

Integrating Pharmacists within Aboriginal Community Controlled Health Services to improve Chronic Disease Management (IPAC) Core Role 5 - Preventive Health Care

- Preventable chronic disease is the largest contributor to the health differential between Indigenous and non-Indigenous Australians
- Practice pharmacist to promote preventive interventions with every participant contact
- ACCHS primary team may refer to 'The National Guide' or other references
- SNAP = Smoking, Nutrition, Alcohol & Physical activity



- Tailor activities to local context
- Work with ACCHS staff to clarify pharmacists role in asking about SNAP risk factors
- Aim for provision of standardised information used by all staff
- Remember annual health assessments for Aboriginal people (MBS 715)



The 5As model for behavioural and other interventions related to lifestyle risk factors

Assess – Ask about/assess behavioural health risk(s) and factors affecting choice of behaviour change goals or methods.

Advise – Give clear, specific and personalised behaviour-change advice, including information about personal health harms and benefits. This recognises that the practitioner can be a catalyst for action and enhance motivation for change.

Agree* – Collaboratively select appropriate treatment goals and methods based on the client's interest in and willingness to change their behaviour. This involves joint consideration of treatment options, consequences and client preferences, and setting management goals.

Assist – Using behaviour change techniques (self-help and/or counselling), aid the patient in achieving agreed-upon goals by acquiring the skills, confidence and social/environmental supports for behaviour change, supplemented with adjunctive medical treatments when appropriate (e.g. pharmacotherapy for tobacco dependence).

Arrange – Schedule follow-up contacts (in person or via telephone) to provide ongoing assistance/support and to adjust the treatment plan as needed, including referral to more intensive or specialised treatment. Follow-up visits often involve repeating the preceding four As.

- Screening
 - **Ask** all adult patients if they smoke tobacco
 - **Assess** level of nicotine dependence & willingness to quit
- Behavioural
 - **Advise** all patients who smoke to quit
 - **Assist** smoking cessation
 - **Arrange** follow-up visit
- Chemo-prophylaxis
 - Recommend smoking cessation pharmacotherapies
- Environmental
 - Routinely update smoking status of all patients
 - Support comprehensive public health approaches to tobacco control





- Screening
 - Behavioural
 - Chemo-prophylaxis
 - Environmental
- Consider assessment of BMI & waist circumference
 - Provide advice to promote healthy eating and physical activity
 - Advise that modest weight loss of 5% or more has multiple health benefits
 - Consider referral to specialist services if available
 - Assess risk:benefit of orlistat on an individual basis
 - Support community-based interventions to increase access to healthy and nutritious food



Combining measures to assess obesity and disease risk* in adults

Classification	Body mass index (BMI) (kg/m ²)	Disease risk (relative to normal measures) Waist circumference Men 94–102 cm Women 80–88 cm	Disease risk (relative to normal measures) Waist circumference Men >102 cm Women >88 cm
Underweight	<18.5	---	---
Healthy weight	18.5–24.9	---	Increased
Overweight	25.0–29.9	Increased	High
Obesity	30.0–39.9	High to very high	Very high
Severe obesity	>40	Extremely high	Extremely high

*Risk of type 2 diabetes, elevated blood pressure and cardiovascular disease (CVD)

- Screening

- Behavioural

- Environmental



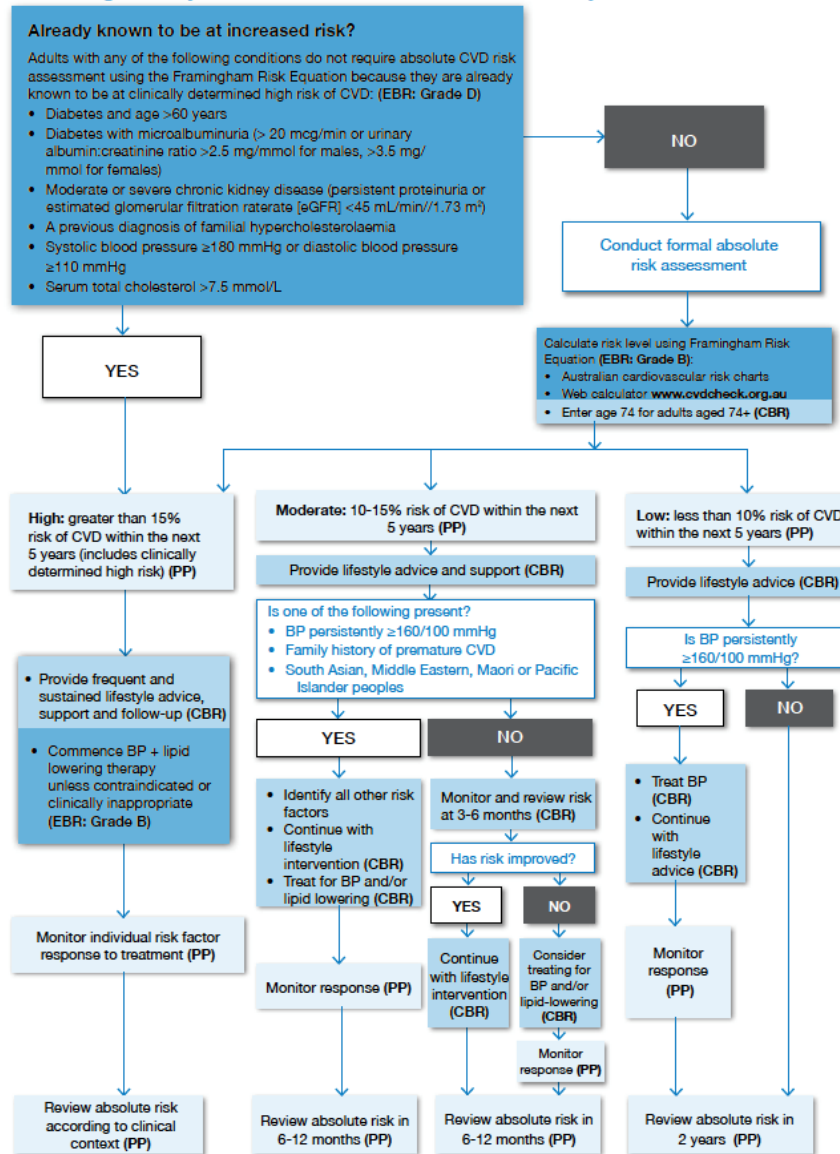
- Ask about the quantity and frequency of alcohol consumption to detect risky/high risk drinkers
- Consider medical conditions which may be worsened by alcohol consumption
- Offer brief interventions (FLAGS) for the reduction of alcohol consumption as first-line treatment
- Support community-led strategies to reduce alcohol supply

- Screening
 - Assess current level of physical activity and sedentary behaviours
- Behavioural
 - For patients who are insufficiently active, give targeted advice and written information
 - Consider the needs of patients with chronic medical conditions
- Environmental
 - For osteoporosis prevention, encourage regular weight-bearing and resistance exercise
 - Support community-based physical activity programs and encourage use of public facilities that promote activity



- Ensure that height, weight, smoking status and recent BP are recorded in patient's medical records
- Ensure that patient is up to date with age-appropriate health checks
- Unless already clinically at high risk of CVD, check that absolute CV risk status has been assessed and recorded
- GRHANITE will extract de-identified biometric measures from the CIS
- Enter details of preventive health activities in the logbook under Education & training

Risk Assessment and Management Algorithm: Adults aged 45 years and over without known history of CVD



EBR: Evidence-based recommendation (Graded A-D) CBR: Consensus-based recommendation PP: Practice point

Thank you!