



**Workshop on Self Management
Strategies Among Culturally Diverse
Populations
Healthy Connections Conference
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Outline

- Icebreaker
- Why self management now?
- Self-management for Dummies
- Definition of self-management for today
- Barriers to self-management for individuals with diabetes
- Ways to overcome barriers
- Lessons learn from working with the Chinese diabetic group
- Wrap up

NIH's Fact Sheet on Self Management (2006)

30 years ago	Today	Tomorrow
Heart failure, renal failure or infectious diseases such as HIV were considered fatal then	Self-management is a major part of research agendas	Predicting which self-management strategies better serve different patient populations
Utility and effectiveness of SM practices were not well studied	Self-management strategies have been proven to improve patient outcomes	Personalized individual treatment strategies
Patients were expected to follow orders	Culturally appropriate self-management programs are designed to address needs	Pre-empting challenges to disease management
Lack of technology for SM		
Little understanding of cultural differences or how individuals and families understood and managed chronic conditions		

Why Self-management for Diabetes?

- Estimated 1.2 million Ontarians diagnosed with diabetes this year
- A diabetic is diagnosed every 8 second in Ontario, an increase of 69% over the past 10 years
- Treatment for diabetes and related conditions cost the province over 5 billion each year
- There is an epidemic of diabetes throughout the Western world
- But there is hope – this epidemic is controllable!

Exercise -One way to decrease obesity



**“We have an excellent employee health plan:
we built our parking garage 2 miles
away from the office!”**



Diabetes For Dummies

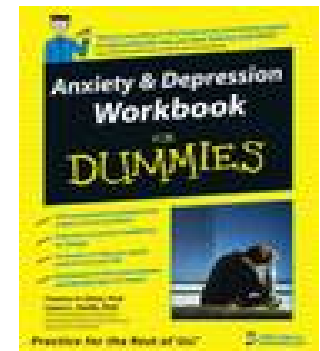
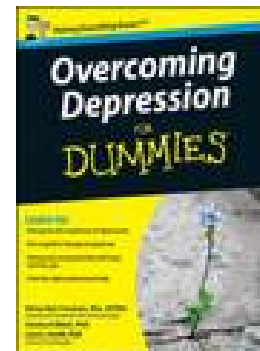
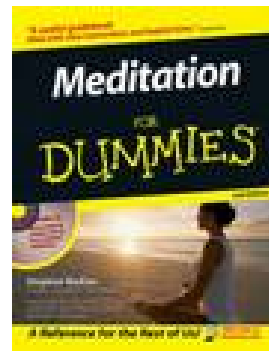
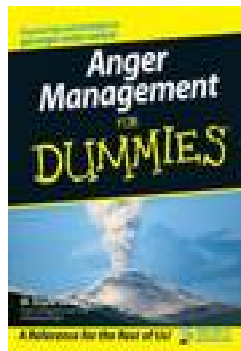
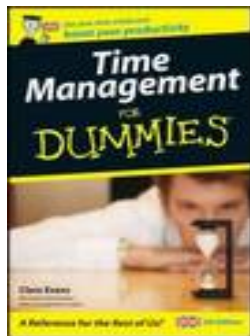
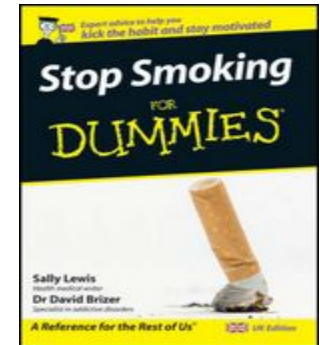
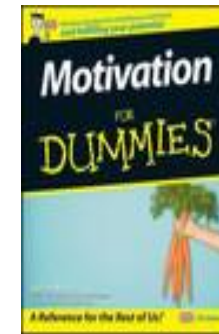
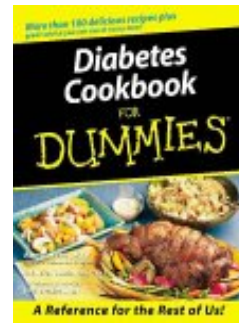
From [Diabetes For Dummies, 3rd Edition](#) by Alan L. Rubin, MD

Diabetes, which is excessive glucose in your blood, leads to serious health problems if left untreated.

Follow the American Diabetes Association guidelines to get tested for diabetes at the earliest possible time. Adopt some basic rules for living with diabetes and continuing your diabetic care to better control the disease. If you're prescribed oral medications for diabetes, do your homework on dosage amounts and side effects.

