

E-Learning Management Systems: Motivate Healthy Habits & Self-care of Chronic Diseases

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Change Yourself First

I have only three enemies. My favorite enemy, the one most easily influenced for the better, is the British Empire. My second enemy, the Indian people, is far more difficult. But my most formidable opponent is a man named Mohandas K. Gandhi. With him, I seem to have very little influence.

Unhealthy Behavior Epidemics & Chronic Disease Burden

We are dying from poor health habits: physical inactivity, junk food consumption, obesity, tobacco use, passive smoking, alcohol excess, drug abuse, unsafe sex, not taking prescribed medications—the list goes on. We also live a disease-producing world—the burden of chronic diseases is escalating. Together, these problems will far outstrip the capacity of the health care system to mount an adequate response.



Mutual Aid & Self-help Approaches

MASH are essential grassroots approaches (online/offline) for enhancing the intersectoral response to these epidemics and burdens. Such approaches must become the foundation for developing a MHH movement.



The
KISS
Principle
is.....

Unsophisticated

Behavioral Interventions

Giving information and advice to others about changing their unhealthy behaviors is equivalent to the placebo impact of nineteenth-century drugs. The use of this “drug” over and over again, when it is clearly not working, could be regarded as a form of medical error—a patient safety issue.

A Multi-theoretical Framework to Behavior Change

Linear and Nonlinear Perspectives



Healthcare politics and policy

(Supports and barriers)

Healthcare system

(Supports and barriers)

Philosophy

**Individual
work**

**Behavioral
Outcomes**

**Process
Variables**

**Goals &
Plans**

**Value
Compass**

Theories

Family/ religious/community influences

(Supports and barriers)

Cultural/social/media influences

(Supports and barriers)



Vision for the Future

Motivational interventions for health behavior change must become as sophisticated and individualized as the 21st century advances in the genetic treatment of diseases.

The Glass Ceiling

**Sophisticated DMPs are reaching
a glass ceiling effect
on their ROIs**





Old-New Paradigm Transition

- ◆ **Controlled studies**
- ◆ **Positivistic Science**
- ◆ **Linear processes**
- ◆ **Rational**
- ◆ **RCTs**
- ◆ **ROI**
- ◆ **Mechanical metaphors**
- ◆ **Health advisors**
- ◆ **Teaching moments**
- ◆ **CQI and CAS**
- ◆ **Complexity/Chaos theory**
- ◆ **Nonlinear processes**
- ◆ **Emotional**
- ◆ **Social marketing**
- ◆ **VOI**
- ◆ **Organic metaphors**
- ◆ **Motivational Guides**
- ◆ **Learning Opportunities**



What is the **Rate-limiting Step?**

The quality and individualization of the complex process interventions (online, self-help, mutual help, small groups, lay and professional coaching) for changing practitioner and patient behavior will determine the ultimate success of any disease management program.



What improvements could you make in your health behaviors?

Now pick a behavior that you know that you should change, but you really don't feel like it?

Does knowledge change your health behaviors?

Does your heart rule your head? Are you trading in short-term, emotional benefits (heart) against your long-term, physical health (body)? Do you minimize these health risks (mind)? Do you value your health (soul), but you can't put your good intentions into action?



Move Beyond Superficial Change

- ◆ Gaining knowledge
- ◆ Declaring intentions
- ◆ Setting goals

to Deep Change



To The Heart of Deep Change

- ◆ **Doing emotional work**
- ◆ **Reflecting about motives**
- ◆ **Changing perceptions and values**



Creating Learning Opportunities

Learning environment

- ◆ Safety and trust
- ◆ Autonomy-supportive
- ◆ Secure to explore
- ◆ Structured process
- ◆ Flexible application

Learning Experiences

- ◆ Profound reflection
- ◆ Emotionally evocative
- ◆ Meaningful events
- ◆ TP experiences
- ◆ Intrinsic motivation



Interactive Online Programs: The Foundation for Blended Learning Methods

Online MASH programs allows participants to interact with a learning process in self-directed ways and/or in small groups. Online groups can develop supportive, learning communities. These communities can inform and energize the learning process, creating emotionally engaging, growth experiences.

