Chronic Disease Self-Management Program

Category	*Description*
Title of intervention	Chronic Disease Self-Management Program
Objectives	**Objectives IROHLA taxonomy** At individuals only: ✓ To inform and educate older adults ✓ Improving skills of older adults ✓ To support behaviour change and maintenance ✓ To strengthen contextual social support ✓ To facilitate involvement of individuals at the system level ✓ To customise health literacy interventions or enhance the implementation of these interventions ✓ To change the social, cultural or physical environment in order to enhance the effects of health literacy interventions (some travel costs provided, especially in Griffiths) **Short description of the objectives of the intervention in two different places with different target groups** *Chronic Disease Self-Management Program for Afro-Americans* Peer educated Self-Management Programme about Heart Disease, Arthritis, Diabetes, Depression, Asthma, Bronchitis, Emphysema & Other Physical for people with Mental Health Conditions (Lorig et al., 2014). *Chronic Disease Self-Management Program for British-Bangladeshi adults* The programme improves participants' confidence (self-efficacy) to control chronic disease and probably altered their behaviour, increasing their use of self-management skills (Griffiths et al., 2005).
Target groups	*Chronic Disease Self-Management Program for Afro-Americans* ✓ young seniors: 50-60 ✓ vulnerable groups • 73% female; average age of participants 48.2 (SD = 11.0), • 24.1 % were African-American, 2.1% Hispanic, 73.8% were other (including non-Hispanic White). • English was dominant language (No mention of language and most would have been Caucasian). • The most frequent mental condition was depression (55 %), followed by bipolar disorder (45 %), schizophrenia (17 %), schizoaffective disorder (15 %). A large proportion reported anxiety or other mental health conditions (64 %). Many of the participants also had substance abuse problems (26 %). The mean number of mental

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	conditions reported was 2.2 with 67 % reporting more than one mental condition. • Mean years of education were 13.0 (SD=2.83) (about average for the USA, not an especially deprived group) (Lorig et al, 2014) *Chronic Disease Self-Management Program for British-Bangladeshi adults* ✓ older adults (50+) ✓ vulnerable groups Specifically British-Bangladeshi adults: • Female: 55.8%, Mean age: 49 years, no income variables but only 8% were employed. • Many were Sylheti speakers, but letters written in English because Sylheti has no common written form; followed by telephone calls from Sylheti speakers, materials translated into Sylheti with culturally inappropriate references removed. • Problems include: diabetes, arthritis, respiratory or cardiovascular disease. • Education was completed on average by 12 years of age (Griffiths et al, 2005).
Problem of focus	*Chronic Disease Self-Management Program for Afro-Americans* **Scope of the problem** Persons with serious mental illness are at high risk for comorbid physical conditions. They also experience significant barriers to managing those illnesses (Brown et al. 1999; Daumit et al.2005; Kreyenbuhl et al. 2008) and to receiving primary medical care (Miller et al. 2003). (Lorig et al, 2014) **Consequences for individual and/or society** Persons with a serious mental illness are dying 25 years earlier than the general population, people with serious mental illness are underserved by self-management programs. Poor medical care for persons with serious mental illnesses (SMI) is exacerbated by the organisational separation of mental and physical health care (Horvitz-Lennon et al. 2006). At the same time people with SMI are underserved by self-management programs which could provide the supports and skills for individuals to address their medical conditions outside the immediate limitations of the health care system. As a result persons with SMI are in double jeopardy for poor health outcomes. This suggests that there may be an opportunity to integrate mental and physical self-management support for those with SMI. **Distribution of the problem** In the United States, but probably in all over the world.

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	Perception of target groups (of the problem) The health indicators (e.g. fatigue, quality of life, sleep, PHQ depression, health distress, days physical health bad, days mental health bad, and days health kept from usual activities) are bad and the health behaviour of the target group is not good enough (communication with physician and medical adherence) *Chronic Disease Self-Management Program for British-Bangladeshi adults* **Scope of the problem** Increasing ethnic diversity of populations means that the development and evaluation of cultural adaptations of [health promotion] programmes are a priority **Consequences for individual and/or society** Minority ethnic groups often experience higher morbidity and mortality than majority populations for a range of chronic diseases **Distribution of the problem** The most industrialised countries **Perception of target groups (of the problem)** Not measured among participants, but this community (British-Bangladeshis in)experience marked socioeconomic deprivation, have poor access to care and services and report the highest levels of chronic disease of any ethnic group in the UK (Griffiths et al, 2005).
Short description of the modifiable determinants of older adults with respect to this intervention.	**Modifiable determinants of older adults** Skills mastery, reinterpretation of symptoms, modelling and social persuasion to enhance a sense of personal efficacy to achieve self-management.
Short description of the modifiable determinants of professionals.	Professionals are not targeted in this programme.
Components of the intervention	**Components** ✓ Group sessions (training) by professionals

