Victorian Aboriginal Health Service

Understanding Heart Medications Project
Background
International Project 2009-2013
Background

Site of Research Project: VAHS
AIM of Project

To improve health literacy around cardiovascular disease (CVD) medications for Indigenous people in Australia (VAHS), NZ and Canada
**Australian health literacy definition**

“the knowledge and skills needed to understand and use information relating to health issues” (ABS, 2006)

**HOWEVER:**
Health professionals & organisations are critical to developing health literacy of patients
3 stages of project

1. Needs assessment

2. Developed a health literacy intervention (at patient/health professional interface)

3. Evaluated intervention
1. Needs Assessment

VAHS staff and patients wanted:

- Information on side effects, what medications are for, and medication interactions
- To build relationships with patients
- VAHS specific resources
- Health promotion on CVD and medications
- Provide many health messages- VERBAL, conversations, appropriate text, interactive
VAHS research workers Jade and Joanne were trained in Health literacy and in using a App and booklet.
2. Intervention

BOOKLET AND APP
Examples of APP

Understanding your heart medications

Side effects from my statin medicines

Serious side effects – tell your Aboriginal health worker, doctor or nurse straightaway if you have:

Other side effects to tell your Aboriginal health worker, doctor or nurse about:
# Examples of APP

**Pill Card** for FT (.HU), on 19/10/2012

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATORVASTATIN</td>
<td>1 Dose</td>
<td>0 Doses</td>
<td>0 Doses</td>
<td>0 Doses</td>
</tr>
<tr>
<td>No grapefruit juice, low alcohol, other meds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPTOPRIL</td>
<td>1 Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capoten</td>
<td>50 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Need blood tests at start and every 3-6 months, watch for infection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENTERIC COATED TABLETS</td>
<td>1 Dose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A spec 75</td>
<td>75mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take with food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ATENOLOL</td>
<td>8 Doses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atenolol Tablet USP</td>
<td>100 mg</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not stop suddenly, watch for dizziness, do not halve</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>gvhv</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Doses</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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3. Evaluation

WHO PARTICIPATED (in Australia)

- 38 patients (25 with history of CVD)
- Mean Age = 59yrs
- High co-morbidities
- Taking an average of 9 medications
3. Evaluation

PRE & POST knowledge about medications

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knows medication name</td>
<td>42</td>
<td>98</td>
</tr>
<tr>
<td>Knows why they take it</td>
<td>43</td>
<td>95</td>
</tr>
<tr>
<td>Knows instructions</td>
<td>18</td>
<td>73</td>
</tr>
<tr>
<td>Knows side effects</td>
<td>7</td>
<td>86</td>
</tr>
<tr>
<td>Knows treatment targets</td>
<td>16</td>
<td>89</td>
</tr>
</tbody>
</table>
3. Evaluation

Overall knowledge about medications

<table>
<thead>
<tr>
<th>Knowledge score (% correct)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
</tr>
</tbody>
</table>

- S1 Pre
- S1 Post
- S2 Pre
- S2 Post
- S3 Pre
- S3 Post

- ACE inhibitor
- Beta Blocker
- Statin
- Aspirin
3. Evaluation

Patients health literacy practices

Reading health information (read from pillcard, book, medication box, own notes)

BEFORE
- 62%
  - Not demonstrating health literacy practice
- 38%
  - Demonstrating health literacy practice

AFTER
- 19%
  - Not demonstrating health literacy practice
- 81%
  - Demonstrating health literacy practice
Conclusions

• This project provides evidence for the benefit of structured one-on-one sessions using a VAHS developed booklet and App

• This is a workforce intervention, aimed at building the skills of staff so they can support their patients health literacy needs

• Future work around health literacy should involve training of staff, population specific resources, and referral to more one-on-one education (home medicine reviews, diabetes educator)