Blended Learning Methods

Online learning provides a cost-effective, scalable way of:

- Empowering patients to improve their health habits and self-care of chronic diseases
- Learning how to become health coaches to family and friends
- Helping practitioners change from a health advisor to a motivational guide and develop motivational skills
- Developing a MHH movement





Change Yourself Before Helping Others

- 1. Get ready**
- 2. Take charge**
- 3. Make plans**



1. Get Ready for Change

- a. Use a decision balance**
- b. Assess resistance and motivation**
- c. Assess competing priorities**
- d. Assess energy**
- e. Assess motives**
- f. Assess confidence and ability**



1. Clarifying Issues About Change: Using a Decision Balance

RTS	RTC
1. Benefits of staying the same	2. Concerns about staying the same
3. Concerns about change	4. Benefits of change
Resistance	Motivation

Assess Your Resistance and Motivation

Using the 0-10 scale, 0 means that it is not important, and 10 means it is very important.....

What number would you give for your reasons to stay the same?

What number would you give for your reasons to change?

Assess Your Resistance

Is your score for staying the same based on how you (choose one):

A) Think

B) Feel

C) Think and feel

What score would you give for your reasons to stay the same based on you think?

What score would you give for your reasons to stay the same based on you feel?

Assess Your Motivation

Is your score for changing based on how you (choose one):

A) Think

B) Feel

C) Think and feel

What score would you give for your reasons to change based on you think?

What score would you give for your reasons to change based on you feel?

Task A: Online responses

(E1) I must admit initially I was a little skeptical about the MASH training but it fits into place with the solution-focused and motivational interviewing stuff that I have been doing over the last four years. I have very much liked the decision balance for assessing a person's motivation to change.

Task A: Online responses

(E1) It is useful when I apply it to my own issues. It made me think about the damages that grotty food, too much alcohol and not enough rest has had on my body for the last twenty years!! It has made me value the changes that I had already made and I realised that I could take more control of these issues. That was very rewarding.

Task A: Online responses

(N1) I think the exercise forces you to evaluate if the change you say you want to make is really that important to you. I found that it made me realize that I wanted to make my change for myself and not for anyone else!

(N2) This task really made me realize that even though I want to make a change, I really haven't found a reason to do it.

(N3) Now I really do want to make a change, just seeing how external things keep us in the rut we live in and that we might need to eliminate something or someone from our everyday space in order to do what we need to do for ourselves.



2. Take Charge of Change

◆ Lower Resistance

- a. Explore why you do not want to change
- b. Assess priorities
- c. Think about behavior & health over time
- d. Take responsibility and makes choices
- e. Substitute benefits
- f. Change your views about staying the same

Task B: Lower Resistance

(E1) Hi everyone, Just a couple of points. Firstly, I am pleased to say that I feel I am beginning to lower my resistance to change by facing up to the barriers I put in the way. It has become apparent that I had adopted an 'all or nothing' attitude to my unhealthy behaviour, so I am now considering how I might look at my habit in a more rational / realistic way.

Task B: Lower Resistance

The task which asked us to look at our health / habits five years ago and compare them to how they are now was a real eye opener. What was probably the most useful though, in reducing my resistance, was forcing myself to explore what my health might be like in the future if i continue as I am. This has really stirred up some strong emotions inside and I think I will need to process this further before I share.

Task B: Lower Resistance

(N1) Take this for instance. I fell into the habit of smoking about 4 cigarettes per day. Not a big deal, but my mother always let me know how disappointed she was at me for doing that to my body. She remembers how particular I used to be about fitness. So I made a deal with her. I told her that if I completely give up smoking, that she would have to start weight watchers. She agreed to do this.

Task B: Lower Resistance

So far I haven't had a cigarette in 3 weeks. I don't even think about it. As far as my mother goes, she has fell off the weight watchers wagon several times , but I keep reminding her of my deal I made with her. So, what I'm trying to say is that me deciding to change has brought about other people (my mother) making changes. It is like a self contained support system, that regenerates its strength as more changes are made. Another quote: "...shared success is twice as nice; shared setbacks hurt only half as much."