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	✓ Group sessions by peers (paid or volunteer peer leaders) ✓ Video materials (cassette or DVD it would be now) **Description of components** The Chronic Disease Self-Management Program (CDSMP) consists of community-based, peer-led patient self-management education workshops (Lorig et al. 1999). The intervention exists of 6 sessions in which information is given on different health topics related to the mental health issues such as better breathing, fatigue, acute and chronic conditions, cognitive symptom management, nutrition. This topics are discussed in group sessions by professionals and by peers, feedback is given in group sessions and an action plan is developed on topics per session: • *Session 1:* Course overview; acute and chronic conditions compared; cognitive symptom management; better breathing; introduction to action plans • *Session 2:* Feedback; dealing with anger, fear and frustration; introduction to exercise; making an action plan • *Session 3:* Feedback; distraction; muscle relaxation; fatigue management; monitoring exercise; making an action plan • *Session 4:* Feedback/making an action plan; healthy eating; communication skills; problem solving • *Session 5:* Feedback/making an action plan; medication usage; depression management; self-talk; treatment decisions; guided imagery • *Session 6:* Feedback; informing the healthcare team; working with your health
Approach	**Theoretical models used** Bandura's theoretical model of self-efficacy; self-efficacy theory and incorporates skills mastery; these included guided mastery of skills through weekly 'action planning' and feedback of progress, modelling of self-management behaviours and problem solving strategies, and social persuasion through group support and guidance for individual self-management efforts. Three principal assumptions underlie The Chronic Disease Self-Management Program: 1. people with different chronic diseases have similar self-management problems and disease-related tasks, 2. people can learn to take responsibility for the day-to-day management of their disease(s), 3. confident, knowledge, enable people practicing self-management will experience improved health status.

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	Didactics used Group learning sessions with lay (not professional educated, but peer education) health leaders. **Techniques used** Re-interpretation of symptoms, modelling and social persuasion to enhance a sense of personal efficacy **Contexts** Small groups **Stakeholders involved** Persons with chronic illness **Type of professionals involved** *Chronic Disease Self-Management Program for Afro-Americans:* instructors of Certified Peer Support Specialists (Lorig et al., 2014). *Chronic Disease Self-Management Program for British-Bangladeshi adults:* professionals were trained and accredited Bangladeshi lay health tutors, who themselves had chronic diseases (mainly diabetes), who acted as facilitators (Griffiths et al., 2005).
Resources and qualifications	**Duration of the intervention** 6-weeks, 3 hours per week **Financial costs for the implementing organisation** Can be considerable but lower than some others in FDF. In addition to target recruitment and administration costs: • Training or recruitment of qualified lay health workers; venue & refreshment costs, evaluation. • Costs to pay tutors if not volunteers for 6 x 3 hour sessions, some costs for tutor preparation time would be incurred, as well. • Griffiths gives a cost per participant of £123 (€181); Lorig's costs and resource demands appear to be similar. **Financial costs for the target groups** Time given up to attend the course.

