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EFFECTIVE DETERMINANTS FOR SUPPORTING LIFESTYLE HEALTH LITERACY AND SELF MANAGEMENT SKILLS IN PRIMARY CARE

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POLICY CONTEXT

This review focuses on improving health literacy in the management of the SNAPW (Smoking, Nutrition, Alcohol, Physical Activity and Weight) lifestyle risk factors. These lifestyle risk factors make an important contribution to the rising burden of chronic illness in the Australian population. Health literacy in these risk factors and their management influences the decisions and actions which people make and determine the effectiveness of many strategies to prevent and manage chronic illness. However, less than half of the Australian population have adequate levels of health literacy. This has been identified as a priority in each of the major national health strategy reports.

KEY FINDINGS

- 54 studies met our inclusion criteria as intervention studies measuring impact on health literacy and lifestyle behaviours.
- **Impact of interventions:** Health literacy was improved in 74% of the intervention studies. The results were more mixed for SNAPW risk factors with 43-58% of studies reporting a significant improvement in these. There was insufficient evidence for interventions targeting alcohol use and for telephone interventions. Most studies evaluated group education, individual interventions (counselling, interviewing), written materials or multiple combinations of interventions. Group or multiple interventions were more likely to report changes in nutrition; those with individual counselling and interviewing changes in smoking and physical activity; those using written materials changes in nutrition. Studies evaluating higher intensity of intervention were not more likely to report change in SNAPW risk factors than those evaluating lower intensity interventions.
- **Setting:** 29 studies had interventions based in primary health care services (PHC) and 21 in community settings. The majority in PHC were individual motivational interviewing or counselling interventions, multiple interventions or use of written materials. These were relatively successful in changing health literacy and achieving behaviour change. The majority in community settings were group interventions which were effective in changing health literacy and nutrition and physical activity behaviours;

- **Effectiveness of providers:** There was little difference in the effectiveness of particular providers in changing the SNAPW risk factors. Nurses and educators were involved in providing those interventions that were most successful in changing health literacy (85-100%). The interventions provided by the educators tended to be of high intensity. Studies where the intervention was provided by the doctor tended to be of higher quality but only 57% reported an improvement in health literacy. Interventions provided allied health and lay workers tended to have intermediate levels of effectiveness in change health literacy;
- **Cost effectiveness:** There was a scarcity of studies which assessed the costs or cost-effectiveness of health literacy interventions with the majority focused on smoking. A number of brief interventions involving counselling or computer generated tailored letters for nutrition or smoking and were low cost but there were no statistically significant changes in measures of behaviour change in the long term in these studies. Furthermore the costing studies identified in this review only measured intermediate outcomes not quality of life;
- **Disadvantaged groups:** There were 14 studies targeting people from low socioeconomic backgrounds, mainly group or multiple interventions including group education programs. The interventions were intensive and focused on nutrition and physical activity. There were improvements in health literacy in 77% of studies and there was success in changing nutrition and weight but were less successful with smoking and physical activity. Of those interventions targeting people of low educational achievement or ethnic minorities, most reported improvements in health literacy but were less effective at producing a SNAPW behaviour change;
- **Barriers and drivers:** A large number of health literacy barriers and drivers related to behavioural risk factor management were identified for both patients and drivers from papers describing qualitative, descriptive and intervention studies. The most important barrier to the provision of health literacy interventions by providers was the availability of time and a range of preventive skills which were in turn influenced by the quality and availability of training. The strength and continuity of provider-patient relationship and the cost and comprehensibility of messages and materials were important factors in the uptake and effectiveness of health literacy interventions. Patient uptake was also influenced by psychological status, beliefs and outcome expectations which were in turn influenced by family and social support, poverty, culture ethnicity.

POLICY OPTIONS

The findings are consistent with a number of strategies to improve the uptake and efficacy of health literacy for behavioural risk factors in the Australian community:

- This study suggests that a mix of both group and individual interventions to support health literacy for change in behavioural risk factors may need to be available as each approach may suit different patients or providers. These can be delivered effectively by a range of providers in both primary health care or in other community settings including by lay workers. These can target a range of SNAP behaviours and use a number of strategies. However it is important that these are well integrated and based on a coherent theoretical framework;
- There is a need to train the “usual” primary care providers of care for patients to offer more tailored individual and group interventions. This training needs to develop skills in motivational counselling, adult education and an understanding of the role of other services and programs based in the community which they can refer to. While interventions may be relatively brief they are constrained by the time and capacity of primary health care providers. Existing programs to support preventive health checks and lifestyle interventions may need to be extended to provide more capacity for the range of primary health care providers to offer educational interventions to a broader range of patients;

- While health literacy interventions can be effective with disadvantaged groups, it is important that it is provided at low or no cost to patients especially if it is not to deter lower socio-economic patients. Engagement of other family and community members may enhance their effectiveness;
- Culturally and language appropriate patient education resources provide important tools for developing health literacy. These need to be made more available to all providers in a form which can be readily used in individual consultations as well as in group programs.
- Training for providers in the skills they require to support health literacy is important especially techniques such as motivational interviewing which address patient attitudes as well as their knowledge. Policies which enhance the accessibility, personal continuity and length of consultations in primary health care are likely to be important to enable the provider to provide interventions of sufficient intensity to achieve positive results.

METHODS

A systematic review of the published literature, including a review of published systematic reviews was undertaken with a focus on health literacy for changing the SNAPW behavioural risk factors in primary health care.

The Research Questions included:

1. What have been the major interventions nationally and internationally which have aimed to improve the health literacy and motivation of people to manage their own lifestyle risk factors? Which have been effective and cost effective and does this vary in different settings, by different providers and for different population groups especially those from low socioeconomic backgrounds or other cultures?
2. What were the known effective drivers and barriers to the uptake and sustaining of the policy initiatives and interventions and how did these vary for different population groups. What factors influenced the uptake of these by providers and patients?
3. What are the policy options to support the implementation of effective interventions to improve the knowledge, skills and motivation (health literacy) of people to manage their own lifestyle risk factors in Australian primary health care?

We used a definition of health literacy which included basic and functional health literacy as well as more advanced interactive and critical health literacy. The review was preceded by consultations with a reference group and interviews with key stakeholders. The search strategy targeted a broad range of published materials including: peer reviewed journal literature, "grey" literature from electronic databases, websites of government and other agencies. In addition to this there was a targeted journal search and snowballing from reference lists of included studies.

Articles were screened by title and abstract and then verified by examining papers by two researchers and then those excluded were checked by a third researcher. A quality assessment was undertaken by two researchers to assess the methodological rigor of the studies. Papers were not excluded on quality but were graded high, medium and low based on quality scores.

From over four thousand papers initially identified, there were 54 studies which reported health literacy outcomes and/or SNAPW outcomes following a health literacy intervention. Other qualitative and descriptive studies were used to identify the drivers and barriers to health literacy for the behavioural risk factors.

The draft report was circulated to the reference group which met to discuss the findings and key stakeholders were consulted about the implications for policy and practice.

For more details, please go to the [full report](#)

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