



Self Management Network Newsletter



Nov/Dec 2008

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Welcome

As the Christmas season approaches, we would like to wish you a happy and safe Christmas and New Year.



Navigating Self Management

Authors: Jill Kelly, Naomi Kubina. Introduction by Professor Malcolm Battersby

This is an excellent document and while written for an Australian audience and health agencies in particular, health providers and organisations within NZ and afar will find it equally useful when planning, designing, implementing and evaluating self management programmes. "The authors draw upon their considerable experience of working with health professionals and managers to offer a practical guide to self-management. Their approach is straight forward, practical and based on their experience of implementing self-management in a variety of health agencies."

Highly recommended

http://som.flinders.edu.au/FUSA/CCTU/pdf/Navigating_self_management%20March%202008.pdf

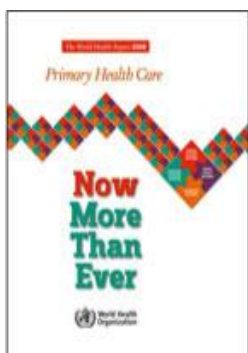


World Health Report 2008 – Primary health care: now more than ever

W. H.O. (2008). Geneva: World Health Organisation.

"This report encourages health services to respond better, faster and to adapt to the challenges of a changing world. Why a renewal of primary health care (PHC), and why now, more than ever? Globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could and should. People are increasingly impatient with the inability of health services to deliver. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. PHC can do that."

Full Report http://www.who.int/whr/2008/whr08_en.pdf



International Congress on Chronic Disease Self Management – Melbourne 26-28th Nov 2008

At least 24 New Zealanders attended the recent International Congress on Chronic Disease Self Management. The purpose of the conference was to provide a forum for researchers and healthcare experts and providers to discuss their work and its implications for chronic disease self-management, both nationally and on a global scale and those that attended found the time most useful and informative.

The theme of the Congress was **Chronic Disease Self-management: Innovation and evidence of effectiveness in workplace, community and healthcare settings**. Conference themes centred around individual and public health opportunities to impact on chronic disease, the sharing of insights and innovations to the discipline and supported the generation of additional momentum to take the field forward.

Most of the presentations can now be viewed online at <http://www.cdsm2008.com/presentation.php>

Below are some of the keynote presentations that may be of interest

- [What is important when helping people become more effective self-managers of their health?](#) **Prof Bob Lewin**, Director, British Heart Foundation Care and Education Group, Department of Health Sciences, University of York, UK.
- [Health Literacy - a fundamental of effective self management and participation in healthcare](#) - **Prof Richard Osborne**, Head, Chronic Disease Self-Management Research Unit, AFV Centre for Rheumatic Diseases, The University of Melbourne, Australia
- [Patient Perspectives on Key Public Health Messages: Positioning Self Management Education, Physical Activity, and Weight Control Messages for Success](#) - **Dr Teresa Brady**, Senior Behavioural Scientist, Centers for Disease Control and Prevention, USA
- [What makes for an effective self management intervention in Chronic Disease](#) **Prof Stan Newman**, Director, Centre for Behavioural & Social Sciences in Medicine, London University, UK
- [Making CDSM successful on the ground – an update on the UK NHS Expert Patients Program](#) **Mr Jim Philips**, Director, Product Development and Quality, Expert Patients Program Community Interest Company, UK
- [Are self management programmes for long term conditions part of the problem or part of the solution to inequalities in health?](#) **Prof Anne Rogers**, Director, National Primary Care Research and Development Centre, The University of Manchester, UK

To download and view, click on the hyperlinks in yellow listed on the conference programme at <http://www.cdsm2008.com/presentation.php>

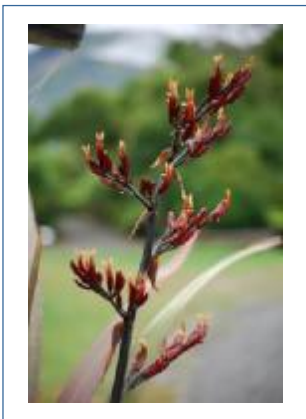


Evaluating Self Management & Health Education Programmes

Evaluating self management or health promotion programmes can be challenging and complex as each programme is often targeting a diverse population with differing needs and expected outcomes. If you're thinking about evaluation, here are 4 resources you may find useful to help you get started:

“How well is your programme doing with regard to Reach, Efficacy/Effectiveness, Adoption, Implementation and Maintenance?”

