



Putting Prevention into Practice: Community Health Risk Factor Management Research Project

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Primary Health Care and Equity
Research that makes a difference



Background



- ① Disease burden associated with lifestyle risk factors
- ① Effective interventions for changing lifestyle behaviour in primary care
- ① BUT lack of translation research – how to integrate interventions into routine clinical care

Aim



Increase the capacity of community health services to address chronic disease risk factors:

- **S**moking
- **N**utrition
- **A**lcohol
- **P**hysical activity

As part of normal clinical work

Study Overview



- ① Feasibility study using action research
- ① 3 community health teams, n=63 clinicians

Step 1: Needs Assessment



Step 2: Model development



Step 3: Model implementation



Step 4: Evaluation

Needs Assessment Methods



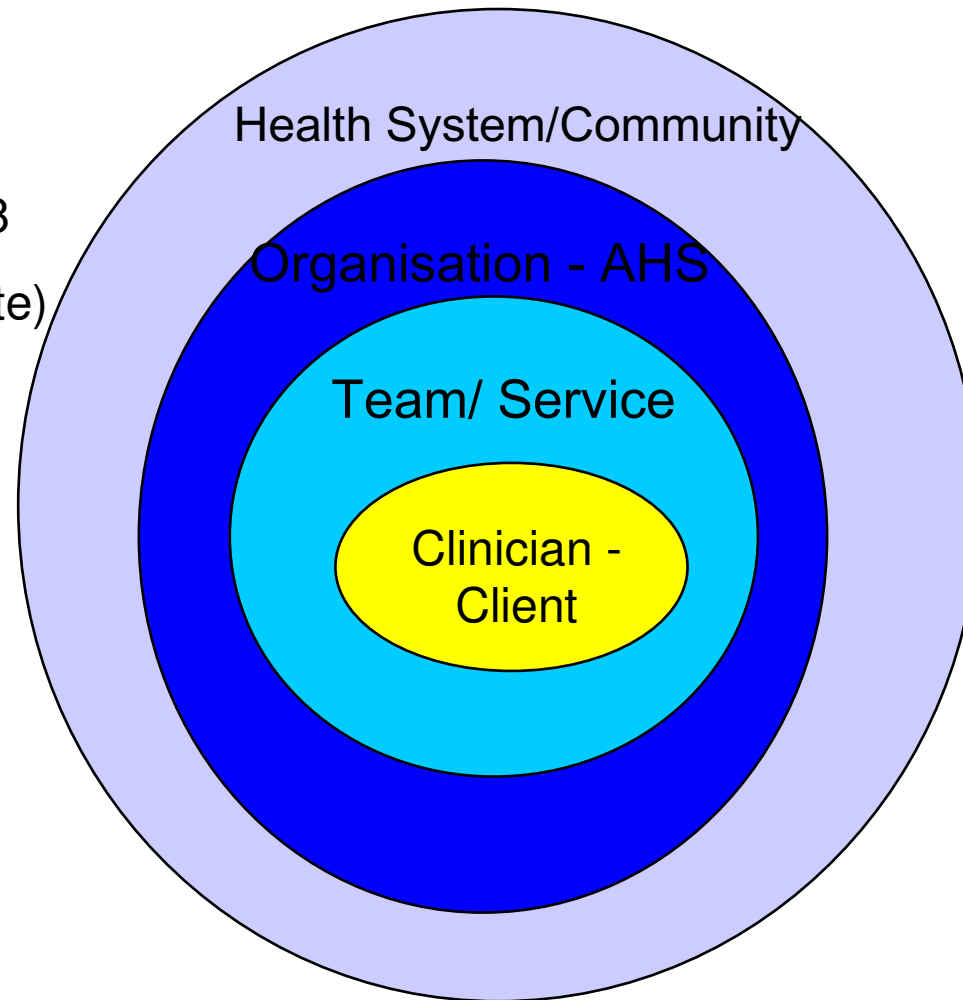
- ◎ Risk factor survey (all staff, n=63)
- ◎ Semi- Structured Interviews with staff (n=30)
 - 15 nurses, 7 allied health staff,
 - 3 team managers
 - 5 senior managers
- ◎ Prospective audit of risk factor management
- ◎ Team climate Inventory

Factors Influencing RFM Practices



Survey Data

Two teams, n = 48
(91% response rate)



Interview Data

Clinician- client relationship



“Part of our contract is that they are self-empowered, that you know this is a mutual agreement that we come into their homes and that we cant arbitrate their behaviour in their own home, we can only ask them to mitigate their behaviour while we are present” (**Generalist nurse**)

