



KEY ROLE OF GENERAL PRACTITIONERS IN HEALTH PROMOTION



The primary care professional, - an agent for healthy eating?

Health promotion is most often about making changes in the daily routine, in which eating habits often play a major role. There is a common understanding that a person's eating habits reflect both societal factors and the individual context.

The family doctor meets people at all stages of life. In the work of diagnosing and treating, the doctor is an interpreter of signs and symptoms on the basis of the patient's individual context. The doctor is also a teacher and a witness in the course of the patient's life.

In the continuous relationship between the family doctor and the patient, "golden moments" will occur, when the doctor can give valuable input and be a facilitator for needed change in lifestyle behaviour. To achieve this, trust is a prerequisite. Trust builds on understanding and respect of the patient's resources and life challenges, and responsiveness to his or her needs.

There is a lot of available information about healthy lifestyle and the public is often well informed about the basic principles. The hard part is to transform knowledge into action. The person-centered approach which is the current working method in family medicine, is the key to help this transformation come true.

When the family doctor imparts relevant knowledge about nutrition in addition to the trust of the patient, - change can happen.

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▶ **Review Anna Stavdal's presentation:**
"The primary care professional: an agent for healthy eating?"

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The role of health and nutrition literacy in prevention of NCDs

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Health literacy “entails people’s knowledge, motivation and competences to access, understand, appraise, and apply health information in order to make judgments and take decisions in everyday life concerning healthcare, disease prevention and health promotion to maintain or improve quality of life during the life course”.

Health literacy is a stronger predictor of health than age, income, education, race and employment². The interest to this topic has grown remarkably during the past decade, still there’s not enough studies focused on the specific parts of health literacy - nutrition and food literacy. At the same time, it is known that poor diet contributes significantly to development of non communicable diseases (NCDs) and increase in premature deaths rates³.

Current situation: where are we now?

Childhood obesity remains an important public health problem in the WHO European Region and it is unequally distributed within and between countries and population groups. The latest data (2015–2017) from the *WHO Childhood Obesity Surveillance Initiative* (COSI) show that southern European countries have the highest rate of child obesity. In Cyprus, Greece, Italy, Malta, San Marino and Spain, approximately 1 in 5 boys (ranging from 18% to 21%) are obese. Denmark, France, Ireland, Latvia and Norway are among the countries with the lowest rates, ranging from 5% to 9% in either sex⁴. Fruit and vegetables (F&V) consumption in 2014 was between 220 and 345 g/day among 11-year-old European children, which is below the WHO recommendations (>400 g/day)⁵.

In Kazakhstan, almost 20% of children aged 6-9 years were overweight or obese in 2016-2017. Only about 1 in 3 kids consumed F&V on a daily basis (33.3 and 30.2% respectively). Average population salt intake in Kazakhstan is 17g per day, which is more than 4 times higher than recommended by WHO, and is among highest known in the world. Some of the popular local products, investigated in these studies, contained more than 220% of recommended maximum daily intake of trans-fatty acids per portion. At the same time 1 in 3 TV advertisements in Kazakhstan are for food and drinks, 79% of which classified by WHO as unhealthy⁶.

Better nutrition knowledge can improve population dietary choices and health outcomes⁷.

Field for future research

We conducted a 3-day online survey to assess the nutrition literacy (NL) of parents of school-aged children 6-13 y.o., living in Almaty, Kazakhstan, using a validated tool⁸ (Figure 1).

363 participants answered the questionnaire with additional information (parental gender and level of education, children’s gender, age, weight and height) as self-reported.

