Module 3: Successful Strategies for Caring for a Client with Cardiovascular Disease

Objectives

By the end of this module, students will have learned. . .

- Why the community health worker role is important
- How to overcome barriers to behavior change
  A. Prochasko's Stages of Change
  B. Specific patient education strategies, helping to develop a plan for change
  C. Intervention examples
- Some resources available on-line
- Sharing of experiences

Why the Community Health Worker is Important?

- Patients come to trust the CHW
- The CHW is someone from within their community.
- CHW educates and explains the information in a way that the patient can understand.
  - Especially important when it comes to patients taking their medications.
  - The patients that CHW work with are sometimes the highest risk patients because they have more than one chronic disease.

How to Overcome Barriers?

How to overcome barriers?

- Identify
- Acknowledge
- Address
- Monitor

Stages of Change

Understanding Change

- Prochasko's Stages of Change
  - Pre-contemplation
  - Contemplation
  - Preparation
  - Action
  - Maintenance

Pre-contemplation

- Individuals are unaware of problems or that there is a need for change.
- Uninformed or under-informed of the consequences of their behaviors.
- Not being diagnosed with diabetes.

Examples:

- Mass media campaign (T.V. newspaper, radio)
- Health fair
- Posters

Pre-contemplation

- During the pre-contemplation stage, patients do not even consider changing
  - Smokers who are “in denial” may not even see that the advice applies to them personally.
  - Patients with high cholesterol levels may feel “immune” to health problems that strike others.
  - Obese patients may have tried unsucessfully so many times to lose weight that they may have simply given up.

Published by: American Academy of Family Physicians

Contemplation

- The stage where people become aware of the problem and are now contemplating or thinking about changing or/not changing their behavior.
- There is an intention to change behaviors in the next six months that affect their cardiovascular health.

Examples:

- Client-focused education
  - Focus on the importance of healthy lifestyle and screening.

Contemplation

- During the contemplation stage, patients are ambivalent about changing. Giving up an enjoyed behavior causes them to feel a sense of loss despite the perceived gain. During this stage, patients assess barriers (e.g., time, expense, hassle, fear, “I know I need to but. . .”) as well as the benefits of change.

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Preparation

- The stage that combines intention and behavior.
- These individuals are intending to take action in the next month for the first time or in the past have been unsuccessful.
- Specific plans of action are developed in this stage as the individual chooses among alternative potential solutions. (i.e. perform physical activity for 30 minutes 4 times a week).
- Should be recruited for action-oriented activities

Examples:

  - Support services- resources
    - Support group, referral to specialist, health educator

Preparation

- During the preparation stage, patients prepare to make a specific change. They may experiment with small changes as their determination to change increases. For example, sampling low-fat foods may be an experimentation with or a move toward greater dietary modification. Switching to a different brand of cigarettes or decreasing their drinking, signals that they have decided that a change is needed.

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Action

- The stage where individuals change their behavior, experiences, or environment in order to help with their diagnosis.
- Requires commitment, time and energy.
- The question being asked “is this new plan (behavior change) working?

Example

  - Support group
  - Motivation

Action

- The action stage in the one that most physicians are eager to see their patients reach. Many failed New Year's resolutions provides evidence that if the prior stages have been glossed over, action itself is often not enough. Any action taken by patients should be praised because it demonstrated the desire for lifestyle change.

Published by: AAFP

Maintenance

- The stage in which people work to prevent relapse and consolidate gains attained during actions.
- An example would be to maintain increased physical activity level, which brought both weight and LDL down. Helping to relieve the risks associated with cardiovascular disease.

Example

  - Support group
  - Motivation

Maintenance

- Maintenance and relapse prevention involve incorporating the new behavior “over the long haul.” Discouragement over occasional “slips” may halt the change process and result in the patient giving up.

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Specific Patient Education Strategies

- One-on-one strategy
- Cultural strategy
- Familial strategy
- Strengths strategy
- Collaboration strategy

Intervention Examples

- Regular visits with Doctor
- Healthy cooking classes (interactive)
- Supermarket tours (interactive)
- Label reading (interactive)
- Exercise (classes, walking groups etc.)
- Know your numbers (BP,BS, etc.)

5 Things to Keep in Mind When Starting to Set a Goal

1. Be Realistic
   - No one can eat healthy and be active 100% of the time.
2. Keep it Doable
   - Start with small and gradual changes. Small changes will lead to big changes.
3. Be Specific
   - When making a plan help your client to decide: what, when where, and how long.
4. Be Flexible
   - Plan ahead to handle things that might come up, such as bad weather, sickness, or work and family responsibilities.
5. Make it Enjoyable
   - Change doesn't have to be painful, it should be fun.

Goal Setting in Action. . . An Example

Scenario/Task: *Your client was just diagnosed a pre-diabetic. Help her to create a positive action plan to increase her physical activity in order to try to avoid becoming a full blown diabetic.*

In creating her action plan, you should help your client to decide:

- What is the one thing she can do, or keep doing, to manage the amount of calories she is burning off?
- How often will she do this? (Be specific)
- What will she need to do to make it happen?
- When she will start?
- What are things that might get in her way (roadblocks)?
- How will she handle the roadblocks?
- Who can she turn to for support?

Be the Support Your Client Needs

- Make sure to check-in with your client on the progress of his/her goal(s).
- Ask about any roadblocks that s/he may have ran into and about how s/he may have dealt with it.
- Remind your client that everyone slips up from time-to-time and encourage them to stick with their goal(s).