- 1) **Navigating Self Management** – mentioned on page 1
- 2) **Health Education & Impact Questionnaire – (HeiQ)TM**
The HeiQTM has been developed by the AFV Centre for Rheumatic Diseases, Melbourne University in response to sector request for a valid and relevant evaluation and data management system for health education and self-management programmes. Its development was funded by the Australian Government Department of Health & Ageing.
This is proving a popular tool in Australia for both self management and health promotion or health education programmes. It has also been translated into 9 languages.
 - Background information and papers www.crd.unimelb.edu.au/heiq/
 - For the interactive website visit: <http://heiq.org.au/>
- 3) **Stepping Stones to Quality (Ss2Q)** “is an innovative quality framework and self-assessment tool for organisations delivering Stanford University lay-led self-management courses. Ss2Q was developed in partnership by voluntary sector organisations, Primary Care Trusts (PCTs) and the Expert Patients Programme (EPP)” in the UK. For more detail visit:
 - Website <http://www.selfcareconnect.co.uk/181>
- 4) **RE-AIM** – “is a systematic way for researchers, practitioners, and policy makers to evaluate health behavior interventions. It can be used to estimate the potential impact of interventions on public health.”
RE-AIM stands for: **Reach, Efficacy/Effectiveness, Adoption, Implementation, Maintenance**



Kings Fund

“The King's Fund is an independent charitable foundation working for better health, especially in London. Their goals are to help develop: informed policy, by undertaking original research and providing objective analysis; effective services, by fostering innovation and helping put ideas into action; and skilled people, by building understanding, capacity and leadership.” Here are several reports readers may find interesting.

Commissioning and Behaviour Change –Kicking Bad Habits Final Report – Dec 08

The Kicking Bad Habits programme was launched to support people change their behaviour and adopt healthier lifestyles. This report draws on a series of working papers and seminars which assess existing and innovative methods the health service can use to persuade people to adopt healthier lifestyles, including providing information, personal support and financial and other incentives.
http://www.kingsfund.org.uk/publications/kings_fund_publications/kbh_final_report.html

Interesting Articles

The November-December 2008 issue of the *Journal of the American Board of Family Medicine (JABFM)*, includes multiple articles related to chronic diseases. “As Dr. Parchman¹ notes, the prevalence is so great and the complexity so high, that we would all like to quickly cut through the Gordian knot of chronic diseases. In this issue, to highlight the potential impact of chronic disease, Smoley et al² report some startlingly discouraging data about the amazingly high 75% prevalence of hypertension and prehypertension in a young, fit US military population.

Most of the articles within this issue report findings from primary care offices or population-based data sources, which are particularly useful for family physicians. These include articles on high blood pressure,^{2,3} kidney disease,^{4,5} heart disease,^{6,7} influences on obesity,^{8,9} adolescents’ obesity,¹⁰ negative effects of obesity,¹¹ and diabetes.¹² Although our focus is on chronic disease, there is also good news in this issue—we feature articles highlighting just what can be done in family physician offices to improve chronic disease: both hypertension³ and diabetes¹² have become better controlled and interventions have improved the prevention of kidney disease.⁵”

- View journal and articles online at: <http://www.jabfm.org/current.shtml>

10-year follow-up of intensive glucose control in type 2 diabetes. (UK Prospective Diabetes Study - UKPDS)

[Holman RR](#), [Paul SK](#), [Bethel MA](#), et al. *N Engl J Med*. 2008 Oct 9;359(15):1577-89. Epub 2008 Sep 10. <http://content.nejm.org/cgi/content/short/359/15/1577>

BACKGROUND: During the United Kingdom Prospective Diabetes Study (UKPDS), patients with type 2 diabetes mellitus who received intensive glucose therapy had a lower risk of microvascular complications than did those receiving conventional dietary therapy. We conducted post-trial monitoring to determine whether this improved glucose control persisted and whether such therapy had a long-term effect on macrovascular outcomes.