Read more: <http://ca.dummies.com/how-to/content/diabetes-for-dummies-cheat-sheet.html#ixzz0fLtAcwYf>

No book on Self-Management for Dummies Yet..... BUT



THERE ARE 1705 TITLES

Self-Management for dummies

- Self-management is a common term in health education
- Term first appeared in writing of Thomas Creer (1976)
- Implies active involvement of patients in their own care
- Now refers widely to chronic disease patient education programs

Defining self-management

- There is no “gold standard”, universally accepted definition of self-management
- Adding to confusion, other terms: self-management training/preparation, patient empowerment and self care have been used interchangeably by individuals



Definitions of Self-management

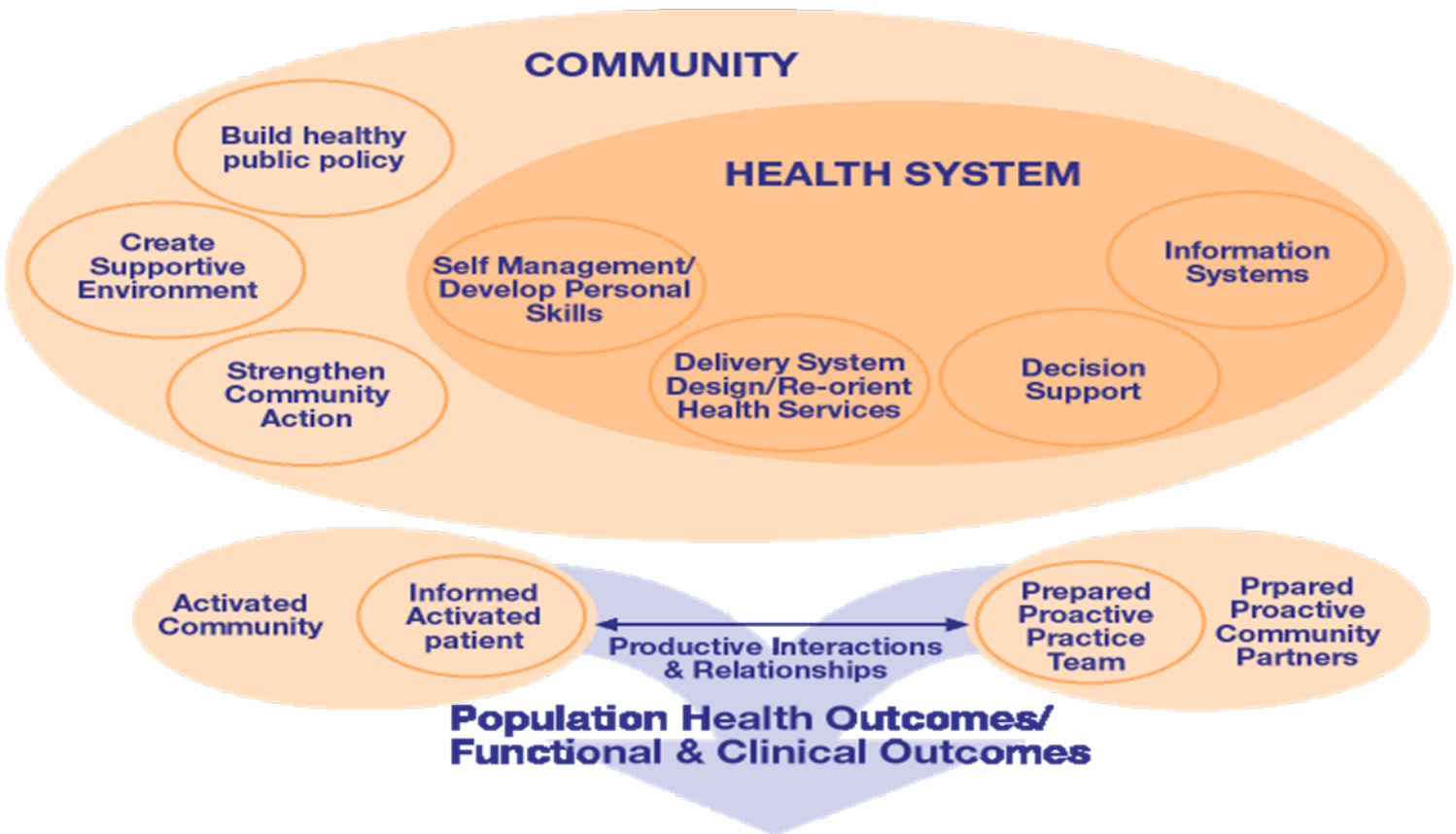
- “Learning and practicing skills necessary to carry on an active and emotionally satisfying life in the face of a chronic condition” (Lorig, 1993, p. 11).
- “Any formalized patient education program aimed at providing the patient with the information and skills necessary to manage their condition within the parameters of the medical regime” (National Health Services, UK, 2001, p. 22)