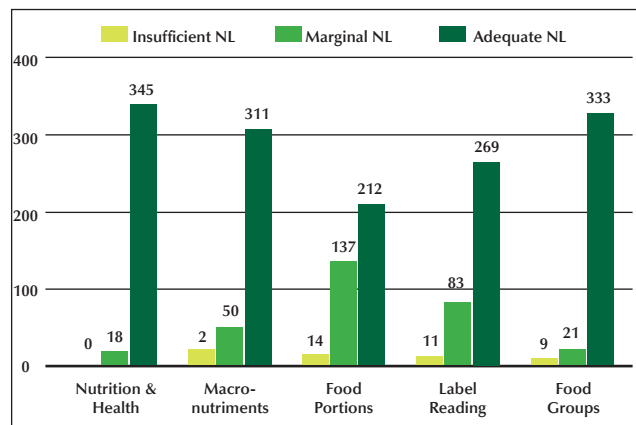


Figure 1: Nutrition literacy of parents

The results have demonstrated that the most problematic areas were “Food Portion” (41.6% of participants demonstrated inadequate and marginal NL levels) and “Label Reading” sections (25.8% respectively).

Using statistical models of regression, the association between parental nutrition literacy scores per section and child’s BMI was further investigated, taking into account possible confounding effect of other variables such as parental age and level of education. No clear association between parental health literacy and child’s BMI percentile was found, similarly to the results of a cross-sectional study, provided in the US⁹.

Although the results of our small survey did not reveal any clear correlation between parental nutrition literacy levels and child’s BMI, we suggest that further investigations in larger samples are needed. Some additional factors, such as financial and socio-economic status should be taken into consideration in the following research.

Call to actions

The results of the previous studies clearly indicate that urgent health promotion activities need to be implemented in Kazakhstan with strong governmental support. These policy interventions and solutions should involve not only health care sector, but education, media, agriculture, thus, require multi-sectoral coordination.



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Based on: Khegay Y., “The influence of parental nutrition literacy on weight in children aged 6-13 y. living in Almaty, Kazakhstan”, master’s thesis, 2019.

References

1. Sørensen K, et al. BMC Public Health. 2012 Jan 25; 12(0):80
2. Health literacy. The solid facts. Edited by Ilona Kickbusch, Jürgen M. Pelikan, Franklin Apfel and Agis D. Tsouros. 2013
3. Meier T, et al. Eur J Epidemiol (2019) 34: 37
4. WHO Europe, 2018. Latest data shows southern European countries have highest rate of childhood obesity.
5. Lynch CT, et al. Public Health Nutrition, 2014; 17 (11): 2436-2444.
6. WHO Europe, 2019. Better nutrition in Kazakhstan. http://www.euro.who.int/__data/assets/pdf_file/0010/396190/WHO-Nutrition-Kazakhstan-EN.pdf?ua=1
7. Pearson N, et al. (2009). Public Health Nutrition, 12(2), 267-283.
8. Gibbs, Heather D. et al. Journal of Nutrition Education and Behavior, 50 (3), 247 - 257.e1
9. Gibbs HD, J Nutr Educ Behav. 2016;48(7):505–509.e1.

Myths on nutrition: the good the bad and the tasty

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The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), estimates the direct relationship of the burden of mortality and disability with the specific dietary risks. The analysis of 195 countries revealed that in 2017 globally the consumption of almost all healthy foods and nutrients was suboptimal, while that of all unhealthy items (such as sugary drinks, sodium and processed and red meat) exceeded the recommended level. On the other hand, the burden of disease attributable to dietary factors was huge: 11 million deaths and 255 million disability-adjusted life-years¹. Unhealthy diets pose a greater risk to morbidity and mortality than does unsafe sex, alcohol, drug, and tobacco use combined.² However, despite the great impact of food on our health, due to the food industry advertisements, the false miracle diets and the scarce scientific training of health professionals, multiple myths have been created about healthy eating. False beliefs have been perpetuated and make it difficult for us, as users, to eat properly, and as professionals, to give a quality advice on food.

Gamification – a learning tool about nutrition

With the aim of favouring critical thinking and visualizing the importance of the scientific evidence of the nutritional advice we offer in the consultation, a teaching activity has been designed that bases its dynamics on the use of "gamification" techniques. That is, the game is used as a learning tool.

