

COMMUNICATION STRATEGIES USED TO ACCOMPLISH EFFECTIVE HEALTH DIALOGUE IN ADULTS WITH CHRONIC DISEASE IN LOW AND MIDDLE INCOME COUNTRIES: A SYSTEMATIC REVIEW

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DISCLOSURE

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- **Learner objectives:** To demonstrate an understanding of the communication strategies used to accomplish effective health dialogue in adults with chronic disease in LMICs
To create an awareness in clinicians and policymakers with regard to the findings of the systematic review
- **Conflict of interest:** None
- **Employer:** Northern Cape Department of Health
- **Sponsorships:** Northern Cape Department of Health
Partial funding by the South African Research Fund
- Study forms part of a larger study to create a health dialogue model for Diabetes type II patients in the Free State

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BACKGROUND

Communication Strategies:

Approaches used to inform, influence and motivate (USA Government Office Disease Prevention and Health Promotion, 2010: on-line).

Various contexts:

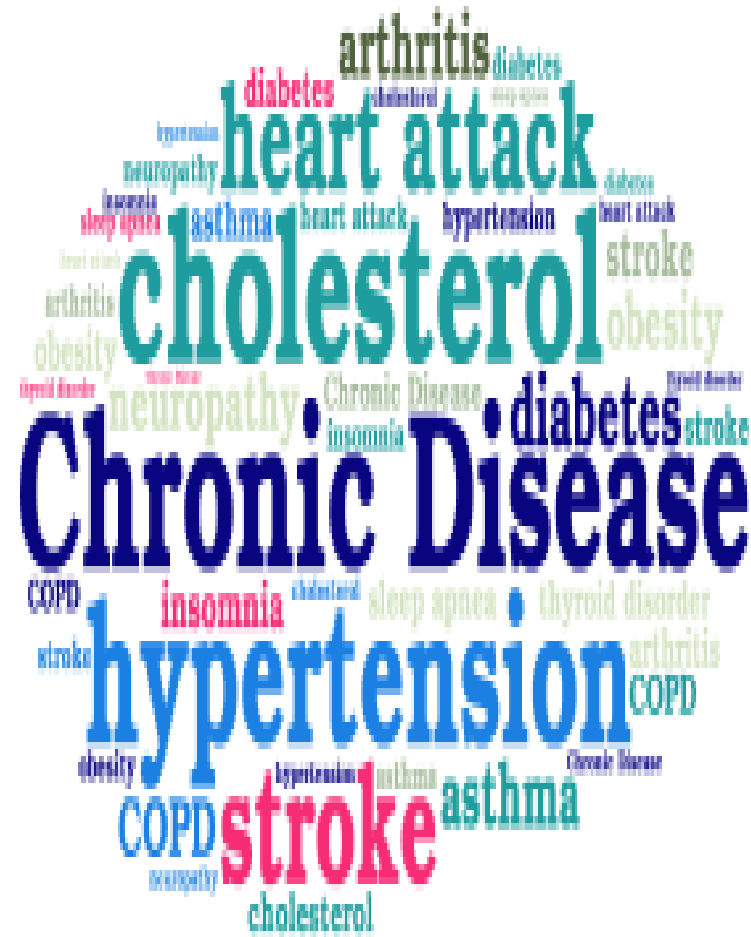
- **Interpersonal communication**
- **Small group communication**
- **Mass media communication**

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	High income countries (15%)	Middle income countries (55%)	Low income countries (30%)
GNI	\$12.746 or more	Upper: \$4,126 - \$12,745 Lower: \$1,046 - \$ 4,125	\$ 1,045 or less
Example	USA, UK and Japan	Upper: Turkey, SA, Brazil Lower: India, Pakistan, Lesotho	Ethiopia, Mozambique, Uganda
	High quality education and healthcare, sound investment, advanced technology and communication	Fragmented health system, low education systems, poor communication systems	Severely weak and fragmented health systems, challenges with clean and safe drinking water, electricity

- Cardiovascular diseases
- Chronic pulmonary disease
- Diabetes
- All cancers

- **28 million** affects LMIC's



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RESEARCH QUESTION

Which communication strategies are used during effective health dialogue in adults with chronic disease in low and middle income countries in terms of:

1. How communication is conducted?
2. When communication is conducted?
3. What is communicated?
4. Where communication is conducted?
5. By whom communication is conducted?

