Using health literacy domains to develop PH Detailing Kits for the NYC Dept. of Health & Mental Hygiene

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Public Health Detailing

- Modeled after pharmaceutical sales approach
- “Selling” public health interventions
- Brief, one-on-one interactions with health care providers
- Total office call
Citywide & Neighborhood-Specific Campaigns

Contracted Staff:
- 1-60 field staff
- 1-6 field supervisors

Citywide:
- > 2,500 healthcare sites
Action Kits

- Clinical Tools
- Providers Resources
- Patient Education
- Guidelines

Other
- Medications
- Health Bulletins
- Incentives (pens, post-it pads)
Gaps

• Providers like the patient materials. Do patients’ Are they useful?
• Our concept of health literacy primarily restricted to basic literacy and basic content presentation.
• Our process for developing and assessing patient materials needed updating to include patient acceptance and reflect complexities of HL.
• Improved provider knowledge frequently does not translate into improved practice.
Applying the domains of health literacy

- Fundamental literacy
- Science literacy
- Civic literacy
- Cultural literacy

Research Methods: Qualitative, Ethnographic/Discourse Analysis

- 12 provider in-depth interviews
- 12 frontline staff interviews
- 6 focus groups
  - 32 English speakers
  - 30 Spanish speakers

62 individuals (overweight)
Providers

- They needed new ways to talk about obesity
- Coaching scripts give ways to “frame” the discussion
- Verbal strategies to connect with patient’s health literacy and build commitment
Commitment Building

Goal: Create a non-judgmental alliance, and plan for small steps.

- “I know you want to lose weight and I want to help you take the steps that will work for you.”
- “I’m concerned about your weight and am interested in helping you achieve a healthier weight. Are you interested in working with me to make this happen?”
- “When you’re faced with a tough challenge, what has helped you succeed in the past?”
- “Let’s talk about some strategies for losing weight—lifestyle changes that you can make (e.g., choose water over soda, or walk briskly 5 times a week). What could you put into your daily life? Would you like to try one or two of these ideas? If they don’t work, you can come back and we’ll come up with some others.”
- “So we agree, you’re going to _____________ (e.g., eat whole grain bread for breakfast, order the small fries instead of the large) for two weeks before you come back?”
- “You don’t have to do this alone.”
- “How about starting today instead of tomorrow?”
- “You’d probably walk for a good cause—will you walk for you?”
- “Many people find that picking just one change to get started is manageable.”
Consumers – almost all had a good deal of health literacy about obesity

- “Diabetes first and foremost.”
- “High cholesterol”
- “Breathing-Asthma”
- “Feet, back, arthritis. It depends on how overweight you are.”
- “Don’t eat after 7 p.m.”
- “No junk food.”
- “Smaller portions.”
- “Stop the starches, the margarines, the fats, all that grease.”
- “Write everything down for a week - what you eat and bring it back to her.”
Cultural literacy

• “As African Americans, we use food also to be hospitable. If I know you’re coming over we want to cook the collard greens, the macaroni and cheese. You have a turkey. You have a ham. You have this. You have that.” “And the same thing in our church, every Sunday you go downstairs and you see it, you smell it, and you’re going to eat it.
4 Cultural Norms and Traditions

Goal: Link weight problems to eating habits learned earlier in life.

- “Our tastes and eating habits are often learned early in life.”

- “Are there any family traditions that make it hard for you to lose weight, such as high-fat foods, starchy foods, or lots of sweets? Ask yourself these things:
  - “Do people in your family tend to eat large portions?”
  - “What types of food are on peoples’ plates at your family gatherings?”
  - “Are you accustomed to eating when you’re stressed or sad?”

- “These are the patterns that require work to change. And they’re hard to change. The best strategy is to start with one thing at a time.”

- “We all have our favorite, comfort foods. Which of your comfort foods do you think you can eat in smaller portions? Which foods could be made lower in fat?”