The method of "Gamification" is the application of mechanics and elements of games in non-ludic contexts in order to make a learning task more attractive and effective. This method showed to reinforce teaching knowledge, skills and abilities, such as problem solving, teamwork or communication^{3,4}.

With this approach, we presented a workshop on myths in nutrition at the 5th Forum of Vasco da Gama Movement held in Porto in January 2018 that gathered 47 people from 11 nationalities. The vast majority of participants stated that nutrition training at their university had been scarce: between null and a couple of weeks.

Participants were divided into groups of 7 or 8 people that were distributed around a board. Each group received a "small shopping basket" used as a counter of the points obtained, and a colour chip with which they would move around the board corresponding to four different topics of nutrition: obesity, diets, pathologies and mix.

The teaching team addressed multiple nutritional myths through questions such as:

Is it better to eat 5 times a day?

Are light products better to prevent obesity?

Should we avoid fats?

Is a glass of wine a day good for heart attack prevention?

Do vegetarians have more anaemia or osteoporosis?

Do "detox" juices work?

Are organic foods healthier?

With each success, the team received a piece of healthy food for their shopping basket equivalent to one point.

People's beliefs about nutrition

After each question the teaching team clarified the topic with a brief explanation about the available scientific evidence generating a small debate with the aim to awaken critical thinking in the participants. Many of the beliefs that the groups answered were that:

- breakfast is the most important meal to prevent obesity
- brown sugar is healthier than white
- vegetarians should be supplemented with iron
- skimmed milk is healthier than whole milk...

Finally, the group with the most points (more healthy food in its shopping basket), won.

Feedbacks on the workshop

The outcome of the workshop was very good, and the participants advised that we managed to awaken their scientific concern. Two participants asked for the data and permission to reproduce the workshop in their countries. Gamification is used more as a complement to traditional teaching strategies since it offers a series of social, emotional and cognitive advantages making them very attractive in teaching^{5,6,7}.

Health professionals should be trained properly

It seems important to note the need for health professionals to be properly trained in nutrition. Nutrition has an important impact on our health; however, it is not as present in our training as it should be.



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References

1. GBD 2017 Risk Factor Collaborators. Lancet 2018; 392: 1923–94
2. Willett W, Rockström J, Loken B, et al. Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. Lancet 2019; 393: 447–92
3. Zichermann & Cunningham (2011). Sebastopol, CA: O'Reilly Media.
4. Werbach, K., & Hunter, D. (2012). Wharton Digital Press.

5. Lamyae Sardi, Ali Idri, J.L. Fernández -Alemán. Journal of Biomedical Informatics 2017; 71: 31-34
6. C. Carreras. Quaderns de filosofia 2017; Vol. IV Num. I: 107-118
7. Earla J White, Joy H Lewis, Lise McCoy. Advances in Medical Education and Practice 2018; 9: 407-414

How should nutritional advice be administered during a routine consultation?

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Information about a healthy lifestyle in general, and nutrition in particular, has become widely available to the general population over the past decades. At the same time, there is an increasing body of evidence around this topic, making it difficult for health professionals to identify the most relevant and appropriate information for their patients, and the ways to deliver it. Not only should the nutritional advice be relevant and delivered at the right moment during the consultation, but it must also be in a language that is accessible and respectful to the context and culture, and the patients' values and priorities.

Continuity of care and a patient-centered approach

Searching the available medical literature on the subject, we found that family medicine/general practice researchers have already explored the topic. A systematic review of randomized controlled trials involved brief nutrition care provided by general practitioners and showed that family doctors have strong potential to provide nutrition care that improves the dietary behaviours and health outcomes of patients¹. In a 2009 study, 713 adult patients from 94 family medicine practices were examined in Italy. They had hypercholesterolemia, but did not qualify for a statin treatment. Following a brief, personalized and unstructured, educational intervention by the family doctor, including advice for diet and physical activity, there was a clinically significant reduction of total cholesterol and global cardiovascular risk in the 54-month follow-up².

