

***Facilitating effective communication between
healthcare professionals and CALD patients:***

***Development of a national leaflet to promote
chronic disease self-management in primary
care***

Funded by the Commonwealth Department of Health and Ageing

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Health Care without Walls

Friday 3rd August



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MELBOURNE

Overview

- Key components of the leaflet
- What is self management
- Self management - The evidence
- Development of the leaflet
- Key findings
- Piloting
- Conclusions



Is there any proof that self-management courses can help me?

Yes!

The health benefits of self-management courses have been well demonstrated by research conducted in many countries. Some examples are shown below.

Studies

- An Australian study showed that arthritis patients attending self-management courses had less pain compared to those who did not attend courses (Osborne 2007).
- A UK study of people with diabetes found that after attending a self-management course about 1 in 4 (25%) were more likely to monitor their blood sugar levels (Cooper 2003).
- Studies from the UK found people with diabetes and heart disease participating in self-management courses lost weight (Clark 2004 & 2000).

References available on request from the Centre for Rheumatic Disease, Royal Melbourne Hospital, The University of Melbourne. Ph 03 8344 3148.

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More information

This information is available in Arabic, Greek, Italian, Mandarin and Vietnamese.

If you have suggestions for making this leaflet more useful to people with long-term health problems, please contact us on 03 8344 3148.



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Do you have a long-term health problem?

A long-term health problem is one that lasts for more than six months. People may have ongoing symptoms or concerns as a result of one of the following health problems:

- arthritis
- asthma
- coronary heart disease
- depression
- diabetes
- lung disease
- stroke.

People with long-term health problems may have a lack of energy. Some have pain and others have breathing and sleep problems. They may also feel depressed and worry about the future.

This leaflet aims to...

... help you understand the importance of looking after your own health and give you information about the benefits of self-management courses. It can also direct you to relevant self-management courses that could help you.

How could a self-management course help me?

Does your health make it difficult for you to do everyday tasks such as walking, shopping or gardening? If the answer is yes, then a self-management course may be just what you need.

These courses can help you learn how to live your life more comfortably and show you how to become healthier.

What will I gain from attending a self-management course?

A self-management course may help you to:

- feel better physically and emotionally
- feel more in control of your health
- develop more confidence to continue your activities
- continue roles that may be important to you such as working or looking after others
- be more independent.

“ Once you understand how to manage diabetes it's much easier... it's something you have to do. Going to the [course] was a definite bonus. ”

Graeme 51 years (diabetes)– employed contractor

“ Before coming to the [course] I was sleepier and lazier and now I have more energy. Now I exercise every morning and look for food labels to help me make better food choices. ”

Janice 55 years (diabetes)– home duties



Who can attend?

Courses are open to anyone living with long-term health problems such as those listed in the box above. You can join a course yourself or your health professional can refer you to one. Usually people from similar cultural backgrounds are also attending the course. Bring a family member, friend or carer to the course with you. They are all welcome!

Who runs the courses?

Courses are run by community health services or other organisations, and are led by trained leaders.

For more information about the courses in your area you can call:

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| • Cancer Council | 13 11 20 |
| • National Heart Foundation | 1300 362 787 |
| • Asthma Foundation | 1800 645 130 |
| • Multicultural Mental Health Australia | 02 9840 3333 |

An initiative of the Australian Government Department of Health and Ageing in collaboration with a national expert working group and the agencies mentioned in this pamphlet, June 2007.

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Overall Objectives

- Integrate CDSMP across primary and acute care
- Raise the profile of self management across Australia
- Address CALD patient and provider barriers to attending/referring to CDSMP
- Enhance information exchange on CDSM between providers and patients
- Engage a critical mass of individuals to participate in CDSM to justify and sustain these programs
- Educate inform and engage GPs in referring patients to CDSMP



What is self-management

Self-management aims to

- consider individual with the CD, their family and healthcare professional
- acknowledge medical and psycho-social components of a condition
- empower individuals through proactive and adaptive strategies

Other S-M elements

- collaboration between patients and providers
- S-M or self care education
- adherence to treatment
- follow up and monitoring



“Self-management” refers to group or individually based health education courses or programs for individuals with chronic conditions that offer a

significant element of self care or self-management



Chronic disease self-management – the evidence

Overall generic s-m programs

- Are effective for range of chronic conditions for improving self-efficacy, symptom experience, QoL, and increasing physical activity
- Reduce hospitalisations and bed days and lessen emergency department use



Chronic disease self-management – the evidence

Overall s-m programs for people with:

ARTHRITIS

- Small differences in favour of s-m; function and QoL, pain and health care utilisation
- Limited clinical benefits of s-m programs for function, QoL, pain, walking ability, health care utilisation, self-efficacy or depression were identified

DIABETES

- Generic programs may be applicable to people with diabetes for improving physical activity, QoL and self efficacy
- Not significantly better than standard care for improving BGLs, weight loss or physical activity levels



Chronic disease self-management – the evidence

Overall s-m programs for people with:

ASTHMA

- At least as effective as usual care or minimal education for outcome measures including;
 - Action plans which demonstrate positive outcomes compared with those without an action plan;
 - Individual sessions were more effective than group-only sessions

COPD

- Reduces the need for rescue medication
- Led to increased use of courses of oral steroids and antibiotics for respiratory symptoms

CARDIOVASCULAR DISEASE

- Effective for physical activity and functioning, QoL, reduced service use and symptoms in older people with heart disease