Definition for this workshop

- “Self-management relates to the tasks that an individual must undertake to live well with one or more chronic conditions. These tasks include gaining confidence to deal with medical management, role management, and emotional management” (Adams, Greiner, and Corrigan, 2004, p. 57)



The Expanded Chronic Care Model : Integrating Population Health Promotion



Created by: Victoria Barr, Sylvia Robleson, Brenda Marlin-Link, Lisa Underhill, Anita Dotts & Darlene Ravenedale (2002)
 Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Solberg, L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? *The Milbank Quarterly*, 79(4), and World Health Organization, Health and Welfare Canada and Canadian Public Health Association. (1986). Ottawa Charter of Health Promotion.

Common points for all definitions:

- Participating in education activities/treatment to achieve certain outcomes (*behaviors*)
- Preparing individuals to effectively manage their chronic conditions on a daily basis
- Practicing specific behaviors
- Learning the skills/tasks to reduce the negative impacts from the chronic condition with or without the collaboration of health care professionals



Self-Management Tasks

- 3 set of tasks (Corbin & Strauss, 1988):
- Medical Management
- Develop behaviors
- Dealing with emotional consequences



Self-Management is Problem Based

- Self-management must be based on client perceived problems
- Major strategy: Assessment of group of clients with same chronic condition
- Remember there are differences between groups and individuals

Core Self-Management Skills

- Problem solving
- Decision making
- Resource utilization
- Forming relationships
- Taking action
 - Lorig & Holman, 2003

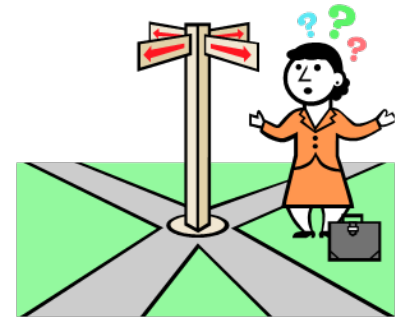
Problem-solving

- Define the problem
- Brainstorm possible solutions
- Implementation of solutions
- Evaluation of results
 - D'Zurilla, 1986



Decision Making

- Based on information and support received from health care professionals, family, friends and peers
- Formation of key messages is vital to making appropriate decisions



Resource utilization

- Information sharing – not just informing, but making sure the individual is aware of how to utilize their resources effectively

Forming Relationships with Health Care Providers

- Historical perspectives
- In chronic disease management, health care providers and patients must develop and foster a good working relationship



Taking Action - Implementation

- Making behavioral changes that are specific to the individual
- Goal must be realistic and “do-able”
- Check individual’s confidence level in attaining the goal:
Self-efficacy



Supportive
Wife and Creative
Solution - Yes

BUT is it Doable ?



**“You need to incorporate some stretching
into your fitness routine, so I glued
all of your snacks to the ceiling!”**

Steps of diabetes Self-Management Problem Solving (Mulvaney, 2009)

Problem-Solving Problem	Description	Example
Problem identification and awareness	Identification of the problem	My HbA1C is high
Barrier identification	Find out why the problem exists	I don't exercise. I have no time
Solution generation	Identify several ways to solve the problem	I will make time. I have time on the weekend. I could ask my sister to pick up the kids two days a week.
Intervention planning	Plot out specific steps in the solution; identify possible barriers and take preliminary steps	I will talk to my sister this weekend about the plan. I will plan to take a walk Sunday afternoon. If it is raining, I'll go swimming instead.
Intervention	Intention and decision making	OK. Time to stop watching TV and go for that walk.
Evaluation	Evaluation of the success and outcomes	I did take a long walk.
Revision	Revise plan to increase chance of success	I will increase the number of walks I take to at least three times a week.