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	Required competencies of professionals Personal experience of the chronic problem; Specific training to be qualified peer counsellors was highly desirable but may not be essential, may require cultural competency training, too. This partly depends on local regulations and standards, The tutors in the intervention targeted at African-American were Certified Peer Support Specialists (CPSS), 2 required per session (Lorig et al, 2014) and in addition same gender as all group members for the British Bangladeshi target group (Griffiths et al, 2005). Qualifications for the intervention for Afro- Americans (Lorig et al, 2014): "To obtain certification as a Certified Peer Support Specialists (CPSS), individuals must have a mental health diagnosis or co-occurring diagnosis of mental health and substance use disorder, be in recovery for at least 1 year, and have a high school diploma, GED or meet similar requirements. CPSS complete a 60-h program, and receive three credit hours from Lansing Community College. In addition to the above requirement, CDSMP leaders also completed 18 h of additional training in how to facilitate the CDSMP." Peer leaders were volunteers, but were given accreditation credits towards a qualification for their participation. Qualifications for the intervention for British Bangladesh (Griffiths et al, 2005): tutors were paid more (something at all) and maybe qualified less.
Implementation	**Implementation strategy** Workshops utilise face-to-face, peer-led small group sessions over 6-week periods. **Conditions for effective implementation** Led by Certified Peer Support Specialists **Stakeholders involved** People with chronic illness
Transferability	• Professionals need to have a certification as Peer Support Specialists. • The description of the program is available in a book called 'Living a Healthy Life with Chronic Conditions' (latest version: Sobel 2012) which is available for purchase online and provides training materials.

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
Evaluation	**Methods used** *Evaluation of Intervention for Afro-Americans* Data were collected by self-administered (mailed) questionnaires at baseline and 6 months. Baseline questionnaires included demographic information (age, gender, years of education, marital status and ethnicity) and information about types of mental illnesses and other chronic diseases. Workshops leaders also logged which of the six workshops sessions each participant attended. Baseline and follow-up questionnaires included ten health indicators: Stress, Sleep Problems, Fatigue/Tiredness, Quality of Life, Depression, physical distress days, mental distress days, communication with health care providers, self-reported medical visits (Lorig et al, 2012)
Effectiveness	**Main results** • *Intervention for Afro-Americans (Lorig et al, 2014):* Eight of ten health indicators (fatigue, quality of life, sleep, PHQ depression, health distress, days physical health bad, days mental health bad, and days health kept from usual activities) and both of the health behaviours (communication with physician and medical adherence) had improvements that were statistically significant. This programme has widely reported modest success. • *Intervention for British Bangladeshi (Griffiths et al, 2005*): The programme improved participants' confidence (self-efficacy) to control chronic disease and probably altered their behaviour, increasing their use of self-management skills cost/benefits ratio is good. Intention-to-treat analysis showed improvements in self-efficacy.
Key elements/components of the intervention that must stay intact in order to have an effective intervention	**Key elements** • Trained peers must lead workshops. • Recruitment and implementation needs to be culturally sensitive.
Level of evidence	✓ Quasi-experimental or cohort studies ✓ RCT
Sector	Health sector
Country of development	Michigan, US (Lorig); East London, Great Britain (Griffiths)
Provider	*Chronic Disease Self-Management Program for Afro-Americans (*Lorig): *Name:* Michigan Community Mental Health Services *Organisation:* Michigan Department of Community Health *Type of organisation:* Public Health government *Post address:* Capitol View Building 201 Townsend Street Lansing, Michigan 48913 *Name of the contact person:* Philip L. Ritter *E-mail:* philr@stanford.edu

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831

Category	*Description*
	Telephone number: +1-771 or 800-649-3777 *Chronic Disease Self-Management Program for British-Bangladeshi adults* (Griffiths): *Name:* Professor Chris Griffiths *Organisation:* Centre for Health Sciences Barts and The London School of Medicine and Dentistry *Type of organisation:* University *Post address:* 2 Newark Street, London E1 2AT *E-mail:* c.j.griffiths@qmul.ac.uk *Telephone number:* (Centre Administrator) +44(0)20 7882 2517
Relevant documents/links	**Relevant documents and links** Data primarily from these publications: • Effectiveness of the Chronic Disease Self-Management Program in persons with serious mental illness : A Translation Study (Lorig14); and Randomised controlled trial of a lay-led self-management programme for Bangladeshi patients with chronic disease *(Lorig et al 2014, Griffiths et al 2005).* Available from: http://lgreen.net/mental%20health%20published%20on-line-1.pdf • Lorig, K., Holman, H., Sobel, D., Laurent, D., González, V., & Minor, M. (2006). Living a healthy life with chronic conditions (3rd ed.). Boulder: Bull Publishing. Available from: http://patienteducation.stanford.edu/materials/ • Lorig K, Sobel D, Stewart A. Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalisation: a randomized trial. Med Care1999;37(1): 5–14.

IROHLA is co-ordinated by the University Medical Center Groningen and has received funding from the European Union's Seventh Framework Programme (FP7/2007-2013) under grant agreement n°305831