OUTREACH ACTIVITY: AN EVALUATION OF HEALTHY LIVING ASSESSMENTS PROVIDED BY PHARMACY STUDENTS TO THE LOCAL COMMUNITY

Catherine Langran
INTRODUCTION

• From 2011, health living assessments (HLAs) have been delivered by 4th year pharmacy students, to university students and staff. ¹

• In 2015, the HLAs were delivered as an outreach activity in two community centres.

• This presentation will evaluate the provision of the outreach HLAs.
Eligibility
- Age 40-74 years
- No pre-existing conditions
- Every 5 years

Uptake
- In 2016/2017, only 1.6% locally (and 2% nationally) of the eligible population received a NHS health check.
HEALTHY LIVING ASSESSMENT AND ADVICE

WILL YOU BE READY FOR CHANGE THIS NEW YEAR?

Choose from a number of simple tests:
- Blood pressure measurements
- Glucose & cholesterol levels
- Weight and lifestyle assessment

Then receive personalised lifestyle advice based on your results free of charge. Access a free Healthy Living Assessment by appointment or on a drop-in basis.

Pharmacy staff and students from the University of Reading will be visiting:
The Earley CResCent Resource Centre
Wednesday 11 March 2015 | 2pm – 5pm

To book an appointment, please complete the booking form before Monday 9 March 2015. See a member of staff at the reception desk at the Earley CResCent Resource Centre.
The Earley Crescent Community Resource Centre
Attended by a middle-class elderly population

The Amersham Road Community Centre
Located in an area of social and economic deprivation
The HLA was developed based upon the NHS health check:

• Pharmacy students measure each participant’s blood pressure, glucose and cholesterol, hip and waist circumferences, BMI and enquired about level of physical activity and fruit and vegetable consumption.

• Students provide individualised health promotion advice and mutually agree goals to reduce the participant’s risk of developing heart disease or diabetes.

• All participants with test results outside the reference range were directed to their GP.
OUR STUDENTS IN ACTION
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>241295</td>
<td>76</td>
<td>47</td>
</tr>
<tr>
<td>Male</td>
<td>102555 (52%)</td>
<td>21 (28%)</td>
<td>10 (21%)</td>
</tr>
<tr>
<td>Female</td>
<td>111740 (48%)</td>
<td>55 (72%)</td>
<td>37 (79%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>0</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>30-39</td>
<td>0</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>40-49</td>
<td>72903</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>50-59</td>
<td>68428</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>60-74</td>
<td>72964</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>75+</td>
<td>0</td>
<td>14</td>
<td>4</td>
</tr>
</tbody>
</table>
## RESULTS – BLOOD PRESSURE

<table>
<thead>
<tr>
<th></th>
<th>National Health check</th>
<th>HLA Total</th>
<th>HLA 18-39 years</th>
<th>HLA 40-74 years</th>
<th>HLA 75 years+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic &gt;140 mmHg</td>
<td>19% (n=26126)</td>
<td>34% (n=42)</td>
<td>4</td>
<td>30</td>
<td>8</td>
</tr>
<tr>
<td>Diastolic &gt;90 mmHg</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On anti-hypertensives</td>
<td>1</td>
<td>8</td>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HLA identified:**
- 28 participants with high blood pressure not currently taking medication
- 14 participants taking anti-hypertensives with un-controlled hypertension
# RESULTS – RANDOM GLUCOSE

<table>
<thead>
<tr>
<th>National Health check</th>
<th>HLA Total</th>
<th>HLA 18-39 years</th>
<th>HLA 40-74 years</th>
<th>HLA 75 years+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucose &gt;11 mmol/L</td>
<td>1% (n=421)</td>
<td>5% (n=6)</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>On diabetic medication</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

**HLA identified:**

- 3 participants taking diabetic medication with un-controlled blood glucose levels
- 3 participants with high blood glucose levels not currently taking medication
# RESULTS – BMI & HEART DISEASE

<table>
<thead>
<tr>
<th>BMI &gt;30 (n=32133)</th>
<th>National Health check</th>
<th>HLA Total</th>
<th>HLA 18-39 years</th>
<th>HLA 40-74 years</th>
<th>HLA 75 years +</th>
</tr>
</thead>
<tbody>
<tr>
<td>21%</td>
<td>20% (n=24)</td>
<td>20%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk of developing heart disease or diabetes (n=27624)</td>
<td>13%</td>
<td>18% (n=21)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PARTICIPANT 82

- Male, 35 years old
- No medical history, no medication taken
- Blood pressure 160/90 mmHg
- BMI 27 kg/m2
- Waist circumference 100cm
- 60 minutes of physical activity/week
- 2 portions of fruit and veg/day

Outcomes

Referred to GP for blood pressure re-check
Set health goals
- More physical activity
- Improve diet
PARTICIPANT 8

- Female, 74 years old
- Not had a health check before
- DHx: omeprazole
- Blood pressure 136/86 mmHg
- Cholesterol 5.8 mmol/L
- 5 portions of fruit and veg/day

- Random glucose 12.2 mmol/L (90 minutes since last meal)
- BMI 39 kg/m2
- Waist circumference 108cm
- Walks ½ mile a day
- High risk of developing heart disease and diabetes

Outcomes

Referred to GP for glucose re-check

Set health goals
- Be more active / Add in moderate intensity exercise
- Snack less in the evenings
## Setting Health Goals

<table>
<thead>
<tr>
<th>Health goals agreed</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise more</td>
<td>59</td>
</tr>
<tr>
<td>Lose weight</td>
<td>40</td>
</tr>
<tr>
<td>Eat more healthily</td>
<td>45</td>
</tr>
<tr>
<td>e.g. more fruit &amp; veg, less takeaway food, smaller portions etc.</td>
<td></td>
</tr>
<tr>
<td>Reduce caffeine intake</td>
<td>4</td>
</tr>
<tr>
<td>Drink more water</td>
<td>4</td>
</tr>
<tr>
<td>Reduce salt intake</td>
<td>3</td>
</tr>
<tr>
<td>Reduce stress</td>
<td>3</td>
</tr>
<tr>
<td>Reduce alcohol intake</td>
<td>3</td>
</tr>
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</table>
PARTICIPANT FEEDBACK

• 92 (84%) out of 110 participants who completed the feedback questionnaire stated they were planning on improving their health as a result of their HLA.

• Participants rated the HLA as an outstanding (64%), good (34%) or adequate (2%) service.
PARTICIPANT FEEDBACK

“Great assessment—well structured and I felt very comfortable with the students”

“All students were efficient and professional”

“With GP services under pressure I was less inclined to ask for these checks. I appreciate it being available in the community”

“Extremely friendly and informative service. Made to feel at ease and all was thoroughly explained”
CONCLUSIONS

• The HLAs test results were comparable to the national average for NHS Health Checks, demonstrating the potential need for the HLA service locally.

• The HLA identified a number of patients with health results outside the normal range to be referred to their GP.

• The participants’ rating of the service demonstrates that HLAs were perceived to be an excellent opportunity to encourage healthy lifestyles.
NEXT STEPS

• HLA updated in 2016/17 to replicate NHS health check:
  • GPPAI, AUDIT-C, Q-RISK.

• Inter-professional with food and nutritional science students.

• Pharmacy students may represent an alternative strategy for local authorities to improve access to NHS Health Checks
REFERENCES