Three more steps in Problem solving process

- Barrier identification
- Outcome evaluation
- Revision of plan



Barriers to self-management

- Three broad categories:
- Individual-based barriers
- Relationship-based barriers
- Environmental barriers



Individual-based Barriers

- Two Individual-based barriers

1. Motivational barriers

1. Behavioral barriers



Motivational barriers

- Motivational barriers – challenges relating to sustaining the behavior
- Roles of health care providers:
 - Help individual to find meaningful, self-discovered motivation to change
 - Determine individual's readiness to change
 - How to sustain healthy behaviors



Behavioral barriers

- Goal setting

Recommendations should be:

- Specific
- Measurable
- Achievable
- Relevant
- Timely



Behavioral-shaping

- Should not take an all or nothing approach
- Suggest goals be sequenced and only work on a limited number of goals at one time

Remember to focus
on one goal at a time



**“Stop smoking, quit drinking, eat less,
exercise more! Are you some kind
of health nut?”**

Control stimulus

- Identify situations that are associated with unhealthy choices
- Avoid such situations or reduce their influence
- Remember to reinforce and reward



Emotional Barriers

- Assess individual for psychological distress
- Provide support and organize resources to help
- Increase self-efficacy



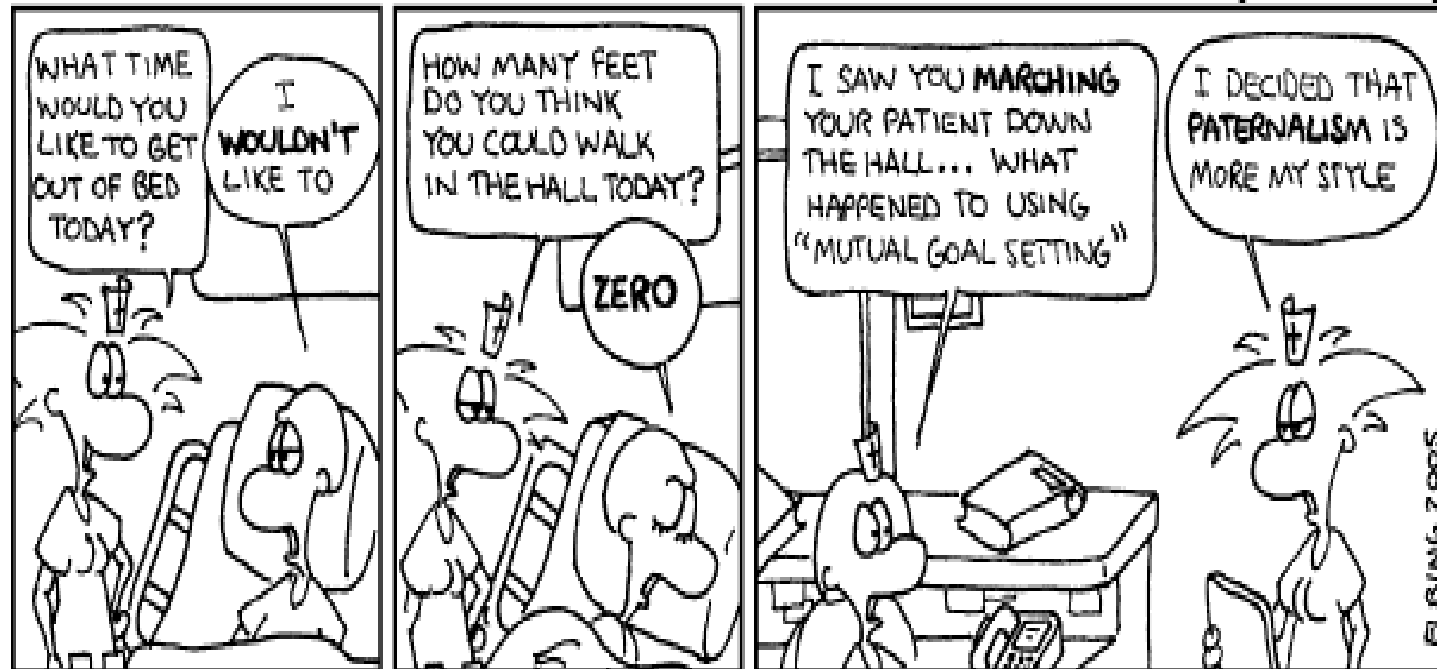
Relationship-based barriers

- Success depends on support received from health care providers, family, friends and others
- Lack of supportive individuals around
- Problem in communicating with health care providers

Health care providers need to listen more

Nurstoons

by Carl Elbing



www.nurtoon.com

Environmental barriers

- An awareness of the social determinants of health is helpful
- Multi-tasking requirements impact on one's stress level
- The urban environment
- Need to work with health care providers to identify these barriers and come up with creative solutions

Strategies to overcoming barriers

- Be aware of the different types of barriers
- Know your patients and try to develop a meaningful relationship with them
- Avoid giving answers to problems
- Use a case management approach, monitor individual's progress regularly



Increase motivation to sustain health-promoting behavior

- Health care providers play an important role in the process of the person's self-discovered motivation
- Determine a person's readiness to change

Experiences gained from diabetic self-management program for Chinese

- All barriers are relevant to the Chinese group
- The program must be culturally specific – language specific. We have a Cantonese group and a Mandarin group.
- Screening of participants – encourage family to take part. We have two couples in the class – They can motivate each other.

