

Understanding priorities and preferences for assistance with multiple health behaviour change amongst people attending an Aboriginal Community Controlled Health Service

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Background

- Aboriginal Australians have significantly worse health and higher rates of chronic disease than other Australians
- Much of this is attributable to a higher prevalence and clustering of health risk behaviours (e.g. smoking, poor diet, lack of physical activity)
- Understanding consumer perspectives on prevention is critical to the design and development of care models which will achieve high uptake and sustainable benefits

Aims

To explore readiness to change, preferred approaches, and desired types of support to promote multiple health behaviour changes among patients attending an Aboriginal Community Controlled Health Service (ACCHS)

Methods

- Adult patients attending an ACCHS for a GP appointment were invited to complete an anonymous touchscreen survey on a laptop computer while waiting for their appointment
- The survey assessed patient health behaviours, and asked a series of questions about readiness to change, the types of support that would be helpful, and approaches to making health changes sequentially (one at a time) or simultaneously (two or more changes at once)

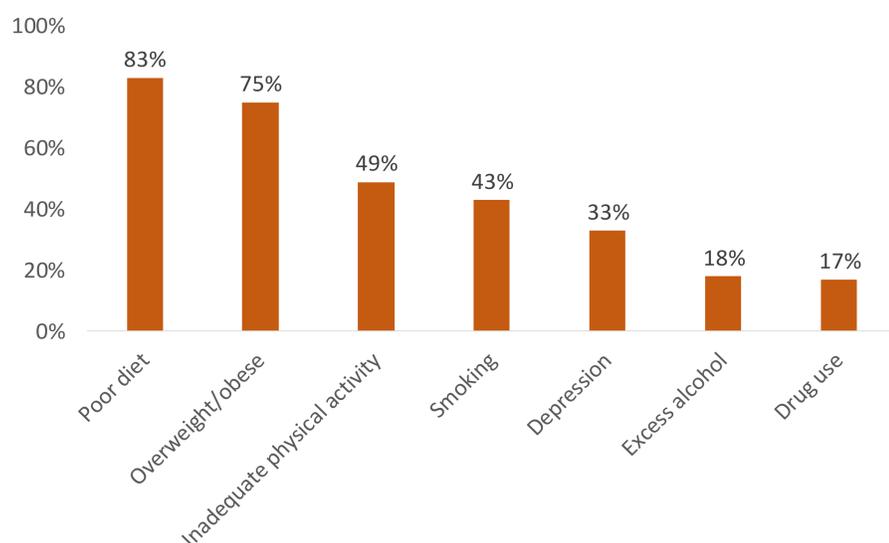
Results

Sample characteristics

- 211 participants completed the survey (consent rate: 67%)
- 87% of participants were of Aboriginal or Torres Strait Islander origin, 61% were female, 50% were aged 45yrs+

Prevalence of risk factors

- The prevalence of health risk factors across the sample is shown below
- The majority of the sample had multiple health risk factors: 94% of participants had two or more health risk factors, 67% had three or more multiple health risk factors



Results

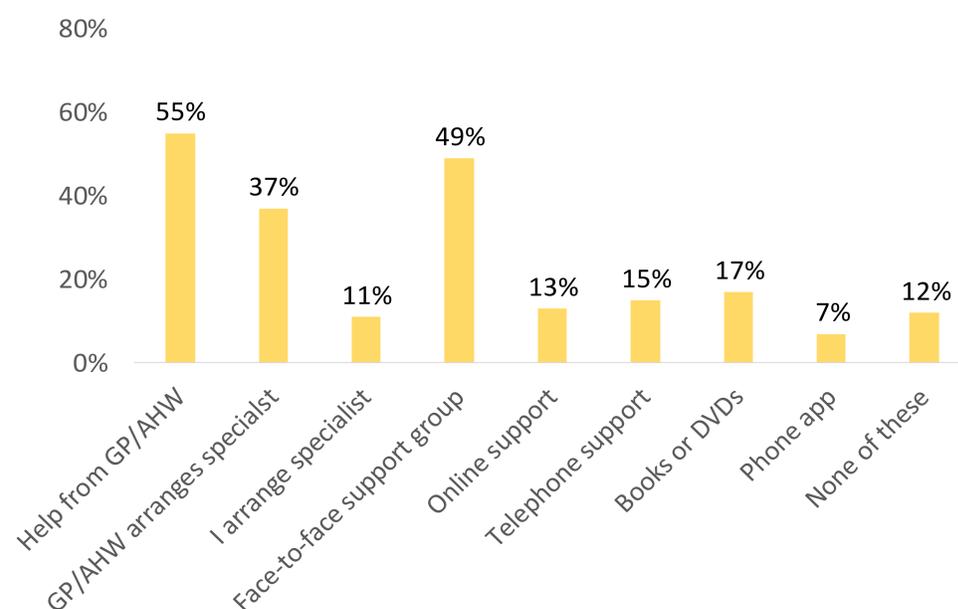
Readiness to change health behaviours

Table 1: Proportion of at-risk participants wanting to change each health risk factor and their stage of change

Risk factor	Want to change health risk (%)	Stage of change		
		Action	Contemplation	Pre-contemplation
Poor diet	23%	18%	4%	1%
Overweight/obese	51%	37%	10%	3%
Inadequate physical activity	38%	19%	15%	4%
Smoking	69%	42%	16%	12%
Depression	39%	20%	13%	6%
Excess alcohol	35%	24%	3%	8%
Drug use	44%	31%	3%	9%

Action: Defined as already trying to change the behaviour or risk factor; Contemplation: Defined as thinking about changing the behaviour in the next 6 months; Pre-contemplation: Defined as thinking about changing the behaviour 'sometime in the future'

Types of support wanted to support health behaviour change



Discussion

- There was a high degree of willingness to change many health risk behaviours among people attending an ACCHS
- However, more than half of respondents only reported wanting to make one health risk change
- There was also a preference for making one change at a time rather than multiple changes at once
- Face-to-face support services were preferred over electronic, smart phone or written/DVD based support
- A flexible, long-term approach with continuity of care is needed to help ACCHS patients address multiple health risks

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