2014

People with multiple unhealthy lifestyles are less likely to consult primary healthcare. Evidence from 267,153 Australians

Xiaoqi Feng
University of Wollongong, xfeng@uow.edu.au

Federico Girosi
University of Western Sydney

Ian S. Mcrae
Australian National University

Publication Details

Feng, X., Girosi, F. & McRae, I. (2014). People with multiple unhealthy lifestyles are less likely to consult primary healthcare. Evidence from 267,153 Australians. Journal of Epidemiology and Community Health, 68 (Suppl 1), A67-A67.

People with multiple unhealthy lifestyles are less likely to consult primary healthcare. Evidence from 267,153 Australians

Abstract
Abstract presented at the Society for Social Medicine 58th Annual Scientific Meeting, 10-12 September 2014, Oxford, United Kingdom

Keywords
primary, healthcare, evidence, 267, 153, australians, lifestyles, unhealthy, multiple, less, people, likely, consult

Disciplines
Education | Social and Behavioral Sciences

Publication Details
Feng, X., Girosi, F. & McRae, I. (2014). People with multiple unhealthy lifestyles are less likely to consult primary healthcare. Evidence from 267,153 Australians. Journal of Epidemiology and Community Health, 68 (Suppl 1), A67-A67.

People with multiple unhealthy lifestyles are less likely to consult primary healthcare. Evidence from 267,153 Australians

X Feng[1], F Girosi[1], I McRae[2]

1 Centre for Health Research, School of Medicine, University of Western Sydney, Sydney, Australia

2 Australian Primary Healthcare Research Institute, Australian National University, Canberra, Australia

Background Interventions for multiple unhealthy lifestyles are being implemented within primary healthcare settings. This strategy assumes that people with multiple unhealthy lifestyles engage with general practitioners (GPs), however, few studies have been conducted to see whether this is the case. On one hand, people with multiple unhealthy lifestyles often experience poor health and may be more likely to consult a GP as a consequence. On the other hand, studies have shown that people with multiple unhealthy lifestyles experience socio-economic disadvantage, which is bound up with low health literacy that may reduce healthcare-seeking behaviour. The purpose of this study was to investigate these competing hypotheses.

Methods This study used data on 267,153 residents of New South Wales, Australia, aged 45 years and older. Participants were randomly selected from the Department of Human Services database and completed a questionnaire between 2006 and 2009. Analyses focused upon all consultations with GPs which took place within 6 months prior and post survey completion (data from the Medicare Benefits Schedule). An index of unhealthy lifestyles ranged from 0 to 8, with higher scores indicating a clustering of poor diets, alcohol consumption, smoking, and low levels of physical activity (defined according to published guidelines). Logistic regression was used to analyse whether a person consulted a single GP within the study period and to what extent this level of engagement was associated with scores on the unhealthy lifestyle index. Among those who did consult a GP at least once, zero-truncated negative binomial regression was used to investigate the frequency of engagement with primary healthcare across the study period and association with multiple unhealthy lifestyles. Analyses were adjusted for measures of health status, socio-economic circumstances and demographic variables.

Results Prior to adjustment, people with multiple unhealthy lifestyles were more likely not to consult a single GP (e.g. 8 unhealthy lifestyles odds ratio (OR): 2.72, 95% confidence interval (95% CI): 2.03, 3.63). After adjustment, this association was attenuated but remained significant (e.g. OR: 1.74, 95% CI: 1.30, 2.33). Higher scores on the unhealthy lifestyle index were also associated with a lower frequency of consultations before (e.g. 8 unhealthy lifestyles incident rate ratio (IRR): 0.80, 95% CI: 0.73, 0.88) and after adjustment (e.g. IRR: 0.84, 95% CI: 0.77, 0.92).

Conclusion Interventions for multiple unhealthy lifestyles within primary healthcare settings may not reach the people they are designed to help. Large-scale investments in the prevention of unhealthy lifestyles should, therefore, be located across a range of settings (e.g. workplaces).