Use the right language when teaching and sharing information

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Strategies to overcoming individual-based barriers

- Motivational barriers – assess why individuals want to take part in the program
- Ask the participant why now?
- What does the participant want to gain from the program?
- This program is unique as it is a hybrid – three sessions of information on diabetes and two sessions on the principles of self-management.
- Weekly telephone follow up

Relationship building among participants

- It is important for the participants to feel comfortable in the class
- Icebreaker
- Encourage sharing ideas and helping each other to solve problems
- Agree to report back in the next session
- Purely voluntary in nature

Emotional barriers

- Depression is common among this group - especially those who are younger
- Able to verbalize concern and seek support accordingly



Relationship-based barriers

- The major one is the relationship with physician
- Individuals reported that they feel uncomfortable disagreeing with their physician. Feel that they must do what they are told.
- Related to the Chinese culture – collectivistic in nature

One's upbringing and cultural background play a role



“For years your teachers told you to settle down and sit still. You can stop now.”

Other barriers

- Transportation – Provide transportation support – built into program
- Provide flexibility
- Provide reinforcement as necessary to increase confidence level

Evaluation of program thus far

- The participants are gaining knowledge on diabetes
- 100% attendance so far
- Engage in different teaching styles. Sharing rather than lecturing and realizing that we as health care providers can learn from them-a more balanced relationship (horizontal instead of vertical)

Final thoughts

- Self-management programs are of value
- Need support from all levels – government, senior management and front line staff
- Adjust program to needs of the individuals
- Initial and continuous assessment and follow up are imperative to the success of the program
- It is a “WIN-WIN” situation

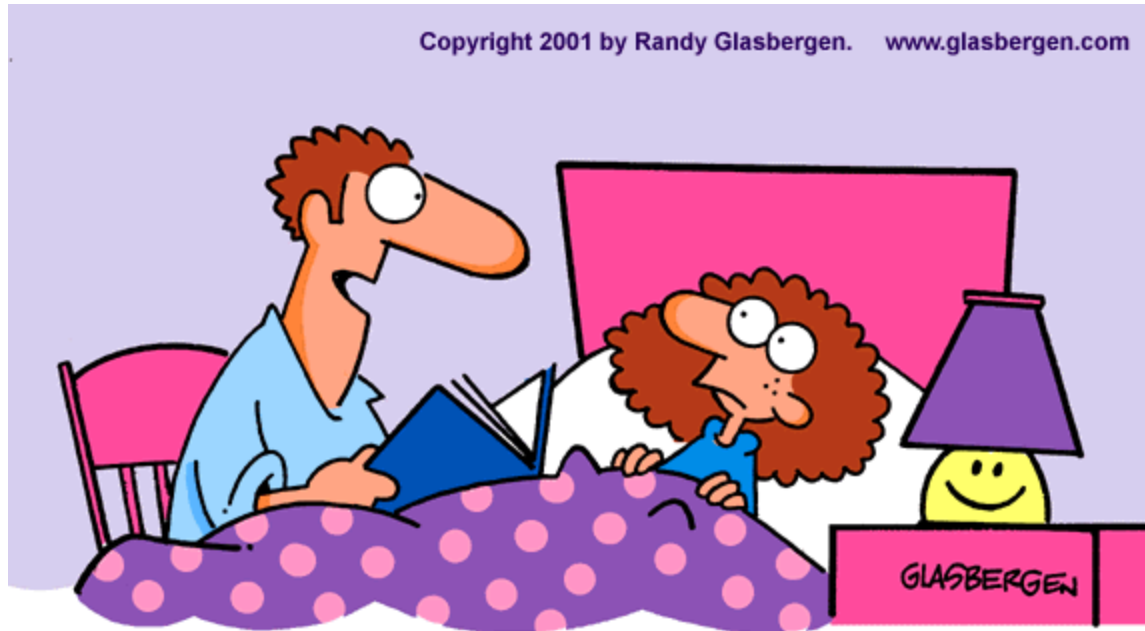


My thoughts

- Organizations need to communicate and collaborate more – Shared resources
- More linkage between hospitals and community agencies
- Diabetic education registry
- More innovative ways to deliver education programs in the future



Family influence on healthy eating habit



**“First Goldilocks ate Papa Bear’s porridge,
then she ate Moma Bear’s porridge, then
she ate Baby Bear’s porridge...and her
cholesterol dropped 14 points!”**

Thank you and Questions ?

