



*Final Issue 16: July 2016*

If you are unable to view the pictures and web links, please go to the online version of the e-newsletter: <http://compare-phc.unsw.edu.au/node/96>

### **About COMPARE-PHC**

The Centre for Obesity Management and Prevention Research Excellence in Primary Health Care (COMPARE-PHC) aimed to inform primary health care (PHC) policy and practice in the prevention and management of obesity in disadvantaged populations across Australia. For more information, click [here](#).

As of the 30th June 2016, COMPARE-PHC funding ceased. The COMPARE-PHC website now operates as a static record of our people, activities and achievements. [Professor Mark Harris](#), Director of COMPARE-PHC says:

*“The funding for the COMPARE-PHC CRE from the Australian Primary Health Care Research Institute has now concluded and thus this is likely to be last newsletter. Of course overweight and obesity continue to be important issues in primary health care. The website will continue so please continue to use it as a resource.*

*I want to take this opportunity to thank all those involved in COMPARE-PHC over the past four years. In particular Catherine Spooner, the Centre Coordinator, deserves considerable credit for our success.”*

### **COMPARE-PHC resources**

COMPARE-PHC is currently finalising two resources that will assist primary health professionals in the management of patients with obesity.

#### **Online training**

In collaboration with the Australian Primary Health Care Nurses Association ([APNA](#)), we have developed an online training resource for primary health care nurses and other interested professionals on the management of obesity. It will be available—free—from the APNA website and from the COMPARE-PHC website from late September.

## Referral pathway

In collaboration with [Sydney HealthPathways](#), are developing a referral pathway for adults with obesity. This will be available later this year.

## COMPARE-PHC research updates

- **Stream 1 research update: Families with young children**

### The 'Growing healthy' project

*Description:* How can primary health care providers engage families with young children to promote healthy weight? Stream 1 developed and tested the feasibility of an m-health intervention (a mobile telephone app and website) for mothers with young babies. This intervention, called '[Growing healthy](#)', promotes healthy feeding practices. Its development has entailed literature reviews and consultations with service providers and parents. The app and website give parents expert information on breastfeeding, formula feeding, mixed feeding, solids, sleep, recipes, and help and support. In addition, parents receive three push texts a week that take them directly to age-appropriate information. For more information about the Growing healthy project, click [here](#).

*Status:* The Growing healthy feasibility trial has been developed and implemented. The evaluation of the trial is currently underway. The Growing healthy feasibility trial suggests that an m Health program is a feasible method of communicating infant feeding information that aims to promote healthy infant weight gain. M Health interventions are low cost and have potential for high reach and translation. Parents are accessing health-related information on the web and via apps so programs like Growing healthy are a natural fit for their current model of information seeking. For more information, click [here](#).

### Engaging disadvantaged mothers through m-health to encourage infant feeding behaviours that promote healthy weight gain (Sarah Taki's PhD study)

*Aim:* 1. To assess how participants engaged with the Growing healthy m-health intervention by assessing the impact on their knowledge around infant feeding and behaviours. 2. To explore participants' perceptions of the usefulness of the Growing healthy app. This PhD study is due to finish in October 2016. For more information, click [here](#).

### **Growing healthy in Inala (Annalie Houston's Master's study)**

*Aim:* To determine if the Growing healthy program is an acceptable method of delivering nutrition advice for Aboriginal and Torres Strait Islander mothers. This study is complete and in the process of being written up. For more information, click [here](#).

*Further information about Stream 1 research is available [here](#). Presentations and papers from Stream 2 research can be found [here](#) (select "Stream 1" from the dropdown box).*

- **Stream 2 research update: Disadvantaged adults with low health literacy**

### **Better Management of Weight in General Practice (BMWGP) trial**

*Description:* This is a trial of an intervention that aims to assist general practices in socioeconomically disadvantaged areas to support obese patients with low health literacy to manage their weight. The study is being conducted in 20 general practices in Sydney (with South West Sydney Local Health District) and Adelaide (with Central Adelaide Hills Local Health District). The research protocol for the trial is published [here](#). For further information about the trial, click [here](#).

