POSITION PAPER

Healthy Interactions *Conversation Map*™ Education Tools

Creating the Foundation for *Personal Health Engagement*™ and Self-Management Education

Healthy Interactions is transforming healthcare education throughout the world by engaging people in meaningful conversations about their health. Our mission is to become the global standard for health education and to improve decision-making, behaviors, and actions by transforming the way people experience, internalize, and respond to health-related information.

Conversation Map™ education tools, and the educational programs developed by Healthy Interactions, are built on the philosophy that people respond better when they are involved, empowered, and come to their own conclusions as to why they need to change behaviors that will have an impact on their overall health. As opposed to didactic interventions where patients are told what to do by a healthcare professional, the *Conversation Map* methodology creates an experience whereby patients develop their own self-management solution that accounts for their individual challenges and situation. The patients, in turn, then "own" the solution because it is theirs. They are subsequently much more likely to embrace and implement the change needed to improve their condition. This paper, in addition to outlining the need for large-scale and effective education programs, will address the way individuals learn, take ownership of their decision-making, and develop personal strategies for successful change.

Personal Health Engagement™

Personal Health Engagement is the process of individual involvement and empowerment in health and wellness. Individuals who understand important health considerations and who proactively manage their health ultimately enjoy an improvement in quality of life. Furthermore, these empowered and educated individuals are better equipped to address and manage conditions that can contribute to degradation in health and freedom of lifestyle as well as lost productivity.

Chronic Disease Management and Health Literacy

It is no secret that our global society faces an enormous challenge with chronic disease and its associated economic and emotional burden. As improvements in nutrition and decreases in devastating infectious disease contribute to more people living longer lives, it is only logical that larger, older populations will experience more health issues in their lifetime and drive increased burden on the healthcare system. Whereas acute health issues used to account for most mortality, chronic diseases now account for more than half of all deaths worldwide[1].

Unlike acute health issues that can often be addressed with targeted, formulaic interventions, chronic disease management often requires significant behavioral change and self-management to stave off expensive and potentially crippling complications. Often times, the solution does not come in the form of a pill but is a result of a deliberate and sustained effort on the part of the patient to engage in behaviors that slow disease progression and improve disease markers. However, influencing behavior change over the long term has proven to be a significant challenge given the major discrepancies in a population's overall education level, access to resources, attitude towards health, and overall desire to change. Furthermore, human nature leads to behaviors that address immediate needs and desires ("Wow, that chocolate cake looks great!") and tends to avoid those things that require short-term pain for long-term gain (e.g., quitting smoking).

Thus, a multi-dimensional problem requires a multi-dimensional solution – one that accounts for individuals' readiness to change, understanding of their condition, and ability to address their unique obstacles to better health. In addition, such a solution must also provide the human and informational support needed by patients to successfully navigate the self-management process.

Navigating health information is a challenge for many, as nearly half of all American adults have difficulty understanding and using health information[2]. Health literacy is the strongest predictor of a person's health status and is stronger than age, income, employment status, education level, or racial or ethnic group[3]. Everyone is at risk for low health literacy regardless of age, race, education, or income[4]. People with low health literacy are often less likely to follow prescribed treatment and self-care regimens, or seek preventive care and are at a higher (more than double) risk for hospitalization. In addition, they remain in the hospital nearly two days longer than adults with higher health literacy and require additional care that results in annual health care costs that are four times higher than for those with higher literacy skills[5,6,7].

This is exacerbated by the fact that up to 80% of patients forget what their doctor tells them as soon as they leave the office and nearly 50% of what they do remember is recalled incorrectly[8].

Conversation Map™ Education Tools

The *Conversation Map* content is based on current clinical practice guidelines that represent optimal intervention approaches and applicable standards for a disease-specific self-management education. The content has been reviewed for clinical accuracy by corresponding professional association partners (e.g., American Diabetes Association, International Diabetes Federation, Diabetes UK, etc).

The *Conversation Map* tools align with adult learning principles and learner-centered approaches. The information shared is simple and practical, and is directed by participant interests. The facilitator-led discussion leverages participant experiences and focuses on application.

This learner-centered approach provides opportunities for a learner to not just acquire new information, but to find personal meaning and application of the information through a discovery process.

This process of learning involves cognition, emotions, and environmental factors that impact knowledge level, skill acquisition, and views[9]. *Conversation Map* education tools involve all of the components of the learning process to facilitate the aforementioned discovery process.

The theoretical basis of a *Conversation Map* experience includes the Health Belief Model, Common-Sense Model of Health and Illness Self-Regulation, Social Learning/Self-Efficacy Theory, and Dual Processing Theory[10-14]. The *Conversation Map* session allows participants to explore their attitudes and beliefs in order to balance the perceived harm and net benefits of change. Participants can learn more about their condition, what is happening physiologically to cause the condition, and how different behaviors can impact their condition. Peer interaction and support can inspire participants to change behaviors using solutions that are appropriate for his or her own situation.

The *Conversation Map* process optimizes healthcare professionals' ability to establish rapport with participants to improve clinical practice and healthcare delivery. The goal is to improve concordance with disease-specific self-care management. Through this process, healthcare professionals work with patients to discover their needs and interests around managing their condition and set goals and determine behavior changes they are willing to make to live higher quality lives.