Family doctors and the primary care team are best positioned in the healthcare system to deliver nutritional advice. According to Eurostat, across the EU-28, 31.3 % of all men and 40.2 % of all women consulted a family doctor in 2014, almost double than those who consulted other physicians³. Continuity of care and a patient-centred approach are important aspects of family medicine, which can support the delivery of personalized, appropriate, regular and timely information on nutrition to patients. Nutritional counseling should be seen not as a single session in which everything has to be taken care of, but as a dynamic process that extends over time, in which knowledge of the patient and the disease is constantly updated and more nutritional information can be added⁴.

The readiness for change is one of the critical areas that must be taken into account in nutrition-based intervention programs. *The European Network for Prevention and Health Promotion in Family Medicine and General Practice* (EUOPREV) surveyed 7947 patients from primary care practices in 22 countries of the European region. 82.4% of the nearly 1500 patients with unhealthy

diet, reported need to change; 56.3% answered they could attain a successful change in their behavior⁵.

When should nutritional advice be given?

Nutritional advice by a family doctor can be given during the routine consultation when relevant and can include dietary assessment, advice, counselling and referral⁶. Through these interventions family doctors may improve dietary behaviours and health outcomes of patients, such as an increase in fruit and vegetable intake by two serves per week⁷.

The life-long relationship of care family doctors and other professionals of the primary care team have with the patients allow for advice about nutrition to be delivered in small portions over time. Advice can be tailored to the context of the patient and his or her family, and according to his or her health literacy, values, priorities, needs and expectations. Often more members of a family are registered with the same family doctor, facilitating more complex interventions rather than an individual one, with increased chances of success.

Tools to help general practitioners

There are barriers to family doctors providing nutritional advice, which include low self-efficacy, perceived lack of nutrition knowledge, lack of time in consultations and inadequate reimbursement^{8,9}.

Tools exist to support the provision of nutritional advice, including laminated desktop quotes with suggested questions to ask patients⁶, printed handouts, such as the *Healthy Eating Plate*¹⁰ or the *Kid's Healthy Eating Plate*¹¹, brief messages in line with latest evidence, short questions addressed to pregnant and breastfeeding women about the number of serves of fruit and vegetables eaten each day⁶.



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References

1. Ball L, et al. (2013). *J Prim Health Care*, 5(1):59–69.
2. Filippi A, et al. (2009). *European Journal of General Practice*, 15:3, 136–140.
3. EUROSTAT. Statistics Explained: Healthcare activities statistics - consultations [Internet]. 2019. Available from: <https://ec.europa.eu/eurostat/statisticsexplained/>
4. van Weel C. (2003). *The American Journal of Clinical Nutrition* 5. Bulc M, Švab I, Godycki-Cwirko M. (2015). *European Journal of General Practice*, 21:1, 33–38
6. Ball L, Wilkinson S. (2016) Available at <http://www.racgp.org.au/afp/2016/august/nutrition-care-by-general-practitioners-enhancing-women's-health-during-and-after-pregnancy/>.
7. Sacerdote C, et al. (2006). *Int J Epidemiol*, 35(2):409–15.
8. Kushner RF. (1995). *Prev Med*, 24(6):546–52.
9. Visser F, et al. (2008). *Fam Pract*, 25 Suppl 1:i105–11.
10. The Healthy Eating Plate, Harvard School of Public Health and Harvard Medical School. Available at <https://www.hsph.harvard.edu/nutritionsource/healthy-eating-plate/>.
11. The Kid's Healthy Eating Plate, Harvard School of Public Health and Harvard Medical School. Available at <https://www.hsph.harvard.edu/nutritionsource/kids-healthy-eating-plate/>.