Implications

Implementation: Low health literacy patients reluctant to come into the practice for the health check visits. Most could use of the internet.

Impact: Improved ability to perceive and engage in care. Extended the role of staff, especially PNs The model of care fitted well with practices that had functioning teams but had less impact on the links between practices and other services.

Sustainability: Simple and low cost intervention. PHN and all GPs interested in continuing use