“Well if I say ‘don’t smoke, and don’t drink, and do this and do that’, they might say ‘you know, take off, I don’t want to see you again’, and then I don’t get to check the baby, so it’s a bit of a, it’s a bit of a balance” (**child and family nurse**)

Perception of client acceptability

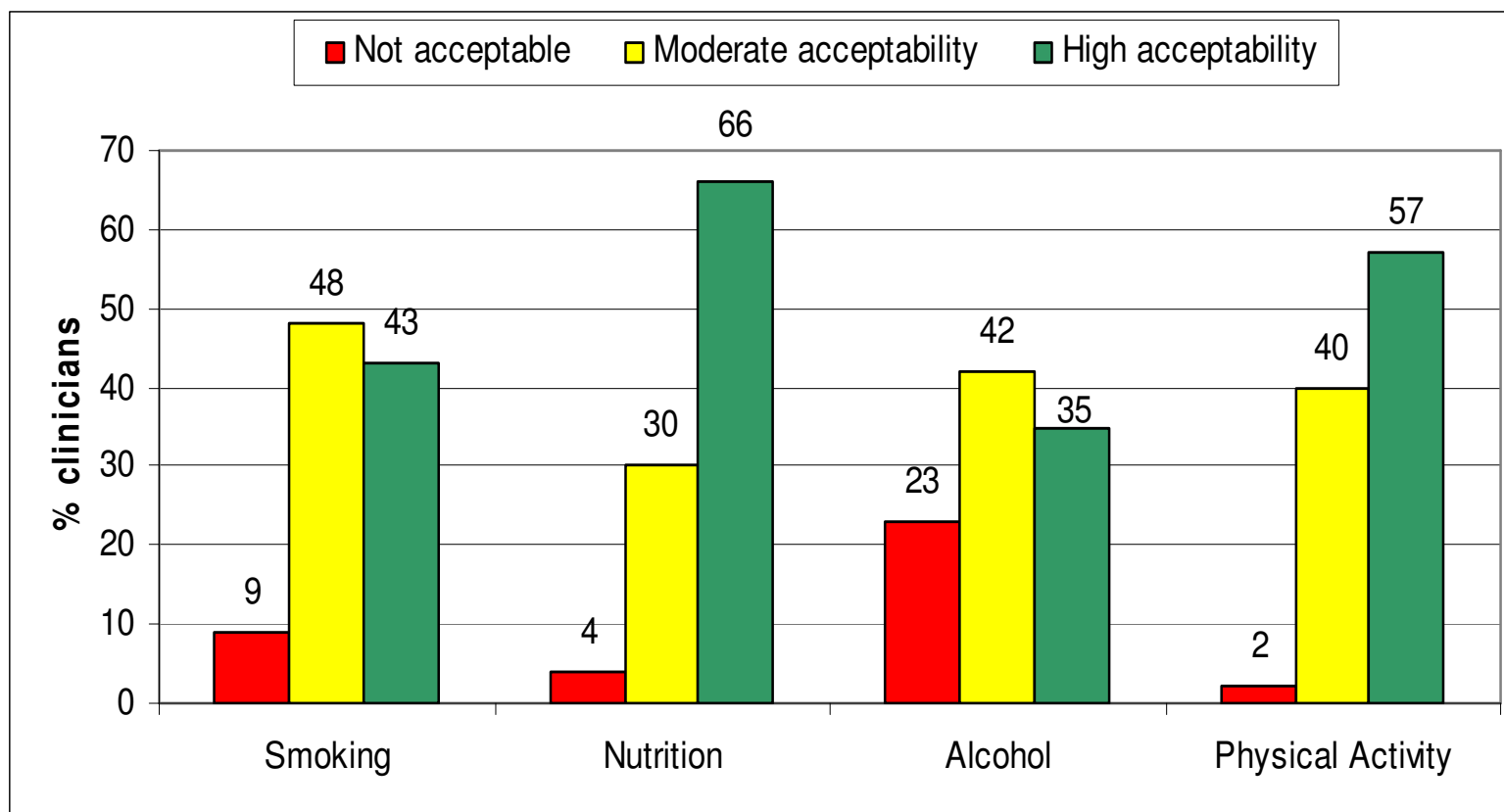


“ I mean, these people have lived their life, they’ve got a young slip of a girl standing their saying ‘you should stop smoking, and you should stop drinking because I said so’.. They’ve lived their life, they don’t want to be told...but they will listen, it all depends how you do it”

