



**USING STORIES TO IMPROVE
PATIENT EDUCATION IN A PATIENT-
CENTER MEDICAL HOME SETTING**
By: Corey Williams

BACKGROUND

- Since 2005, 7 out of 10 deaths among Americans each year is from chronic diseases.
- Major causes are modifiable health behaviors-lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption
- It is becoming increasingly vital that that patients be encouraged to make healthy lifestyle changes
- Health education has been shown health education include:
 - Decrease emergency room visits
 - Increase adherence to prescriptions
 - Increased appropriate use of health care visits
 - Decreased overall drug prescriptions
 - Increased confidence in self-care.



BACKGROUND



Table. Sample Words for Each Stage

Stage	Patient Verbal Clue	Physician Task	Sample Words
Precontemplation	<i>"I'm not really interested in quitting. It's not a problem."</i>	State your own beliefs clearly, but not as a confrontation or a denial of the patient's view Try to understand how things look to your patient Build tension between smoking and patient's goals Provide information if patient is willing to receive it	<i>"I want to state my opinion clearly. I think that the most important thing you can do for your health is to quit smoking."</i> <i>"Could you tell me more about what leads you to feel this way?"</i> <i>"Sounds like you enjoy smoking but also you want good health as you age."</i> <i>"Would you be willing to hear or read some information about the health aspects of smoking?"</i>
Contemplation	<i>"I know I should quit, but I really do enjoy smoking. I've got to quit, but with all the stresses in my life right now, I don't know if I can."</i>	Empathize with the dilemma Accept the patient's reluctance to change Ask patients to identify the "pros and cons" of quitting Build confidence in changing without rushing the patient	<i>"Sounds like you're caught in a bind right now. On one hand, you know that the smoking is bad for your health and you want to quit. On the other hand, you enjoy it because it helps with stress."</i> <i>"I can understand not wanting to quit."</i> <i>"Let's look some more at the things you like about smoking and the things you don't like."</i> <i>"I believe you could do this, but I agree that you're not ready to take that step yet."</i>



<p>Determination</p>	<p><i>"I have to stop and I'm planning how to do that."</i></p>	<p>Assess patient's commitment and provide reinforcement</p> <p>Focus on positive features of the problematic behavior and how the patient might replace those features</p> <p>Develop an action plan</p>	<p><i>"On a scale of one to ten, how committed are you to quitting?"</i></p> <p><i>"Let's look at the good things that smoking does for you. How will you deal with the absence?"</i></p> <p><i>"What do you think will work for you? What problems might arise? How will you deal with them?"</i></p>
<p>Action</p>	<p></p>	<p>Reinforce positive action</p> <p>Anticipate problems and plan</p> <p>Suggest use of self-monitoring (diary), support from friends, follow-up appointments</p>	<p><i>"It's terrific that you want to quit. What's working for you?"</i></p> <p><i>"What problems have you had? How did you solve them?"</i></p> <p><i>"Relapse is common. What will you do should it start to happen?"</i></p>
<p>Maintenance</p>	<p></p>	<p>Praise changes and reinforce learning</p> <p>Encourage vigilance for cues</p>	<p><i>"What have you learned that helps you continue to avoid cigarettes?"</i></p> <p><i>"Are there situations in which you are tempted to smoke? How do you cope at those times?"</i></p>
<p>Relapse</p>	<p><i>"I blew it."</i></p>	<p>Praise the prior success</p> <p>Reframe relapse as learning</p> <p>Assess willingness to change</p>	<p><i>"I think it's great that you stopped smoking for a period of time."</i></p> <p><i>"What did you learn that might help you to stop next time?"</i></p> <p><i>"How do you feel about trying again?"</i></p>

PROJECT AIMS AND METHODOLOGY

- To what extent does health education changes patients' attitudes, knowledge, skills and pushing patients toward the action plan stage?
- The need to adopt broader perspectives in examining outcomes
- Phenomenological, qualitative in-depth interviewing can be useful in conducting a needs assessment when an evaluator is attempting to develop a detailed understanding about how some members of the target population think, feel, and experience a problem



METHODOLOGY CONT'D

- This study will interview at least 6 participants
- 3 participants from one diabetes class and one cholesterol classes
- Questions designed to elicit stories about their patient educational experience
- Patient responses were recorded and transcribed
- Key phrases were extracted and coded in terms of knowledge gained, attitudes gained, skills gained, and their (pre- and post-) stage of behavior change



RESULTS: KNOWLEDGE GAINED

- *As Hispanics, ya know, we eat a lot of certain foods and certain spices so the helpful thing to me was learning the proportions. I knew about the meats and amount of rice but I didn't know how important the veges were, which should be like half the plate. I thought it should just be the same size as the amount of meat.*



RESULTS: SKILLS GAINED

- *...And then the labeling and sugar part. I knew that bread and rice turns to sugar. I wasn't aware of like how tablespoons add up and looking at the portions sizes on the food label to get the right amount.*



RESULTS: ATTITUDES GAINED

- *Once you come in here and they tell you that your organs are affected by what you have [eat] and your livelihood is affected and however long you want to live is determined by what action you take here and now. This is a huge eye-opener, which puts me back on track and right where I need to be.*



STAGES OF BEHAVIOR CHANGE

- Pre-contemplation
 - N/A
- Contemplation
 - *c. I started jogging since I got my diagnosis in March. My heart rate got up and I remember it took me like 2-3 hours to get my HR down and had to do breathing exercises. My girlfriend supports me as well. When I come in from a walk and my feet hurt, she will give me a foot rub. And, I just had my appendix out so I need to be more active. What I have already done is changed my eating habits. And, I added exercise and now I will increase my exercise time from 30min to 1 hour. Right now I'm walking 3 miles, if I have the stamina I will increase the mileage.*
- Determination
- Action plan
- Maintenance



RESULTS: QUALITY IMPROVEMENT

- *b. Having communication weekly...maybe I could call her to check in or by email, like motivational counseling stuff. She [daughter] is not the type of kid that likes to be in groups and me neither. So it's more helpful to have individual attention. I wanted to meet with her [health educator] in personal one-on-one first, so I can talk about my daughter's individual issues. I not trying to embarrass her [daughter] and make her [daughter] feel uncomfortable.*



DISCUSSION/CONCLUSION

- Common themes in interview responses
 - Cultural Identity
 - Portion control and sizes
 - Importance of vegetables
 - Changing behavior for family members
- Responses suggest that education can fundamentally change the way that patients view their health behaviors and the barrier to changing their health behaviors
- Pre-class- mostly in the determination stage and action plan stage
- Post class- All patient left with a new action plan they could describe in their own words



FUTURE DIRECTIONS

- Emphasize one-on-one interactions as much as possible combined with subsequent group session
- Educator must address the culture of the patient directly
- Letting the patient dictate the frequency of contact
- Holding family members accountable and getting family involved
- Educator needs to be flexible to address the particular needs to the patients



LIMITATIONS

- Not an empirical, quantitative study
- Small sample size in number of classes, type of class and patients
- One health educator observed
- Selection bias
 - Determination and/or action plan stage
 - More enthusiastic patients
 - Only English speaker classes



THANK YOU'S

- Dr. Liao, Dr. Moy, Dr. Sogbanyan, Dr. Kona,
- Jessica Solares, Health Education Manager
- Rahneisha Lewis, Grant Development
- Carmen Amienta, Promotora
- Monica Ramirez, Promotora
- Ulysses Garcia
- Dr. Michael Hochman
- Dr. Martin Serota