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METHOD: SYSTEMATIC REVIEW

7 steps according to Higgins and Green (2006:16):

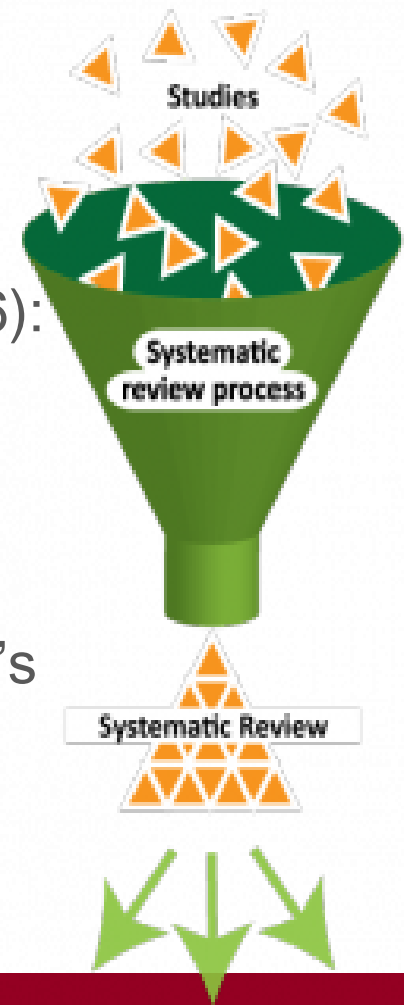
STEP 1: Identification and formulation of a focused review question

Population: Adults with chronic disease in LMIC's

Intervention: Communication strategies

Comparison: Routine communication strategies

Outcome: Effective health dialogue



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STEP 2: GENERATING A SEARCH STRATEGY

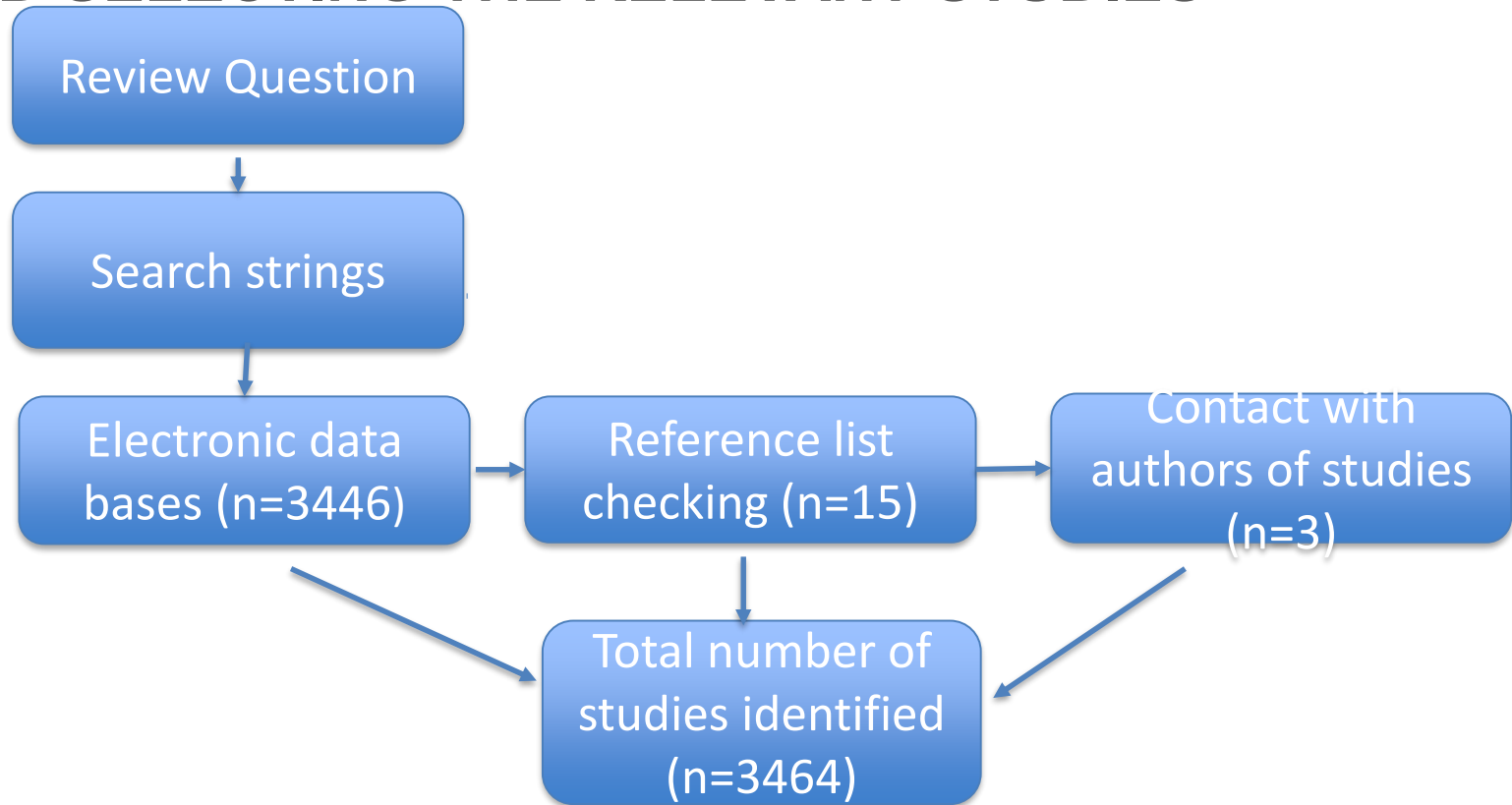
VARIABLES	SEARCH TERMS
Population: Studies of adults with chronic diseases in low- and middle-income countries	(Diseas* or illness* or condition* or medical*) And ("Developing country*" or "Developing world*" or "low income country*" or "middle income country*" or afro-American* or "African American*" or latino* or aborigin* or minor* or immigrant* or disadvantaged* or blacks)
Intervention: Communication strategies	And (Communication or "Communication strategy*" or "Communication technique*" or "Communication method*" or "method* of communicat*" or "technique* of communicat*" or "strategy* of communicat*")
Comparison interventions	Routine communication strategies
Outcome of interest: Effective health dialogue	("Health dialog*" or "Health communication*" or "Health educat*" or "Health promot*" or "Health counsel*" or "health information*")