(Generalist nurse)

“If I push how many cigarettes do you have a day, you know, they’d be Saying ‘why are you asking me this? I’m not coming here for drug and Alcohol counselling, I’m coming here for a different issue **(Allied health)**”

Perception of client acceptability



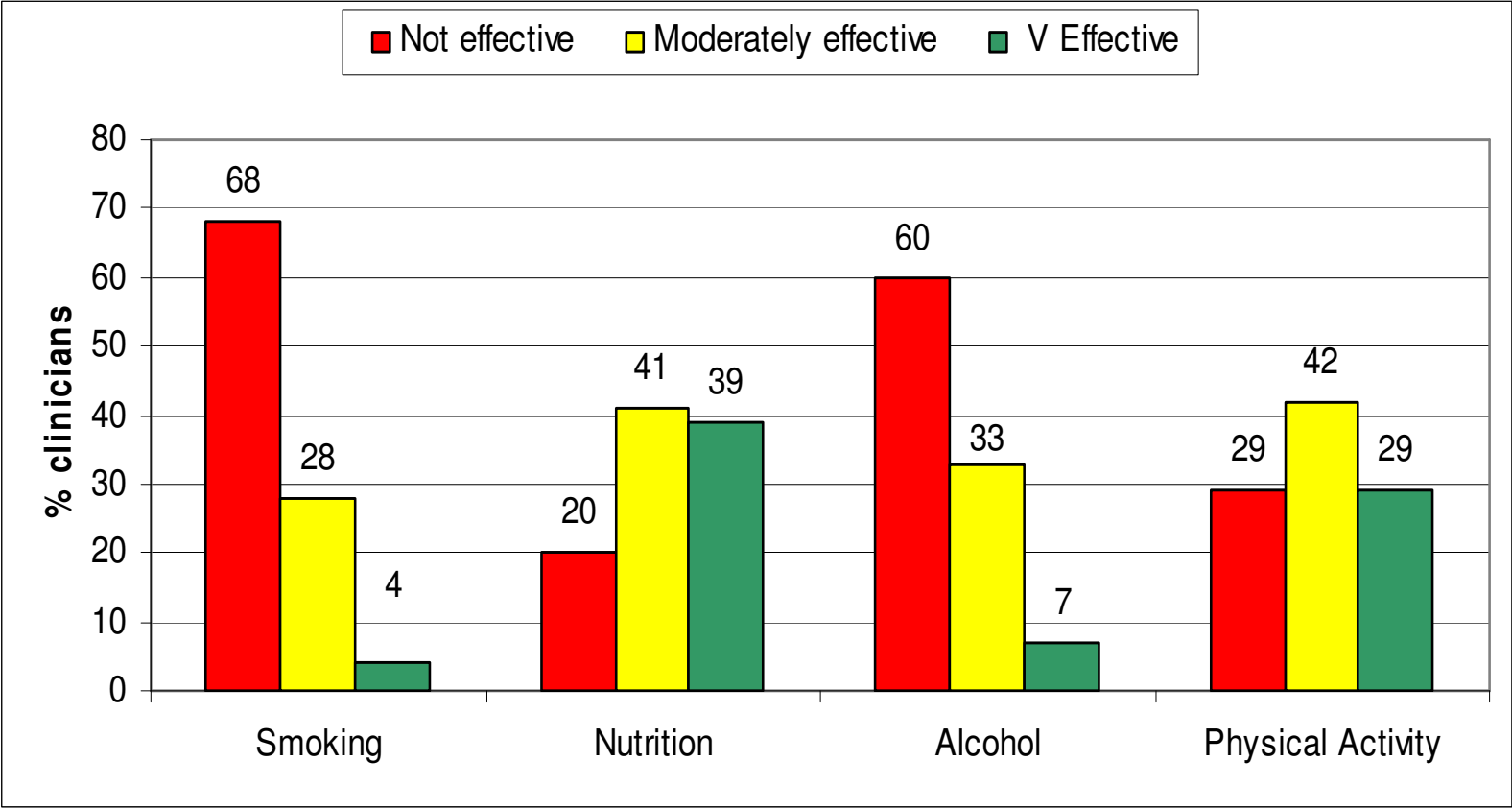
Perceived Effectiveness



“People already know. If they’re choosing to still embrace those things, I dare say short of seeing the six foot pine box looming at the front door..I don’t know what it takes to change some peoples’ minds” **(Generalist nurse)**