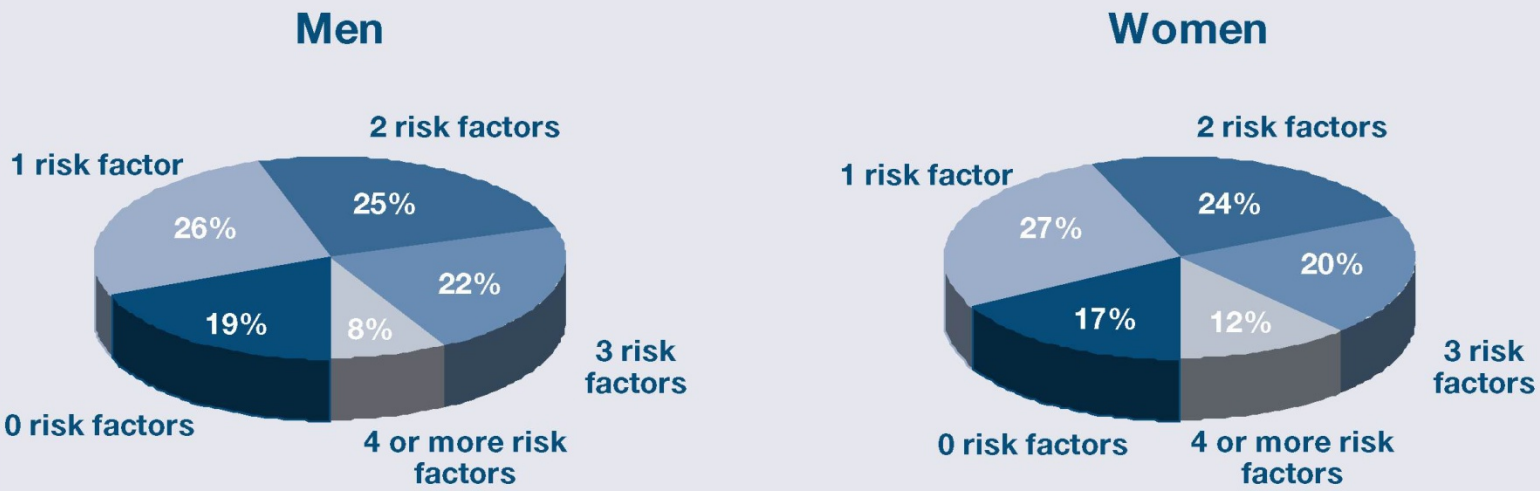
Factors that contribute to poor medicine compliance

Social Factors
•* Poor patient-physician communication
•Belief that medication will not help
•Lack of patient education
•Patient concerns about DX
•Absence of disease symptoms
•Fear of adverse events

Treatment Factors
•High dosing frequency
•Multiple prescriptions
•Extended treatment length
•Cost of treatment
•Complexity of treatment regimen
•Extended time before seeing effects of medication
•Occurrences of adverse events

Most individuals with a CV risk factor have another[1]

Most patients have multiple risk factors



Reference: 1. Kannel WB. Risk stratification in hypertension: new insights from the Framingham Study. *Am J Hypertens.* 2000; 13:3S-10S.

Case Studies

Case #1 – Being diagnosed with hypertension

Patient/client – You are 35 years old and told by your doctor that that you have hypertension. You are worried and not sure what it means, but you do know that your dad died of a heart attack at the age of 45. You don't want to die of a young age like your dad. So you talk to the community health worker/outreach worker that is available at the clinic about what you can do to live a longer life.

Case #1 – Being diagnosed with hypertension

Community health worker –

Taking what you learned earlier today, work with the patient on way to understand

- What is hypertension?
- Why it is important to make changes to his/her life now before it leads to a heart attack?
- What are risk factors of hypertension that can be controlled?

Case #2 – Taking medications

Scenario: The doctor has prescribed statins to help lower your cholesterol levels. They should be working, however, your cholesterol levels have not improved in the past 6 months. The doctor is concerned and has you speak with the community health worker.

Patient/client: With the statins that the doctor prescribed you are feeling okay, so you don't always take your medications – only when you remember.

Case #2 – Taking medications

Community health worker –

Taking what you learned earlier today, work with the patient on way to remember his/her medications.

- Why it is important to take the medication even when he/she is feeling okay?
- Discuss what the consequences could be of not taking the medication?

Case #3 – Having diabetes and heart disease

Scenario: The doctor has received your blood tests and your A1C (9%) and cholesterol (LDL = 175 mg/dL) are both high. Both of these diseases affect each other and so it is important to have both under control.

Patient/client: You are sent to the community health worker on how you can better control both of these diseases.

Case #3 – Having diabetes and heart disease

Community health worker –

Taking what you learned earlier today, work with the patient on why having both diabetes and heart disease is dangerous.

- Why it is important to take care of him/herself?
- What can be done to reduce the risk and to bring down the A1C and LDL numbers?

On-line Resources Available

- The American Heart Association www.americanheart.org
  - Honolulu Chapter:
- The American Stroke Association www.strokeassociation.org
- The National Stroke Association www.stroke.org
- The American Diabetes Association www.diabetes.org
- National Family Caregivers Association www.nfcacares.org
- National Heart Lung and Blood Institute www.nhlbi.nih.gov
- The Center for Disease Control and Prevention www.cdc.gov
- The Food and Drug Administration www.fda.gov/hearthealth

Review

In this module, we covered. . .

- The importance of the role of the community health worker/outreach worker
- Some resources available on-line
- Sharing of experiences

Questions and Comments

Mahalo!

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