	PLATFORM	DATA BASE	No OF ABSTRACTS OBTAINED
ELECTRONIC DATA SOURCES	EBSCOhost	Academic Search Complete	900
		PsycINFO	338
		Health Source: Nursing/Academic Edition	333
		Communication & Mass Media Complete	207
		CINAHL with full text	161
		SOCINDEX with full text	134
		Master FILE Premier	85
		Africa-Wide Information	84
		Business Source Complete	74
		SPORTDiscuss with full text	70
		Library, Information Science & Technology Abstracts	44
		ERIC	26
		Teacher Reference Center	19
		Humanities Source	16
		Health Source – Consumer Edition	13
		Legal Source	11
		Political Science Complete	6
		PsycARTICLES	6
		ECONLIT with full text	4
		Green file	2
		Art Source	1
	ProQuest		195
	Scopex		704
	Nexus		10
	Google Scholar		3
REFERENCE LIST CHECKING			15
CONTACT WITH AUTHORS			3

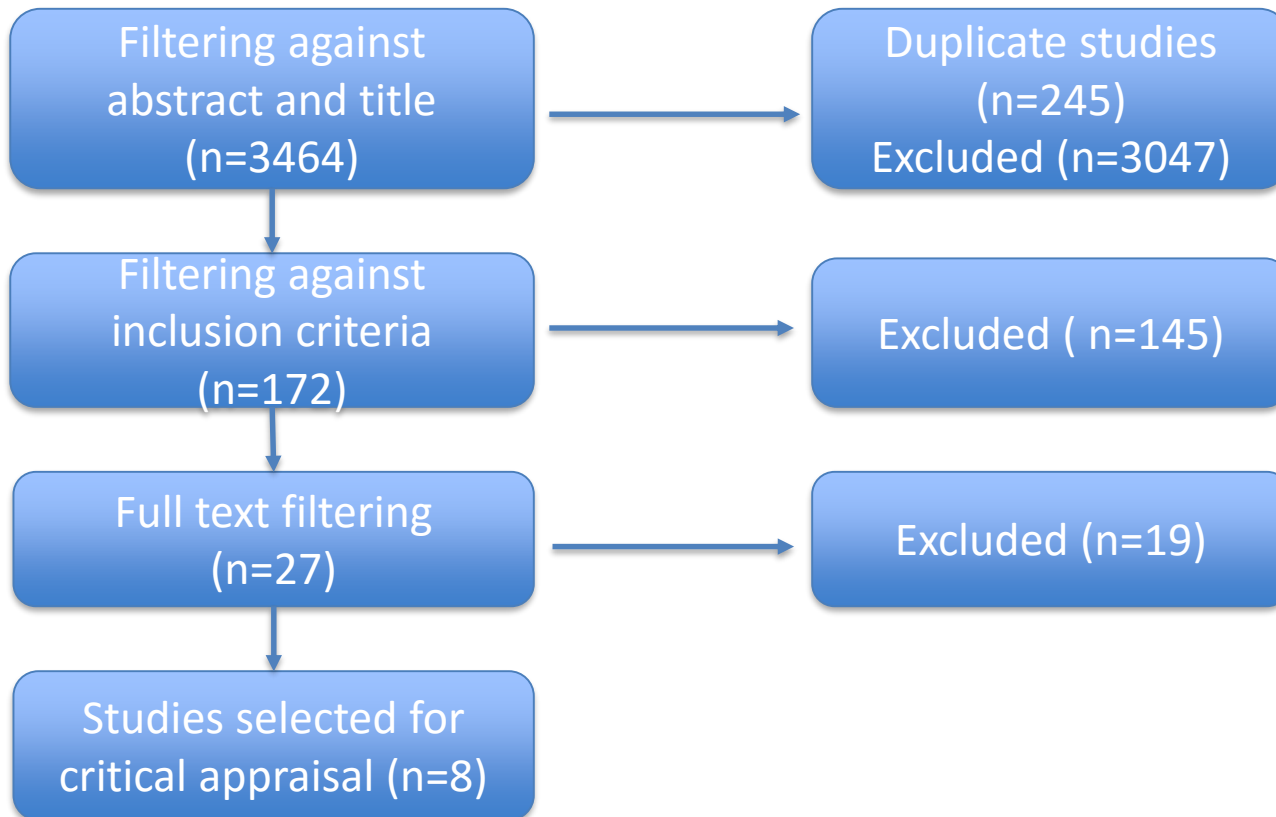
INCLUSION AND EXCLUSION CRITERIA

INCLUSION	EXCLUSION
English literature and other languages with an English abstract	Literature with no English abstract
Adults with chronic diseases	Literature from minority or disadvantaged groups in HIC's
Literature that reflects health dialogue between patient and HCP	Studies conducted on participants younger than 18 years
Low and middle income country studies	High income country studies
From 1 January 2000 to 31 December 2014	Studies beyond the year 2000
	Literature focusing on prevention of chronic diseases

STEP 3: IMPLEMENTING THE SEARCH STRATEGY AND SELECTING THE RELEVANT STUDIES



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STEP 4: DATA EXTRACTION

- 8 studies:
 - 5 RCT's
 - 1 case-study
 - 1 qualitative study
 - 1 cross-sectional survey
- According to the PRISMA guidelines

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STEP 5: PERFORMING THE CRITICAL APPRAISAL AND EVALUATING THE METHODOLOGICAL QUALITY OF SELECTED STUDIES

- **8 studies:**
 - Critical appraisal tools:
 - CASP RCT x5
 - CASP qualitative research x1