METHODS: Of 5102 patients with newly diagnosed type 2 diabetes, 4209 were randomly assigned to receive either conventional therapy (dietary restriction) or intensive therapy (either sulfonylurea or insulin or, in overweight patients, metformin) for glucose control. In post-trial monitoring, 3277 patients were asked to attend annual UKPDS clinics for 5 years, but no attempts were made to maintain their previously assigned therapies. Annual questionnaires were used to follow patients who were unable to attend the clinics, and all patients in years 6 to 10 were assessed through questionnaires. We examined seven prespecified aggregate clinical outcomes from the UKPDS on an intention-to-treat basis, according to previous randomization categories.

RESULTS: Between-group differences in glycated hemoglobin levels were lost after the first year. In the sulfonylurea-insulin group, relative reductions in risk persisted at 10 years for any diabetes-related end point (9%, $P=0.04$) and microvascular disease (24%, $P=0.001$), and risk reductions for myocardial infarction (15%, $P=0.01$) and death from any cause (13%, $P=0.007$) emerged over time, as more events occurred. In the metformin group, significant risk reductions persisted for any diabetes-related end point (21%, $P=0.01$), myocardial infarction (33%, $P=0.005$), and death from any cause (27%, $P=0.002$).

CONCLUSIONS: Despite an early loss of glycemic differences, a continued reduction in microvascular risk and emergent risk reductions for myocardial infarction and death from any cause were observed during 10 years of post-trial follow-up. A continued benefit after metformin therapy was evident among overweight patients. (UKPDS 80; Current Controlled Trials number, ISRCTN75451837.) 2008 Massachusetts Medical Society



Self-Management Training

Please contact Charlene for more information and expressions of interest and training proposals charlene@healthmattersnz.com

- Flinders Model (two day workshop) 19th/20th March 2009 at the Apollo Health, Albany
- Stanford Model (four-day workshop)
- Generic Self-Management Training (three-day workshop)

Innovations Conference

Congratulations to the National Heart Foundation who won the supreme award for Project Target 450 – reduction of sodium in budget bread. Read more at:

<http://www.conference.co.nz/index.cfm/innov08/media.html> This page also includes a list of the other great projects and winners.

HINZ conference

Upcoming Conferences

1)RNZCGP Conference – Feb 09

Barbara Starfield returns to lead College Quality Symposium

Two pre-eminent speakers in their field are to lead the 2009 RNZCGP Quality Symposium.

- Professor Barbara Starfield (US), is a physician and health services researcher at Johns Hopkins University School of Population Health, (Baltimore) and a commentator and leader in promoting the value of primary care information
- Dr Maureen Baker CBE (UK), the National Clinical Leader for Patient Safety from the Office of the Chief Clinical Officer, in the National Health Service – Connecting for Health. Dr Baker is also the honorary secretary of the RCGP.

Together Professor Starfield and Dr Baker have expertise in understanding of health care systems, primary care quality, clinical practice, patient safety, clinical risk management and systems. (Primary care quality)

More information will be available shortly through ePulse and on the College website.

The symposium will be held on 13 & 14 February, 2009 at Te Papa, Wellington.

For further information, contact [Liz Walters](mailto:Liz.Walters@rcgp.org.uk), or telephone 04 496 5999.

Primary Focus - 3

24 – 26 February 2009, Westpac Stadium, Wellington, New Zealand.

This event focuses on:

- health promotion and population health
- the evolution of primary health care
- workforce and multi-disciplinary teams and innovation and the future of primary health care.

Visit: www.primaryfocus.org.nz

Subscribe/Unsubscribe

Contact: janine@webmail.org.nz

We would also appreciate info about articles,

Websites and information about local, regional or national events.