“ Some of the girls I wouldn’t dream of mentioning it, because it would just, you know? I just know it would have no effect whatsoever. I mean, they’re barely likely to be there” **(Child and family nurse)**

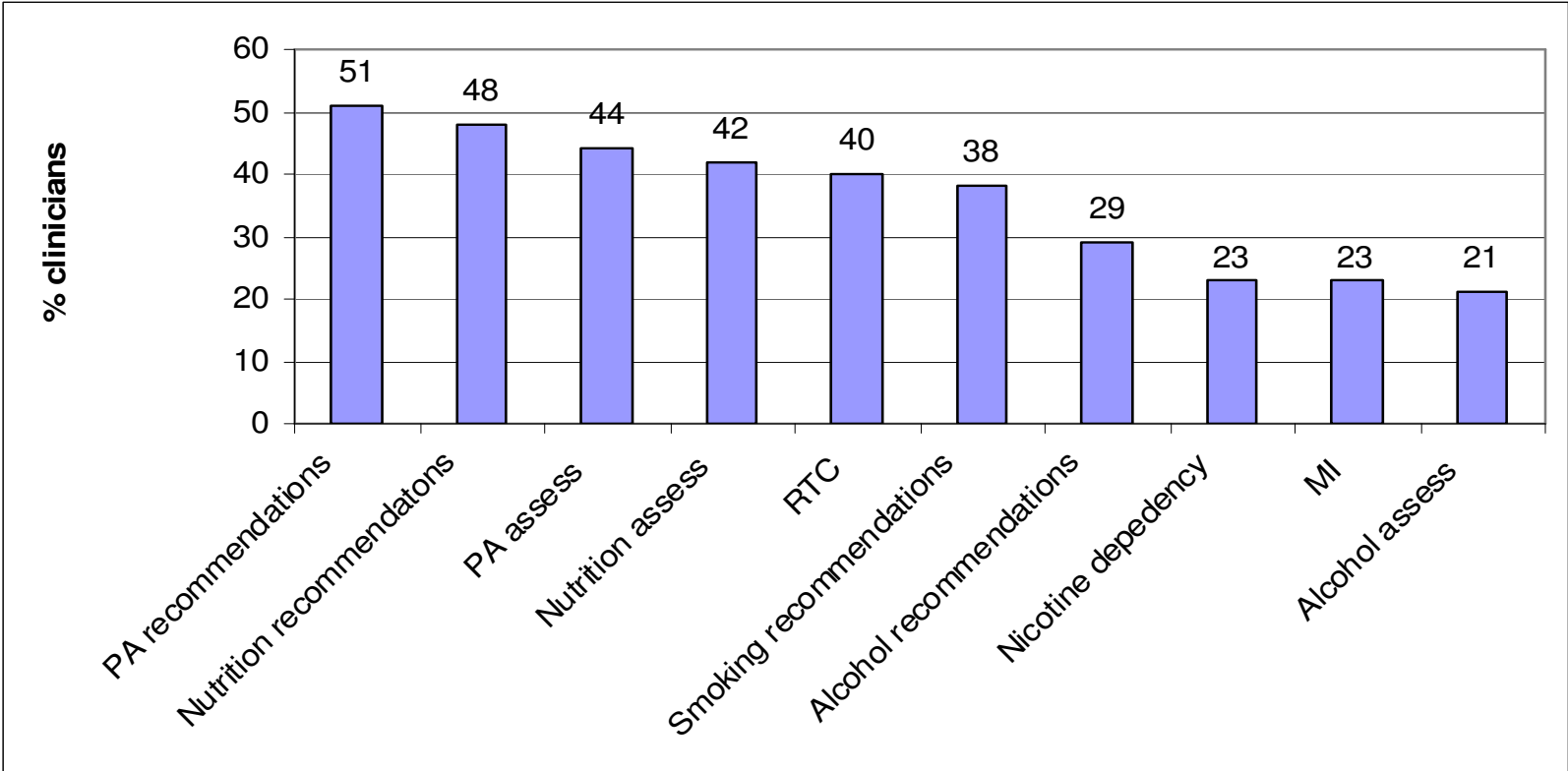
Perceived Effectiveness



Clinician Confidence



% Clinicians rating confidence as good / excellent



Team/Service level

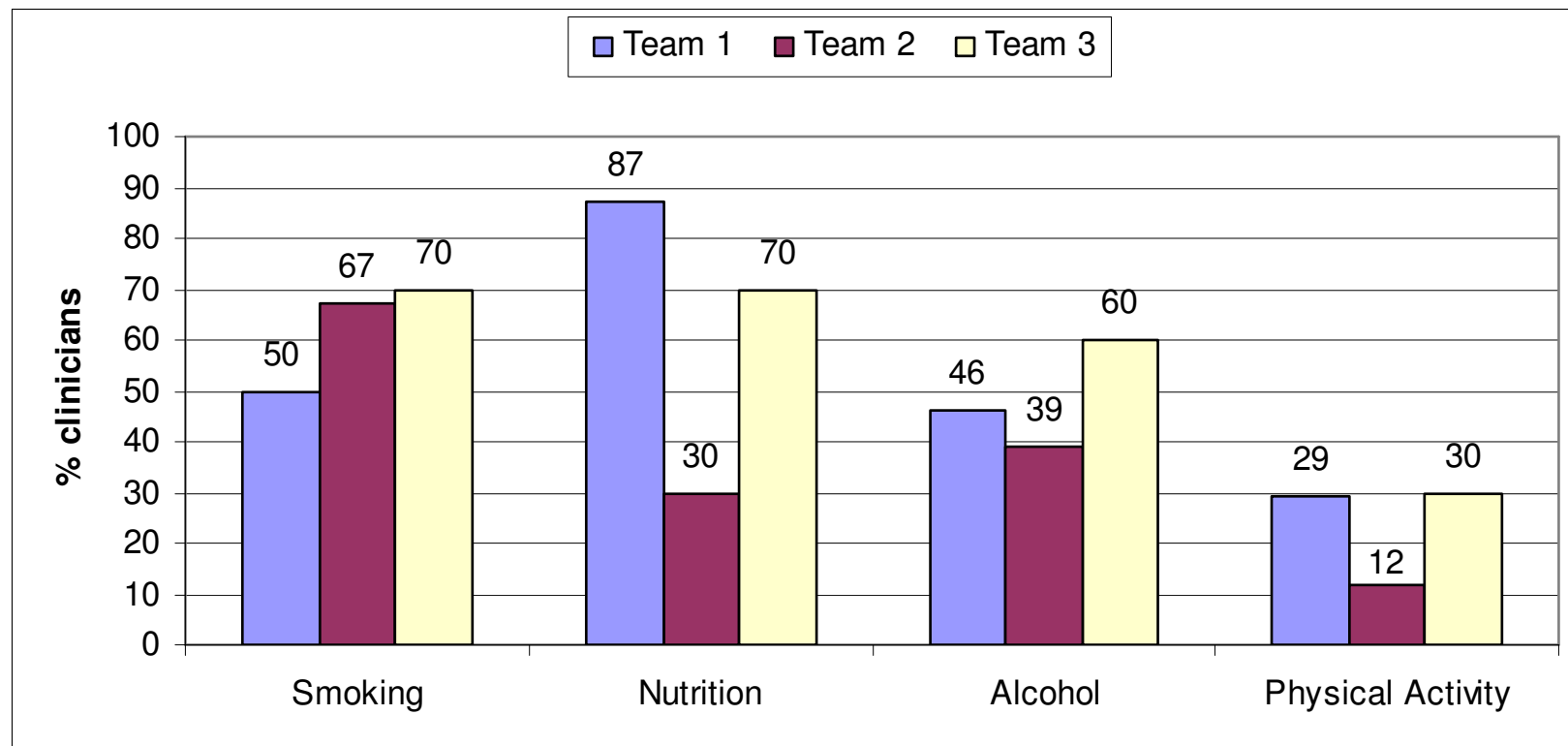


- ⊙ Referral services
- ⊙ Clinical protocols and resources
- ⊙ Time pressures / staffing

Referral Services



% Clinicians rating accessibility services good/excellent



Implications for Practice



- ◎ Need to align risk factor intervention with self empowerment model of care
- ◎ Promote client acceptability
 - How to “package” lifestyle intervention
 - Promote role of clinician
- ◎ Provision of training to promote clinician self-efficacy
- ◎ Provision of resources

Implications for Policy



- ③ Availability **referral services** to support brief intervention in primary care
- ③ Support for **primary care approach** in community health services
- ③ Integrating risk factor intervention into **performance indicators** for health services

Acknowledgement



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Research Team:

- ◎ Professor Mark Harris
- ◎ Gawaine Powell Davies
- ◎ Rachel Laws
- ◎ Anna Williams

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