 - Case-study appraisal tool x1
 - Descriptive/cross-sectional survey tool x1
 - 7 studies were found methodologically adequate



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STEP 6: ANALYSING AND SYNTHESISING

Thematic summaries

STEP 7: FORMULATING THE CONCLUDING STATEMENTS



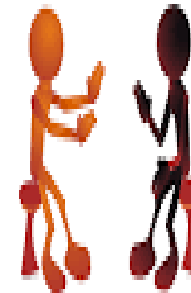
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FINDINGS:

1. How is communication conducted?

Various methods such as:

- Face-to-face communication
- Tailored communication
- Small group
- Mobile cell communication
- Computed communication
- Print media
- Multi-strategy approach



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Frequent (weekly and monthly)
communication sessions



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Individualised and focused communication

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4. Where is communication conducted?

- Convenient place where internet can be accessed
- Private area (consulting room, community hall)

5. By whom is communication provided?

- Trained healthcare promoters
- Healthcare experts
- Automated computer systems.



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CONCLUSION

Various communication strategies can be used

Multi-strategy approach

Frequent sessions can be held

Information should be **tailored to the patients** needs

In a **private area** and/or one that allows **access to internet**

By **trained** health promoter/healthcare experts or automated systems

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IMPLICATIONS/RECOMMENDATIONS

- Greater sensitivity to tailored communication
- Equip HCP with skills
- Implementing the multi-strategy approach
- Strengthen infrastructure of LMIC's
- Actively pursue private areas for consultation



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Thank You Dankie

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