

# HeLP-GP

## Health eLiteracy for Prevention in General Practice

The HeLP-GP cluster randomised trial collected and evaluated information from your practice and patients attending your practice assessed as overweight and obese.

- OBJECTIVE** — To evaluate a multifaceted intervention which aimed to improve health literacy, eHealth literacy, physiological risk factors, lifestyle behaviours and quality of life. We hypothesised that the intervention would result in better outcomes than usual care.
- SETTING** — General practices in urban and lower socio-economic areas in Sydney and Adelaide.

- PARTICIPANTS** — Baseline assessment was completed by 215 patients (120 intervention and 95 control).

### PATIENT ELIGIBILITY

- Aged 40-74 years
- Body mass index  $\geq 28$  recorded within the previous 12 months
- Blood pressure and total serum cholesterol recorded within the previous 12 months
- Speaking English and/or Arabic, Vietnamese, or Chinese (languages representing common migrant groups in the catchment areas)
- Access to a smartphone or tablet device and internet connection

### PATIENTS WERE EXCLUDED IF THEY:

- Had a diagnosis of diabetes requiring insulin, cardiovascular disease, or stroke
- Experienced weight loss of  $\geq 5\%$  in the past three months, were taking medication for weight loss, or underwent weight loss surgery
- Had a diagnosis of severe mental illness or cognitive impairments
- Had a physical impairment that would prohibit engaging in moderate-level physical activity

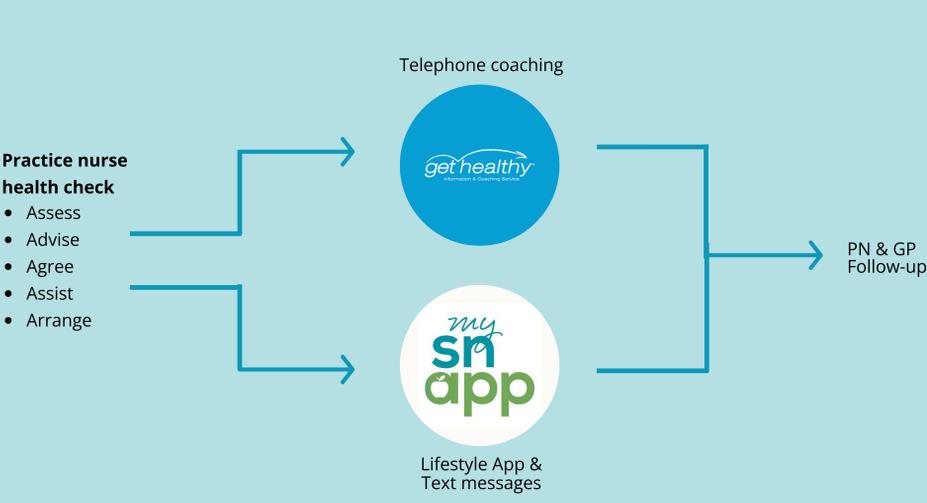
### PRACTICE RECRUITMENT

- Occurred between March 2018 and October 2018
- Invitations to express interest were distributed via Primary Health Networks, through the mail, email, newsletters, general practitioner education events, and websites.

