# Improving health outcomes for populations and for people

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Socioeconomic position (SEP) can be an important determinant for health. It can be assessed by different measures that look at factors such as occupation, education, income, living standards or area of residence—none of which capture the full picture. Our lead article compares the performance of five measures in predicting health outcomes, concluding that NZiDep (an individual-level index of social deprivation), and ELSI, an index of living standards, are the best predictors, and NZDep (obtained from geocoded addresses) is a reasonable alternative when impractical to use individual measures.[1] In his guest editorial, Professor Tony Blakely explores the two main reasons for considering SEP: to adjust for it as a confounder, and to determine the association of a socioeconomic factor with a given health outcome.[2] For the former, he concludes the best approach is to adjust for NZDep and as many other factors as possible, and for the latter, NZiDep is a robust measure.

Certainly SEP can be a major contributing factor in health outcomes. A nutritional survey in Hawke's Bay conducted among people aged 65 and older found that poor nutrition was associated with being Maori and living alone.[3] This month's *Back to Back* debates whether or not the government should cap the health budget and spend more on housing and food. Professor Howden-Chapman argues that, given a constrained fiscal environment, investing in housing rather than hospitals will lead to better health outcomes,[4] whereas Dr White counters that the best investment we can make is to increase spending on health.[5]

This issue includes two studies on Green Prescriptions—a proven means of increasing physical activity and improving health outcomes. One study looked at barriers perceived by general practitioners (GPs) to their older patients carrying out a Green Prescription, and identifies practical strategies for GPs to help these patients increase their exercise levels.[6] Another study involved Pacific women who successfully followed a Green Prescription programme, finding that the social aspect was the main reason the women enjoyed and completed the programme.[7]

A collaborative approach to managing chronic disorders and multi-morbidities is likely to improve health outcomes. Healthcare Improvement Collaboratives have been established aimed at enhancing practices' management of long-term conditions, leading to better clinical outcomes, facilitated planned care and quality improvement. An evaluation of this initiative found modest clinical improvements, but identified difficulties practices encountered in implementing these changes and being able to monitor their progress.[8]

GPs caring for patients with chronic diseases and comorbidities have so many diverse things to consider. A population survey about awareness of drug safety and possible adverse effects of prescription and over-the-counter medications adults were taking revealed a very low level of drug safety knowledge, with the recommendation that primary care practitioners must play a role in promoting drug safety awareness.[9] GPs are unlikely to suggest to diabetic patients that they should consider the ambient temperature when they use a self-monitoring meter to measure their blood glucose. At 20°C, the recording will be close to their true blood glucose, but at warmer temperatures their meter reading will underestimate and at cooler temperatures it will overestimate their blood glucose level.[10] While the differences are not huge, ideally we should educate patients that their meters are most reliable at a temperature of 20°C. A study which interviewed people with chronic illness found

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that most were reluctant to take medication for pain relief and often lived in chronic pain.[11] The authors recommend that their GPs ask about and acknowledge patients' pain, and reassure them that taking pain medication will assist them in their daily living.

GPs have so much to learn and to do, but with increasing numbers of medical students it is challenging to give them adequate time in community-based general practice placements. A randomised controlled trial found that students attending 'simulated' GP clinics using actors had improved communication skills, confidence in history-taking and ability to detect depression compared to those placed at general practices, but the latter group had more confidence in managing common conditions and giving injections than their peers.[12] These modes of teaching appear to be complementary and a combination may be the way to go.

Our *Vaikoloa* column advocates teaching medical students about factors that impact on Pacific people's health by exposure to their local community through a weekend stay with a Pacific family.[13] Finally our *Ethics* column reminds us that a medical education requires more than the skills and knowledge to practise medicine. It also requires an education in values to prepare them for the professional role they will play in society.[14]

Yet again this issue reveals the complex world of primary health care.

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## **Erratum:** The anatomical placement of body organs by Australian and New Zealand patients and health professionals in general practice

In the September 2012 edition of the *Journal of Primary Health Care*, an original short report research article 'The anatomical placement of body organs by Australian and New Zealand patients and health professionals in general practice' was authored by Professor Marjan Kljakovic. The research and authorship was also carried out by Ms Jo Risk, currently Project Manager, Southern General Practice Network, NSW, Australia, and was funded under the PHCRED researcher development program in 2010. We acknowledge this co-authorship and funding, and appropriate amendments have been made to the electronic version of the Journal, and submitted to the National Library of Medicine for amendment to the PubMed listing. This paper should be cited as:

Kljakovic M, Risk J. The anatomical placement of body organs by Australian and New Zealand patients and health professionals in general practice. J Prim Health Care 2012;4(3):239–41.