UNIT NO. 5

HEALTH LITERACY – MEETING PATIENT NEEDS

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ABSTRACT

Smoking cessation is used to illustrate the application of health literacy principles to meet patients' needs. There are three areas to focus on: developing a health literate patient; presenting information in a way that is easy to understand and use; and creating a health literate delivery system that provides ready access to and delivery of health information and health services. The Health Choices – flip chart tool kit for healthcare professionals launched on 1 September 2012 - illustrates the elements of a health literate tool for communicating smoking cessation.

Keywords:
Tobacco use; Prevalence; Opportunistic intervention; WHO-RCTC; Reduce demand; Reduce supply; Smoking cessation.

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BACKGROUND

In this paper, the application of health literacy principles to meet patients' needs is illustrated using smoking cessation. In addition, this paper also discusses how health care professionals can present information in a way that is easy to understand and use; and create a health literate delivery system that provides ready access to and delivery of health information and health services. Finally, the "Let's quit smoking" pages of the Health Choices - flip chart tool kit for healthcare professionals launched on 1 September 2012 - will be used to illustrate the elements of a health literate tool for communicating health behaviour action plans.

PREVALENCE OF TOBACCO USE IN SINGAPORE

Where's Singapore in tobacco control

The smoking prevalence among Singapore residents aged 18 to 69 years based on OECD 2010 was 14.3%, and this recorded an increase from 12.6% in 2004.

Who are the smokers?

By age specific prevalence – Table 1 shows the age specific prevalence (%) of daily smoking among Singapore residents from the National Health Surveys conducted by the Ministry of Health in 2004 and 2010. The highest prevalence are in the age groups 18 to 29 and 30 to 39 years.

By gender – The prevalence was higher in males in 2004 and 2010. In 2004, the prevalence in males and females was 21.8% and 3.5% respectively. The corresponding figures in 2010, were 24.7% and 4.2% respectively.

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Table 1. Age specific prevalence (%) of daily smoking among Singapore residents

Age group (years)	Year – 2004	Year – 2010
18 - 29	12.3	16.3
30 - 39	13.0	16.4
40 - 49	13.5	14.5
50 - 59	12.5	11.4
60 - 69	9.6	11.4
Total	12.6	14.3

Source: National Health Surveys 2004 and 2010, Ministry of Health

MAJORITY OF CURRENT DAILY SMOKERS WISH TO QUIT SMOKING

The National Health Survey 2010 findings showed that more than half of the smokers (58.7%) expressed an intention to quit, regardless of their background, age, or ethnic group. Studies have shown that smokers are twice more likely to succeed with support than to quit by themselves.

COST OF TOBACCO USE

There is strong evidence to show that tobacco use causes many chronic diseases. In Singapore, in 2010, tobacco use was a cause of death for 4 of the top 10 causes of death, namely cancer, ischaemic heart disease, cerebrovascular disease (including stroke), and chronic obstructive lung disease. It was estimated that 7 in 10 Singaporeans die as a result of tobacco-related diseases daily (Quah E, 1998).

NATIONAL FRAMEWORK FOR TOBACCO CONTROL

Singapore rectified the Framework Convention on Tobacco Control (WHO-FCTC), negotiated under the auspices of the World Health Organisation on 14 May 2004. The updated reprint version 2005 can be downloaded (http://www.who.int/tobacco/framework/WHO_FCTC_english.pdf). The WHO-FCTC guides Singapore's National Framework for Tobacco Control, a multi-pronged, multi-sectoral framework that includes:

· Legislation & taxation
· Public education & empowerment
· Partnerships & capacity building
· Smoking cessation services

iQuit Programme – A national support structure for the smoker

The iQuit programme is a holistic smoking cessation system comprising partnerships, collaborations and networks with over 150 touchpoints to assist smokers to quit. The iQuit national support structure consists of:

· Opportunistic programmes:
  o Family Physicians/Private GPs
  o Community pharmacies
  o Polyclinics
  o Hospitals

· Planned intervention
  o QuitLine (phone and online)
  o Mobile application
  o Schools
  o VWOs/Support groups