### OUTCOMES AND ANALYSES

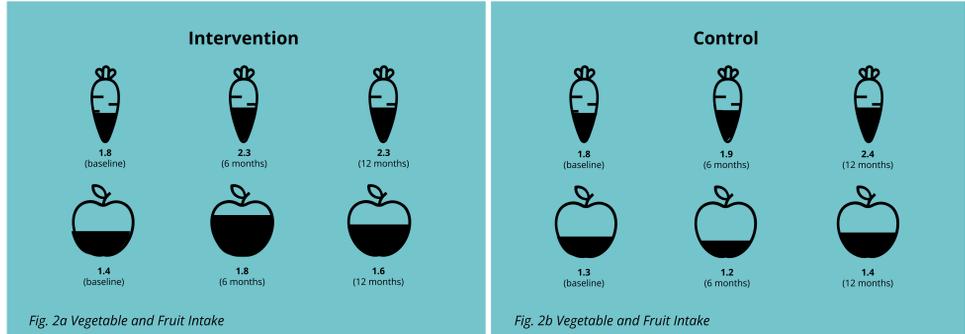
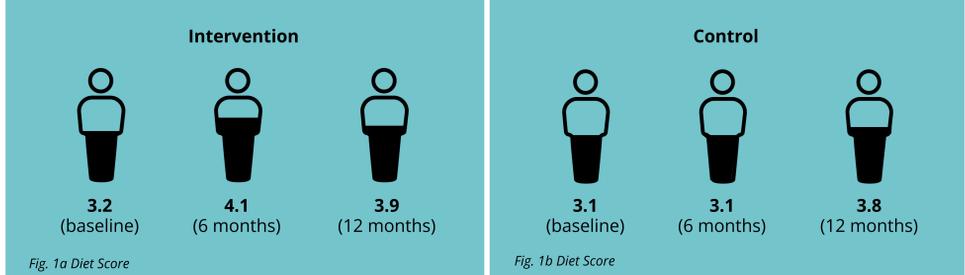
- Primary outcomes were measured at baseline, 6 and 12 months, and included changes in diet, physical activity, patient health and eHealth literacy, weight, and blood pressure.
- Secondary outcomes included preventive advice and referral, blood lipids, quality of life, and costs.
- Univariate and multivariate analyses of difference-in-difference estimates for each outcome were conducted.

## The HeLP-GP intervention



## Quantitative Results

**Diet**  
There was a slight improvement in diet scores at six months *in the intervention group* (attributed to increased fruit intake), but not at 12 months.

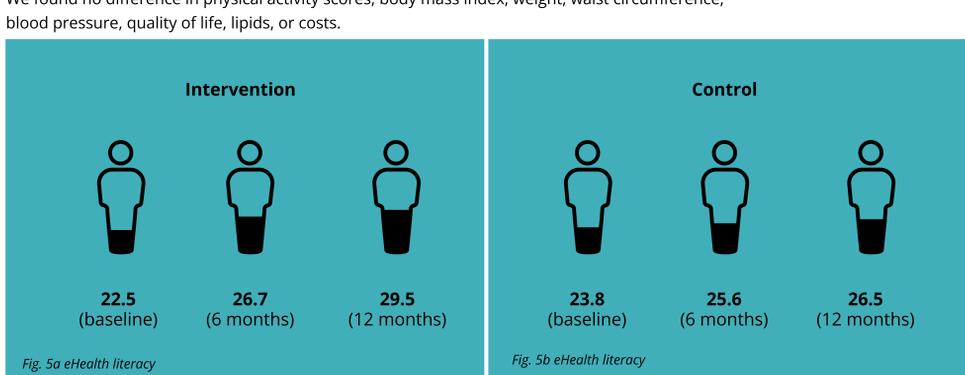


**Health literacy**  
At baseline, health literacy scores in both groups were higher than anticipated, resulting in a ceiling effect. For the group that was below the median at baseline, there was an increase in the intervention group for the Health Literacy Questionnaire (HLQ) domain 8 score at 6 months and the HLQ domain 9 score at both 6 and 12 months.



**eHealth literacy**  
eHealth literacy improved only at 6 months for those whose baseline eHealth literacy was below the median at baseline.

We found no difference in physical activity scores, body mass index, weight, waist circumference, blood pressure, quality of life, lipids, or costs.



## Qualitative Results

- Our qualitative data indicates:
- Respectful, trusting, and open provider-patient relationships are essential.
  - 'Difficult conversations' with patients about weight require empathy and guidance to support patients and negotiate programs best suited to their unique needs.
  - Uplifting and intentionally delivered lifestyle messages positively influence patient motivation, growth, and success.

This trial highlights the following considerations for practices:

- Weight management interventions delivered in general practice based on lifestyle behaviour change and supported by medication can be valuable.
- Adjunctive referrals for additional counselling, diet advice, and surgery can be beneficial for some patients.

**If I want to lose weight it's got to be something I want to do. (Patient)**

**I'm taking tablets for both cholesterol and diabetes. I need to change my lifestyle ... and guidance is important if I'm to lose weight and get off these tablets. (Patient)**

**I appreciate that staff are incredibly courteous and speak to me very openly so I understand what they're saying. (Patient)**

## Conclusion

Recruitment and engagement were challenging in this population. While the interventions did enable some improvements in health literacy and diet, they were insufficient to achieve more substantial and sustained changes in health outcomes.

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**Thank you**  
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<https://cphce.unsw.edu.au/help-gp>



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