How We Learn

The *Conversation Map* educational methodology is designed to accommodate the way individuals learn. Part of this is recognizing individual comprehension and actions are shaped by multiple factors. As such, researchers confirm the process of learning brings together cognitive, emotional, and environmental influences for acquiring knowledge, skills, and values[9].

The *Conversation Map* tools utilize adult learning principles that indicate that adults learn best when information is personally applicable, relevant, and important to them[15]. In other words, adults often self-select personally meaningful information and dismiss any information that they perceive to be irrelevant.

This belief is inextricably linked to the complementary idea that adults tend to learn more effectively in a social environment rather than a classroom setting. The social approach of the *Conversation Map* methodology involves discussion, incorporation of life experiences, and other interactive approaches that better allow participants to actively integrate themselves into the learning experience and make the experience more personally relevant. Traditional education approaches such as lecturing, print, unidirectional computer-based, or audio-visual presentations by themselves do not invite the participant to personalize the experience. As a result, such approaches permit the participant to more easily self-select and discard potentially important information[15-17]. Therefore, the most effective learning strategies for adults need to engage participants in a learning process, allow them to share personal knowledge and experiences, reinforce positive behaviors, promote competence, help to identify consequences of behaviors, promote self-determination, motivate, and meet each individual's learning needs[15,17].

How We Make Behavior Changes

While a good first step, effectively learning content is not sufficient to drive sustained change. The *Conversation Map* methodology asserts that to make a lasting impact participants must also apply their knowledge in a way that reflects a self-acknowledged need for personal change. This is where traditional health education falls short – it reflects a content-driven model designed to inform rather than engage and drive behavior change. Traditional, didactic education, often referred to as a medical-centered model delivers information in a unidirectional way with minimal attention to the participants' individual challenges and needs. The medical-centered model places the learner in the role of the "recipient" and the instructor in the role of the "knowledge-giver." It does not require the learner to think critically and perceive his or her own personal and social reality – key steps for adapting to and managing personal health. In addition, a rigid, unidirectional program results in the individual finding ways to live around a condition rather than "with" the condition[18,19]. This traditional approach has resulted in a society of non-engaged, passive health consumers who often fail to see themselves as the owners and drivers of their health and well-being.

Fortunately, the traditional model is changing to better engage and empower participants. The evolution builds on the idea of assigning personalized relevance to health issues – this is called the patient-centered model. Table 1.1 outlines the characteristics of both the medical- and patient-centered approaches[20].

Table 1.1

Medical-Centered Model/ Biomedical Model	Medical-Centered Model/ Biomedical Model
Compliance	Autonomy
Adherence	Patient participation
Planning for patients	Planning with patients
Behavior change	Empowerment
Passive patient	Active patient
Dependence	Independence
Professional determines needs	Patient define needs

The patient-centered model, an interactive, two-way model of communication, is aligned with creating an environment in which the learner is an active participant as opposed to simply a knowledge recipient. Ultimately, the goal is for the learner to conceptualize his or her understanding and interpretation of the regimens and lifestyle changes required to improve outcomes. Thus, the patient-centered model demonstrates how the *Conversation Map* education tools involve the patient in the process, empower the individual, and encourage his or her input and participation. Consequently, the patient has ownership of the solution and ultimately becomes a driver of change as opposed to simply a recipient of information.

Application

The *Conversation Map* methodology creates a learning environment in which validated content is paired with activities that align with how we learn and get participants inspired to make behavior change. By applying a Socratic approach to an interactive group environment, the tools incorporate the elements of active engagement, thereby establishing personal relevance, empowerment, and ownership. When these elements are presented in the context of Prochaska's Stages of Change model[21], patients not only learn, but also understand the reasons behind the need for change and identify strategies they can utilize to implement change.

The Stages of Change Model illustrates the five stages in a continuum of behavior change: precontemplation, contemplation, preparation, action, maintenance, and relapse[21]. Each stage plays an important role in supporting an evolutionary process whereby learners recognize the need for change, act, evaluate, and react. As a group intervention with active and sustained participation, a *Conversation Map* session supports the stages associated with recognizing the need for change, enables personally-determined strategies for adopting change, and provides the action plan for implementing change and recovering from potential self-management missteps. Furthermore, the Conversation Map methodology and tools incorporate these elements within the Continuum of Care (Figure 1.2)[22] to create a system in which participants are consistently engaged and supported throughout the management period. Finally, given this ongoing and dynamic process, education intended to influence behaviors cannot be rigid. Rather, it needs to allow for assessment of individuals' willingness and readiness to make changes in their lives[16,23].

Figure 1.2 – Continuum of Care (while this example is diabetes specific, it is applicable to other chronic conditions)

Immediate	Intermediate	Post-Intermediate	Long Term
Learning:	Behaviour Change:	Clinical Improvement:	Improved Health Status:
Knowledge	Phyisical activity	A1c	Quality of life
Skill	Nutrition	BP	Fewer days lost from work or school
	Monitoring	Lipids	Reduced complications of diabetes
	Problem-solving	Process measures	Lower healthcare costs
	Reducing Risk	Smoking status	Fewer hospital readmissions
	Empowerment	Pre-pregnancy counseling	Fewer ER visits
	Coping	Lung function	
	Self-care		
	Medication taking		
	Weight control		

Ultimately, *Conversation Map* education tools create a dynamic educational experience that invites participants to actively participate in the learning process. When compared to traditional, didactic methods, both patients and healthcare professionals providing education have overwhelmingly indicated that the *Conversation Map* methodology is superior to traditional methods.

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