Letter to the Editor

Measuring health promotion activities of rural community pharmacy

Dear Editor,

Re: Journal Code AJR, Article No. 774

I was glad to see the role of pharmacists in health promotion getting its due attention from Sunderland et al.1 The authors correctly point out the unique ease of access provided by community pharmacy, and yet, the levels of reported advice were disappointingly low. I feel that the generalisability and validity of some findings need to be questioned for the following reasons:

1. While this study used an electoral role sample, the first paragraph of the section entitled ‘Participants’ indicates that all respondents examined for this paper were taking medication. This suggests that not all respondents were included in the paper, and this should be clarified. Pharmacists also advise on a range of health promotion issues (e.g. vaccination, sexual health, substance misuse) to people who do not necessarily take medicines, and such populations appear not to have been examined. In fact, table 1 demonstrates that this sample is composed solely of patients with chronic conditions.

2. This paper fails to indicate the response rate to the survey, or address how well its unusual respondent profile (64% female, 99% Caucasian, 29% over 65 year) represents the pharmacy-visiting or rural population in Western Australia. Moreover, the authors have not explained how ‘rurality’ was defined for the purposes of sampling, nor the proportion of the rural West Australian Shires that was sampled. These issues all raise questions about the generalisability of the findings.

3. Elderly patients and those who feel that smoking is affecting their health or fitness – most likely a very large proportion of these respondents (judging from numbers of respondents taking medication for cardiovascular disease, respiratory disease, diabetes and cancer) – are much more likely to have quit smoking;2 table 2 suggests that just 45 of the sample were current smokers. This is just 9% of the total respondents, and about half the proportion smoking in the general population.2 To limit questions about smoking cessation advice to current smokers may be to dramatically understate the true extent of pharmacists’ contribution in this area, given the large proportion of former smokers likely to be among the sample, and who are likely to have received advice during this process.

This aside, the authors’ conclusion that pharmacy does not deliver on its current health promotion potential is probably accurate. Until the Federal Government provides financial acknowledgement of this role, pharmacy owners will not be willing or able to commit to providing appropriate staffing levels, training, consultation areas and so on, which would allow a more formalised and pervasive approach to health promotion by the profession. Moves are afoot in the UK to develop a properly funded and planned approach to health promotion activities in pharmacy,3 and we would do well in Australia to follow this lead.

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References

