OVERVIEW

Anthem, Inc., City of Hope, the National Urban League (NUL) and Pfizer Inc. collaborated to create and pilot Take Action for Health, an interactive web tool. The web tool’s goal is to help eliminate chronic health disparities in African American communities that contribute to increased morbidity and mortality.

Take Action for Health seeks to educate, encourage screenings, address barriers, provide information on low and no-cost services, track screenings and allow participants to share information with providers and others in three high-risk areas: breast health, heart health and emotional well-being. The web tool also motivates people to attend onsite wellness seminars on these topics at NUL affiliate offices in order to reinforce the importance of health screenings to detect diseases early, when they are more treatable.

STUDY OBJECTIVES

The Take Action for Health pilot study was designed to evaluate the web tool coupled with the NUL wellness seminars (intervention) by measuring:

1. The impact of the intervention in motivating patients to be screened for the targeted conditions, using the framework of the Prochaska and DiClemente “Cycle of Change”1 (see page 2).

2. Participants’ perception of the web tool’s and NUL wellness seminars’ usability, acceptability and utility.

The pilot study used a pre-post design using online surveys. The pre-intervention survey (pre-test) was administered June 13 to July 31, 2016. The intervention was tested from August 8 to October 8, 2016 at three NUL affiliates in Kansas City, MO, Indianapolis, IN and Houston, TX with participants recruited from these locations. The post-intervention survey (post-test) was administered October 9 to November 9, 2016.

Pilot study results validated the initiative’s vision. Two hundred and ninety participants completed the pre-test. Of these 290 participants, 102 also completed some or all of the intervention and post-test. Only female participants were asked to complete breast health questions (n=79), and only female participants over age 40 were asked to complete breast health screening questions (n=66).

### Impact of Intervention

The intervention successfully moved patients along the cycle of change from “pre-contemplation” and “contemplation” to “preparation.” We defined “pre-contemplation” as not planning to schedule a screening appointment, “contemplation” as planning to schedule a screening appointment and “preparation” as scheduling an appointment for health screenings. Findings included:

- 35.1% and 51.2% of the pre-contemplation and contemplation groups, respectively, scheduled an appointment for breast cancer screening.
- 25.9% and 47.5% of the pre-contemplation and contemplation groups, respectively, scheduled an appointment for high blood pressure test.
- 4.3% and 66.7% of the pre-contemplation and contemplation groups, respectively, scheduled an appointment for depression/anxiety risk assessment.

Given that behavioral health researchers typically can expect a 10% to 15% change in desired health behavior, it is noteworthy that except for the depression/anxiety-risk pre-contemplation group, changes in the desired health behavior (scheduling an appointment) ranged from 25.9% to 66.7%.

### Results

#### Demographics of Pre-Test Participants

- Ages: 1 in 4 or 25.5% was 65 years old or older.
- Income: More than 1 in 4 or 26.5% reported having income less than $15,000.
- Education: Almost 1 in 3 or 30.7% reported attending some college.
- Access to Health Care: More than 2 in 5 or 41.6% reported not having a regular place to get health care.

#### Demographics of Pilot, Post-Test Participants

- Ages: 1 in 3 or 35.3% was 65 years old or older.
- Gender: 23% male (n=23) and 77% female (n=79), of which 83.5% were over the age of 40 (n=66).
- Income: More than 1 in 5 or 22.5% made $25,000 to $44,999.
- Education: Majority or 28.4% reported attending some college.

### Impact of Intervention

**Pre-Contemplation**

- No intention on changing behavior.

**Contemplation**

- Aware problem exists but with no commitment to action.

**Preparation**

- Intent on taking action to address the problem.

**Action**

- Active modification of behavior.

**Maintenance**

- Sustained change. New behavior replaces old.

**Upward Spiral**

- Learn from each relapse.

**Relapse**

- Fall back to old patterns of behavior.

### The Cycle of Change

Prochaska & DiClemente

- **Precontemplation:** A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists.
- **Contemplation:** The person becomes aware of a problem but has made no commitment to change.
- **Preparation:** The person is aware of the problem and sees the need to change (i.e., convinced that the change is good) and has increased self-efficacy (i.e., believes that the person can make a change).
- **Action:** The person is actively modifying behavior.
- **Maintenance:** Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional.
- **Relapse:** The person falls back into old patterns of behavior.
- **Upward Spiral:** Each time a person goes through the cycle, they learn from each relapse and (hopefully) grow stronger so that relapse is shorter or less devastating.

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PILOT PARTICIPANTS’ PERCEPTION OF THE WEB TOOL AND NUL WELLNESS SEMINARS (n=102)

Both the web tool and the NUL wellness seminars were rated very favorably by the pilot participants. Results of specific attributes measured are summarized below.
KEY RECOMMENDATIONS based on pilot study results

Expand Take Action for Health cancer screenings beyond breast cancer to target cancers with high disparities among African Americans

Given the web tool’s demonstrated success in moving people along the cycle of change in health practice, Take Action for Health should be expanded to provide information on and encourage screenings of the following cancers where there are health disparities in the African American community: breast, cervical, colorectal and prostate cancers. By encouraging these screenings, Take Action for Health can help increase early detection to reduce and possibly prevent cancer morbidity and mortality.

Develop culturally and clinically responsive interventions to address the emotional well-being of African Americans

In response to the high percentage of participants who reported having a personal and family history of depression—27.9% of pilot participants at pre-test compared to the national adult average of 6.7%—culturally specific and clinically relevant interventions should be created to improve the emotional well-being of individuals and communities to eliminate disparities in the African American community. Interventions should consider focusing on family, community, faith-based organizations and decreasing the stigma of mental health challenges.

Involve the community in interventions aimed at enhancing the health and well-being of African Americans

In response to the favorable feedback from pilot participants on the NUL wellness seminars, future behavior change interventions and strategies should engage the community to enhance the intervention’s acceptability, utility and effectiveness.

Enhance Take Action for Health to clarify the relationship between blood pressure screenings and heart disease

Based on anecdotal feedback from pilot participants who attended NUL wellness seminars, the linkage between hypertension and heart disease was not always clear. Take Action for Health and community providers/educators should better explain the relationship of blood pressure screenings to assessing heart disease risk. By helping individuals understand the multitude of risk factors associated with heart disease, Take Action for Health can help reduce morbidity and mortality.

Enhance African Americans’ access to medical homes and electronic health records (EHRs)

Due to the high percentage of participants – 41.6% of pilot participants at pre-test – who do not have a regular place to get health care, systemic efforts should be made to increase African Americans’ access to culturally responsive and trusted medical homes/EHRs to facilitate utilization, coordination of care and improved health outcomes.

The Take Action for Health collaboration among Anthem, Inc., City of Hope, the National Urban League (NUL) and Pfizer Inc. will endure in order to maintain the accuracy and responsiveness of the web tool and to disseminate it nationally.

To help build awareness and encourage utilization of Take Action for Health, outreach will be conducted across key stakeholders, with an initial focus on faith-based organizations.

For more information on Take Action for Health, visit www.TakeActionforHealth.org.

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