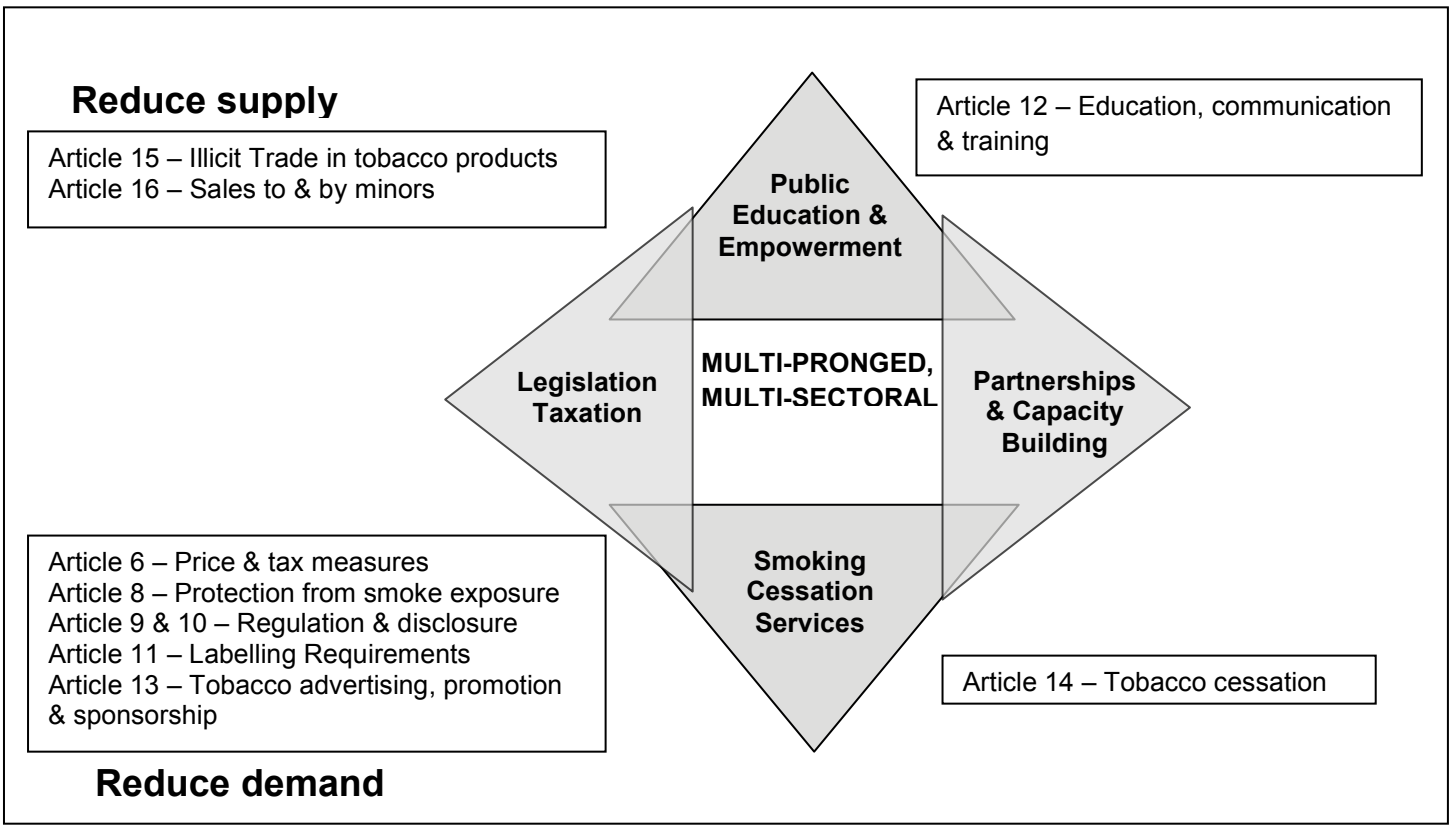
· Targeted programmes for eg.
  o uniformed groups
  o workplaces
  o low-income smokers
  o specific ethnic groups at risk of tobacco use

OPPORTUNISTIC INTERVENTION IN SMOKING CESSATION

Opportunistic smoking cessation advice has been found one to be one of the most cost-effective life-sustaining interventions (Tonnesen, 2009)1. Opportunistic smoking cessation advice by GPs have been observed to boost patients' smoking cessation rates leading to a sustained (six months - one year) cessation rate of about 2 to 2.5% (Lancaster et al, 2000; Silagy & Stead, 2003)2,3. This appears small, but because it translates into a potentially important decrease in smoking prevalence if all smokers who attended a GP were advised to quit. It was estimated that 20 hours of GP time spent in giving brief opportunistic smoking cessation advice annually will, on average, lead to a gain of more than eight life-years in the practice population (Tonnesen, 2009)1.

The United Kingdom's British Guidelines (West et al, 2000)4 and the American Clinical Practice Guidelines (AHCRQ, 2000) 5 urge GPs to utilise their unparalleled access to the community to provide smoking cessation 'opportunistically' during every consultation with patients who smoke. The Health Promotion Board, in partnership with the Ministry of Health, Singapore has called for healthcare professionals to provide opportunistic smoking cessation advice to patients who smoke in the Clinical Practice Guidelines (CPG) on Smoking Cessation. In addition, the Health Promotion Board has included a section on providing opportunistic smoking cessation in the Health Choices Toolkit.

Figure 1: National framework for tobacco control



THE "LET'S QUIT SMOKING" PAGES IN HEALTH CHOICES TOOL KIT

The "Let's quit smoking" flip chart in the Health Choices tool consists of three pages:
· A brief advice (3As version) that could be conducted over 1 to 5 minutes;
· An intensive advice (5As version) that can be conducted in 5 to 15 minutes; and in addition,
· A page on the flip chart for the patient to see on Let's quit smoking: why change? And Benefits of change.

When applying health literacy principles in the "Let's quit smoking" pages in Health Choices flip chart, GPs are encouraged to:
• Assess using open ended questions
• Use plain language
• Limit the number of points - no more than 3
• Use Visual aids - e.g. Life Choices flip chart
• Incorporate "teach-back"

GUIDELINE FOR OPPORTUNISTIC INTERVENTION IN SMOKING CESSATION

• Clinicians and health-care delivery systems consistently identify and document tobacco use status and treat every tobacco user seen in a health-care setting
• Behavioural support including individual, group, and telephone counselling are effective methods for increasing successful cessation attempts
• All tobacco users who are trying to quit smoking should be offered medication, in addition to behavioural support, unless there are contraindications or insufficient evidence of effectiveness in specific populations (e.g. pregnant women, adolescents)

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LEARNING POINTS

- **There are three areas in health literacy: the patient, the provider, and the access to the delivery system.**
- **The smokers in Singapore are more likely to be: males, be in the age groups 18 to 29 and 30 to 39 years.**
- **Majority of current daily smokers in Singapore wish to quit smoking.**
- **The "Let's quit smoking" pages follow health literacy principles in design.**