2. Take Charge of Change

◆ Increase Motivation

- a. Consider future events happening now
- b. Change your values
- c. Change your views about changing
- d. Challenge your excuses
- e. Transfer motivation

Task C: Enhance Motivation

I just completed task C but it waaaaas hard to do it. It has taken me 3-4 days to get through it. Much food for thought and a lot of reflection taking place....My scores don't really reflect my internal changes, as I initially underscored my resistance and overrated my motivation...Exercise two was a good one as it made me realize that being healthy and spiritually balanced was the top priority for me. My work came 5th so that is an improvement.

Task C: Enhance Motivation

(A) Well this course has helped me to realize only I can make the change, no one else can start me or stop me. Just like getting motivated to do things that help you feel better about yourself, you just have to pull up your bootstraps and GO FOR IT

(B) When I think about the future and that I could get diabetes type II if I don't exercise regularly and that I might have to be on medication for the rest of my life it makes me realize that my little excuses are rather flimsy and self-indulgent.

Task C: Enhance Motivation

(C) My resistance to change seems to increase with doing this project. My motivation is decreasing. I *feel* my motivation to change impacts others more than it impacts myself. Although I do believe *do unto others as you would have them do unto you*, I also have a part of me that does not want to be driven by what others think (as I typically live my life anyway). The behavior change is becoming less important to me and the things I think I need to change are becoming more important.

Task C: Enhance Motivation

(G) Maybe you picked something that is not a priority for you right now and it sounds as though you are finding other things are more of a priority to change. That is fine- if you want to work on another aspect of your life for the rest of the semester, feel free to change your focus area. You don't have to be successful with the project- only apply the steps. I think you have gained some insight about implementing change in your life.



3. Make Plans for Change

- a. Overcome negative self-talk**
- b. Use your strengths**
- c. Take a time-out**
- d. Suppose a miracle happened**
- e. Find exceptions**



3. Make Plans for Change

f. Build your confidence

g. Increase your ability

h. Understand addictions

i. Selects goals

j. Prevent lapses and relapses

Task D: Make Plans

I have finished Task D at long last. I have had an emotional rollercoaster of a ride, First I was really excited and could not wait to get started, then I downloaded the work and realized there was so much to read and do in such a short space of time. It has been a great opportunity to look at my long standing unhealthy habit.

Task D: Make Plans

My views on this exercise has changed from being slightly negative (was this because this is how I viewed myself and my unhealthy habit) the more I have worked on this, the more self analysis, soul searching and reflecting I have done. The more understanding I have about myself and my unhealthy habit I now view this exercise in a positive way and felt more positive about my participation. It has been a good learning experience. I feel much more prepared and open and feel ready for the changes I wish to embark upon.

Task D: Make Plans

(A) Change definitely forces us out of our comfort zone. Change is always uncomfortable whether for the good or bad. This session helped me to see what caused my relapses before when trying to implement change. Hopefully my plan for change will work this time! :)

(B) I have found (so far) that in order to get out of my comfort zone that it took taking that first step. That is usually the hardest. I found that before I started my change that I made a million excuses to not start or take that first step. Once you get into a routine including your new change it isn't as hard.

Task D: Make Plans

(A) I don't have problems with negative self-talk or any of the other negative behaviors, I just feel so strapped for time, and this definitely requires time. I know that I have to figure out a way to make time, but that is easier said than done

(B) Until I was forced to look at how I really feel, I just went along every day with what was comfortable, even if it was unhealthy, so I can agree with you and look forward to seeing more than just writing down these answers for class credit, you know what I mean. We are worth it

Non-Responder

I want you to know how valuable this course was - still is- for me and why I chose not to interact with the group. I do not know why others did not post to this board, but I did not post because this was a very moving and personal experience for me and I did not feel like sharing in the discussion boards because I did not feel a level of relationship close enough with the people in the group to honestly share at that level. I also did not want to be phony and superficial instead - so I did not share at all. I am outside of the average student in the class.