*Status:* The intervention has been implemented. All baseline data have been collected from both providers and patients. 12-month follow-up interviews and surveys with providers and six-month follow-up patient surveys and interviews have been conducted. Patients have been asked to provide consent for the 12-month surveys and visit their practices for final anthropometric data collection. The collected data are being analysed and papers are being written.

### **Health literacy and patient-provider communication at Inala Indigenous Health Service**

*Description:* This study aims to assess the health literacy of patients attending the Inala Indigenous Health Service and to identify the existence of any relationship between the patient's level of health literacy and effectiveness of the communication with health professionals. For more information on the study, click [here](#).

*Status:* The project is completed and a manuscript is being prepared for submission to Journal 'Patient Education and Counselling'. Presentations of early findings can be found on the COMPARE-PHC website by clicking [here](#).

### **Health literacy for weight management in obese Arabic-speaking migrants in primary health care (Nouhad El-Haddad's PhD study)**

*Aim:* To explore how ethnicity modifies the effect of the BMWGP intervention in Arabic-speaking migrants. This PhD study is due to finish in October 2016. For more information, click [here](#).

## **Managing obesity and diabetes in patients with low health literacy (Sandali De Alwis's Independent Learning Project for her medical degree)**

*Aim:* To explore how health care providers and patients with diabetes and obesity describe their management of obesity, to compare these experiences with the NHMRC guidelines for obesity management, and to explore reasons for the gap between evidence and practice. For more information, click [here](#).

*Status:* Sandali submitted her Independent Learning project in October 2015 to the Faculty of Medicine UNSW and received 74%.

*Further information about Stream 2 research is available [here](#). Presentations and papers from Stream 2 research can be found [here](#) (select "Stream 2" from the dropdown box).*

- **Stream 3: Implementation of obesity management guidelines**

### **GP referral study**

*Description:* The NHMRC guidelines for the management of overweight and obesity recommend appropriate referral to assist overweight and obese patients to make lifestyle changes and intensive interventions such as bariatric surgery for obese patients not responding to other interventions, especially in the presence of co-morbidities. This qualitative GP referral study aimed to determine current access to GP referral of obese patients including referral for bariatric surgery in general practices in NSW. For more information about the GP referral study, click [here](#).

*Status:* The study is complete. A journal article with results and a summary of the journal article can be accessed from [here](#).

### **Is increasing GP assessment cost effective? A health economic analysis model**

*Description:* The Preventive Evidence into Practice (PEP) study involved the development and trial of an intervention that improved the recording of some risk factors in general practices: cardiovascular disease risk, waist circumference, alcohol use and smoking status. The protocol for PEP was published in [Implementation Science](#) and results were published in [BMJ Open](#). Data from the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) were linked with data from the PEP study to identify whether the intervention resulted in any additional MBS or PBS costs. Further information is available [here](#).

*Status:* The economic analysis found no difference in health care costs between the intervention and control groups. A journal article has been drafted and will be submitted in the next month. A presentation of early findings is available [here](#).

## **Counterweight feasibility study**

*Description:* The Counterweight Program is a practice nurse-led program for managing adult obesity developed in the UK and delivered by practice nurses over six fortnightly sessions. This study aimed to determine the feasibility and acceptability of the Counterweight Program to general practices and patients in Northern Adelaide metropolitan region. For more information about the Counterweight study, click [here](#).

*Status:* The Counterweight study is complete. It found that the program was both acceptable and feasible. A journal article has been drafted and will be submitted in the next month. The investigators plan to conduct a randomised controlled trial of the Counterweight Program that will inform uptake and sustainable service delivery. If you are interested in working with this trial, please contact [Professor Jon Karnon](mailto:jonathan.karnon@adelaide.edu.au) ([jonathan.karnon@adelaide.edu.au](mailto:jonathan.karnon@adelaide.edu.au)).

## **Counterweight Program and patient experiences (Jodi Gray's Master's study)**

*Aim:* To understand the lived experiences of obese participants, so that we can understand how the Counterweight Program fits with their experiences, existing knowledge and beliefs. The results will inform modifications required prior to undertaking a larger trial of the program. This study is complete. A journal article has been drafted and will be submitted in the next month. For information about Jodi, click [here](#).