Method

Steps Development of a patient information leaflet

1) Expert working group established - 12 months of the project

Michelle Mount	Dept of Health and Ageing	Commonwealth
Dr Rachele Buchbinder	Rheumatologist	VIC
Phillip Bain	CEO Northern Div	VIC
Sally Coates	Shepperton Div GP	VIC
Christine Crosbie	Dandenong Div GP	VIC
Dr Ralph Audehm	GP liaison RMH	VIC
Bruce Reynolds	Ambulatory care	WA
Sally Hoffman	National Stroke Foundation	
Marcus Daddo	National Heart Foundation	
Dr Peter Greenberg	Physician RMH	
Dr Lyndal Trevena	University of NSW	NSW
Jenny Bennett	Arthritis Foundation	SA
Beth Hunter	Arthritis Foundation	QLD
Dr Amjad Hussain	GP	VIC
Rory Olsen	Katherine West Health Board	NT
Richard Chua	Consumer	VIC
Peter Riley	Consumer	VIC
Dennis Cripps	Consumer	SA



Method

Steps

Development of a patient information leaflet

2) Mapping of existing materials;

Sharing Health Care Initiative

Division of GP/ Community Health Centres

NGO initiatives

3) Outline of evidence on self-management effectiveness for inclusion in the leaflet



Method

Steps

Development of a patient information leaflet

4) March – April 2007 consultation with representatives from
10 clinicians working with CALD populations

24 CALD communities

Italian

Greek

Chinese

Vietnamese

5) Critical analysis

DISCERN criteria*

Linguistic framework**

6) Piloting the leaflet



* Charnock D et al (1999) *DISCERN: an instrument for judging the quality of written consumer information*

**Clerehan R et al (2005) *A linguistic framework for assessing the quality of written patient information*

DISCERN: an instrument for judging the quality
of written consumer health information on
treatment choices

J Epidemiol Community Health 1999;53:105–111



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Section 1

IS THE PUBLICATION RELIABLE?

1. Are the aims clear?

No		Partially		Yes
1	2	3	4	5

*Hint: Look for a clear indication at the beginning of the publication of * what it is about * what it is meant to cover (and what topics are meant to be excluded) * who might find it useful* If the answer to Question 1 is 'No', go directly to Question 3

2. Does it achieve its aims?

No		Partially		Yes
1	2	3	4	5

Hint: Consider whether the publication provides the information it aimed to as outlined in Question 1

3. Is it relevant?

No		Partially		Yes
1	2	3	4	5

*Hint: Consider whether * the publication addresses the questions that readers might ask * recommendations and suggestions concerning treatment choices are realistic or appropriate*

4. Is it clear what sources of information were used to compile the publication (other than the author or producer)?

No		Partially		Yes
1	2	3	4	5

5. Is it clear when the information used or reported in the publication was produced?

No		Partially		Yes
1	2	3	4	5

*Hint: Look for * dates of the main sources of information used to compile the publication * date of any revisions of the publication (but not dates of reprinting) * date of publication (copyright date)*

Rating note: The hints are placed in order of importance - in order to score a full '5' the dates relating to the first hint should be found

6. Is it balanced and unbiased?

No		Partially		Yes
1	2	3	4	5

7. Does it provide details of additional sources of support and information?

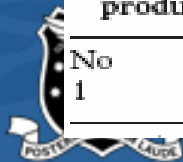
No		Partially		Yes
1	2	3	4	5

Hint: Look for suggestions for further reading or for details of other organisations providing advice and information about the condition and treatment choices

8. Does it refer to areas of uncertainty?

No		Partially		Yes
1	2	3	4	5

*Hint: * Look for discussion of the gaps in knowledge or differences in expert opinion concerning treatment choices * Be wary if the publication implies that a treatment choice affects everyone in the same way (e.g. 100% success rate with a particular treatment)*



Key findings

1) Definitions for;

- *Self management*
- *Patient education*
- *Chronic disease*

Need to be culturally sensitive

2) Primary healthcare providers need education

- what is SM
- what is the evidence

3) Improved awareness of available resources in SM



Piloting - Patient information leaflet

Translation: 5 key community languages

Italian
Greek
Vietnamese
Chinese
Arabic

Project setting: Primary Care Partnership sites - Victoria

CHC
General Practices

Interviews: PCP site ~ 4 health providers, ~8 CALD pts

Utility and effectiveness of the leaflet in generating awareness of CDSM programs



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Discussion

Overall this project has sought to raise the profile of SMP across Australia

Address barriers to patients attending or being referred to SMP

Becoming aware of the benefits and availability of patient education courses/services for hard to reach (CALD) communities is one step toward increasing demand for and participation in these programs

Development of this national leaflet is an important component to educate support and inform primary care providers and patients about patient education programs

Enhance communication with a broad range of CALD communities regarding the key elements of self care



Thank you

Acknowledgements:

Michelle Mount

Dr Rachelle Buchbinder

Dr Lyndal Trevena

Phillip Bain

Sally Coates

Christine Crosbie

Dr Ralph Audehm

Grace Francis

Bruce Reynolds

Sally Hoffman

Marcus Daddo

Dr Peter Greenberg

Jenny Bennett

Richard Chua

Peter Riley

Dennis Cripps

Rory Olsen

Beth Hunter

Dr Amjad Hussain