Non-Responder

Back to the positive - WOW - what an experience! Yes - I think that this class should be offered to every class. Just processing the change in such a personal and significant way for ourselves helps us as future practitioners understand what each and every one of our clients will need to engage in to make permanent lifestyle changes to improve their health and lives. I did each of the exercises before I entered any data online. BUT - from the first decision balance - what an eye opener!

Non-Responder

I did the decision balance and then spent a few days considering why I never thought about it from that perspective before. The program just got better helping me understand myself and now - I have begun a well thought out plan for change that I view as a permanent lifestyle change (and I seem happy about that, hmmm - that never happened before!) I have lost 4 pounds already, I do not feel sorry for myself as in previous diets and attempts at weight loss and am very happy and satisfied with my lifestyle CHOICE! I will be doing the follow-up tasks so look for me there and see how I am doing.

Non-Responder

I think that immersing us in this project for the entire semester without the patient component would be very beneficial. I would have liked more time to explore these new (to me) ideas and concepts about motivation. I think it is very easy to make the connection and transfer what we have learned about ourselves to our clients. I liked the on-line format because I think this is a personal solo adventure, but I know that "reading and doing" fits my learning style so I do not know if this is true for all. Thanks again for a wonderful and MOTIVATING experience.

Overall Impact of the Online MHH Course on Mean Motivational Scores

	A: Clarifying Issues	D: Implement a Plan	Mean Change From A to D	P*
Cognitive Resistance	3.7	2.8	-0.9	0.004**
Emotional Resistance	4.2	3.3	-0.9	0.003**
Cognitive Motivation	7.0	7.4	0.4	0.22
Emotional Motivation	6.5	7.4	0.9	0.002**
Emotional Work on Change	4.6	5.9	1.4	0.0001*

* Probability that overall change does not equal 0, from a two-tailed t-test for unpaired data

** Significance to <0.05

Overall Impact of the Online MHH Course on Mean Motivational Scores

	A: Clarifying Issues	D: Implement a Plan	Mean Change From A to D	P*
Priority	6.0	7.2	1.2	0.0001*
Energy	5.0	6.5	1.6	0.0001*
Confidence to change	6.0	7.6	0.6	0.0001*
Ability to change	6.9	7.9	1.1	.0001*

* Probability that overall change does not equal 0, from a two-tailed t-test for unpaired data

* Significance to <0.05

Overall Impact of the Online MHH Course on Mean Motivational Scores

	A: Clarifying Issues	D: Implement a Plan	Mean Change From A to D	P*
Indifference	3.3	2.9	-0.5	0.14
EC motives	4.3	4.2	0.2	0.64
IC motives	6.4	6.9	0.6	0.08
FC motives	6.0	6.9	0.9	0.007*

* Probability that overall change does not equal 0, from a two-tailed t-test for unpaired data

* Significance to <0.05

Readiness to Think about Change

	Before	After
1. Not thinking about change	4	0
2. Open to possibility of change	15	5
3. Thinking in a superficial way	70	18
4. Thinking in an organized way	26	86
Mean score	2.0	2.7**


****p<0.0001**

Readiness to Take Action

	Before	After
1. Not preparing to change	10	2
2. Preparing to change < 6 mths	13	7
3. Preparing to change < 3 mths	8	5
4. Preparing to change < 1 mth	25	11
5. Preparing to change < 1 week	14	10
6. Implementing action steps	41	40
7. Implementing full action plan	4	34
Mean score	3.4	4.5

p= <.001**

Summary



The epidemics of unhealthy behaviors and chronic disease burden far exceed the capacity of all health care systems worldwide. MASH approaches are the foundation for health promotion and disease prevention. These grassroots, bottom-up approaches (online and offline) must work synergistically with intersectoral, top-down approaches. An integrated and transformed (side-to-side) strategy can compete more effectively against the global, disease-producing influences (e.g tobacco corporations).