- “I also enjoy eating and love the foods that I grew up with—even if they aren’t the healthiest. What has helped me in making healthier choices is eating less of them and making some changes in the recipes like adding vegetables or using less fat or sugar.”
Social Equity / Civic Literacy
“Fried chicken and a bottle of Henessey”

• “Within a span of one block we have McDonalds, Taco Bell......easier on us to
• “This is basically my block“(our visual)
• Today you have a choice of “greasy and greasier”
• “They take food stamps, debit cards. That just draws them in. The parents will say here’s the card, now go get dinner. And that’s what they bring home. “
Place health issue in social context

**Bagel**

20 Years Ago

140 calories

Today

?? calories

350 calories

a. 150   b. 250   c. 350

Don’t be fooled by portion sizes.

Bagel

1. Choose a smaller size, such as a mini-bagel.
2. Eat half the bagel, and take the other half home for another meal.
3. Choose lower-calorie spreads (low-fat cream cheese or a butter substitute), ask for a small amount of it and on the side if possible.
2 Social Trends

Goal: Create common ground by acknowledging many forces in our society are working against eating a healthy diet and living a healthy life.

“Part of the problem is the ‘Super Size Me’ culture we live in. Food portions have grown over the years. One of the best things to start with is eating smaller portions.”

“Think about the types of food you find most in your neighborhood. It’s probably hard to avoid the McDonald’s or the Popeye’s or the Dunkin’ Donuts. You have to defend yourself against unhealthy choices. Learn where you can buy healthier foods, and if you’re going to be out and you know you’ll be hungry, take something healthy (such as carrot sticks) along with you.”
**What Is Your BMI?**

Body Mass Index or “BMI” is a measure of body fat based on height and weight.

**Step 1**

Find Your BMI on the Chart
1. Find your height in the left-hand column (in feet and inches).
2. Move your finger over to the right and find your weight (in pounds).
3. Move your finger to the top of that column. The number in the BMI row is your BMI score.

**BMI = body mass index**

Being overweight or obese can lead to health problems like high blood pressure, high cholesterol, diabetes, stroke, heart and liver disease, joint pain, asthma and some types of cancer.

**Step 2**

What is your BMI?

- **BMI < 18** Underweight
- **BMI ≥ 19 to 24** Healthy Weight
- **BMI ≥ 25 to 29** Overweight
- **BMI ≥ 30** Obese (very overweight)

**Step 3**

Talk to your health care provider about creating a healthy action plan.

Sample action plans include:
1. Eat smaller portions.
2. Eat healthy foods that are low in fat, salt, and sugar.
3. Watch your drink calories. Regular soda, juice, sweetened tea, coffee, drinks, and alcohol add a lot of extra calories.

To learn more about your BMI, talk to your health care provider.
My Self-Management Goal for a Healthy Weight

- Collaborative decision making and disease management
- Targeted, cooperative conversations

One way I want to improve my health is (For example, eat smaller portions):

My goal for this week is (For example, eat one slice of pizza instead of two slices twice this week):

When I will do it (For example, lunch time):

Where I will do it (For example, at a restaurant):

How often I will do it (For example, Monday and Thursday):

What might get in the way of my plan (For example, one slice of pizza is not filling):

What I can do about it (For example, have salad with it):

How confident am I that I can reach this goal circle one (Note: Continue working on confidence in reaching goal until at least an 8.)

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Follow-up plan (how and when):

Congratulations!
Taking small steps can make a big difference.
Strategy for Kit Material

1. Use health literacy domains salient to the audience – science, civic, cultural
2. Use social marketing to make messages noticeable
3. Repeat core messages across materials
   • Strive for shared decision making & empowerment
   • Repeat and reinforce messages across materials
Wrapping Up: our method of materials development

Collaborate - participatory action research

Learn from and with target audiences

Use the language / discourse of the audience

Frame issue based on their needs, attitudes and perceptions

Develop specific messages focusing on salient domains of health literacy
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