

Digital Health Coaching for Residents of the Washington DC Metropolitan Area Aged 50 and Above

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BACKGROUND

- African Americans over 50 face high rates of chronic conditions
- Digital health resources (DHR) like patient portals have been shown to be effective tools improving the management of chronic health conditions
- African Americans over 50 are less likely to adopt DHR compared to their younger or European American counterparts because of low digital health literacy (DHL)





THE INTERVENTION

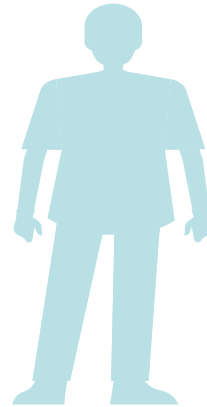
Provide in-person digital health coaching for patients of FQHC in the target population to learn how to use DHR and increase DHL in majority African American Wards 7 and 8 of Washington DC

METHODS:

PHASE 1 FORMATIVE RESEARCH

- Conducted 15 interviews to:
 1. Assess population's understanding of DHR
 2. Identify barriers and facilitators to DHR use
 3. Establish segments of the population for intervention
- Results were analyzed using constructs of the Health Belief Model and thematic analysis

Target Population



- Active FQHC patients
- Fluent in English
- Possess at least one device with access to the internet
- 50+ years old OR diagnosed with a chronic illness at any age



METHODS:

PHASE 2 INTERVENTION

- Recruited participants in the waiting room in-clinic or by provider April to August 2023
- Pre-test given collecting demographic information and measuring baseline DHL via eHealth Literacy Scale (eHEALS) and the Digital Health Care Literacy Scale (DHLS)
- Participants receive one tailored coaching based on strategy developed from interview analysis
- Participants recontacted 60-90 days after coaching for post-test
- Participants given \$80 for completion of coaching session and both surveys

RESULTS: THEMATIC ANALYSIS

Facilitators for DHR use



- In-person education and technical support
- Strong relationship with providers
- Social support

Perceived barriers to DHR



- Low self-efficacy
- Device and platform access issues

Motivations for DHR use



- Perceived benefits
- Personal growth
- Perceived severity

RESULTS:

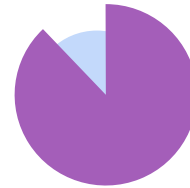
PARTICIPANT DEMOGRAPHICS

132

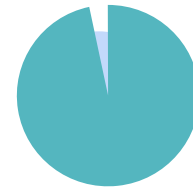
Total Participants
Coached



64%
Female



86%
Residents of
Ward 7 or 8



97%
African
American

80%

Reported Chronic Illness

60 years old

Average Age (*SD 10.8*)

RESULTS: DHL SCORES

	Pre-Coaching Average (n=132)	Post-Coaching Average (n=75)
eHEALS Score Maximum of 40	27.8 (SD 8.0)	32.1 (SD 5.9)
DHLS Score Maximum of 15	10.1 (SD 3.6)	11.4 (SD 3.0)

60%
of Participants
Increased eHEALS
Score
Post-Coaching

47%
of Participants
Increased DHLS
Score
Post-Coaching

IMPACT OF COACHING ON DHR USE AND ATTITUDES



25%

Increase in
Self-Reported
DHR Use



77%

of participants
would
recommend
coaching to
friends or family



85%

of participants
felt coaching
increased their
confidence in
using DHR

NPS

69

Net Promoter
Score - used to
measure customer
loyalty, satisfaction,
and enthusiasm

CONCLUSIONS

- In-person DHR coaching was an effective and appropriate strategy to increase DHL and DHR use among patients over 50 or anyone with a chronic illness in a primary care setting
- DHR scope and use were not well known in the population, even among those who had reported use, but the idea is generally positively received
- The population's baseline DHL scores were relatively high, but this is inconsistent with the literature and the observations of the coaches

RECCOMENDATIONS

01.

Dedicated in-person DHR support staff at clinic sites is crucial for increasing DHR use, specifically for enrollment and troubleshooting device issues

02.

Trusted providers can play a key role in the introduction to and encouraging the use of DHR to their patients along with coaching support

03.

Alternate methods of measuring DHL or technological savviness may be needed to accurately measure the needs of patients and intervention effectiveness

ACKNOWLEDGEMENTS

A huge thanks to:

Sara Belay

Unity Health clinic staff

Dr. Andrew Robie

Marti Brown Bailey

Dr. Doug Evans

CREDITS: This presentation template was created by Slidesgo, including icons by Flaticon, and infographics & images by Freepik and illustrations



RESULTS: PARTICIPANT SEGMENTS

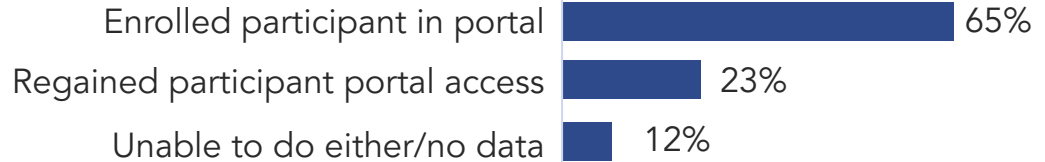
	Current Users	Discontinued Users	Open Potential Users	Resistant Potential Users
Definition	Currently using DHR for health management	Have used DHR in the past but have stopped because of barriers	Have never used DHR, but would like to	Have never used DHR, but do not want to try
Core Emotion	Frustration	Defeat	Anxiety	Apathy
Most receptive to:	Messaging around troubleshooting current issues and learning new ways to use DHR	Messaging aimed at building self-efficacy and establishing pathways for additional support	Messaging that includes the simplicity of using DHR platforms and learning how to stay aligned with healthcare trends	Messaging that generates excitement and shares benefits of DHR relative to individual concerns and challenges

COACHING ACTIVITIES

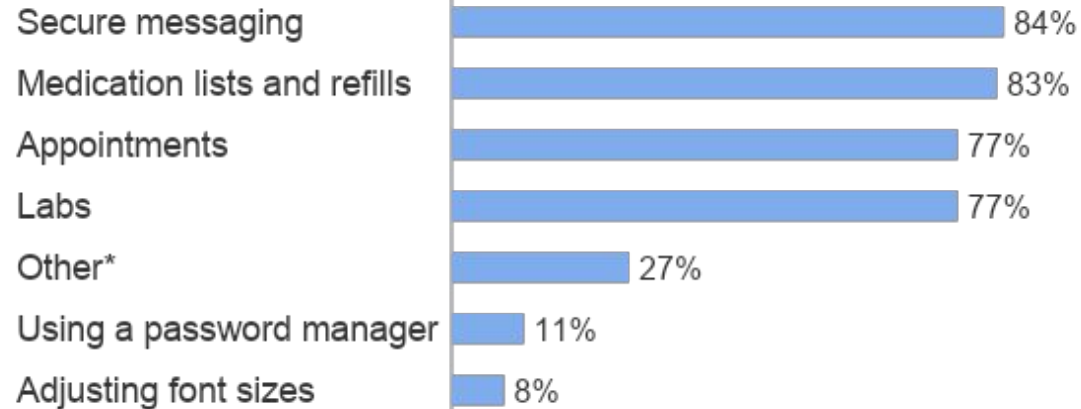
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Hours of Coaching
Provided Across 2 Clinic
Sites

Digital Coaching Activities



Coaching Session Content



*Topics included telemedicine/video visits, health misinformation, phone security, etc.