

My Choices – My Health!

New Brunswick's Chronic Disease Self- Management initiative

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Self-management

- Effective self-management helps individuals and families cope with daily challenges.
- Goes beyond simply understanding the disease.
- Includes awareness of available resources, how to access those resources and capacity to reorganize activities of daily living.

New Brunswick's CDSM initiative

- Growing awareness of challenges faced by people who develop a chronic condition.
- Burden of costs and services on health care system.
- Better understanding of positive outcomes linked to effective self-management.
- DoH committed to implementing a CDSM initiative.

Stanford Chronic Disease Self Management Program

- Stanford University is a world leader in understanding the importance of education and support in helping people cope with a chronic condition.
- Have been researching for 24 years how best to help patients who develop a chronic condition.
- Research has led to the development of a patient support and education program called **Stanford *Chronic Disease Self Management Program***.

Stanford Chronic Disease Self Management Program

- This program has been widely studied
- Results indicate that it helps patients better manage their health, regardless of what their “disease” is.

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- Free workshop given for two and a half hours, once a week, for six weeks.
- Offered in community settings such as senior centers, churches, libraries and hospitals.
- People with different chronic mental or physical health conditions attend together.
- Facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic condition.

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- Designed to help individuals positively manage daily life challenges.
- Develop confidence to deal with health care system, handle stress, deal with emotions.
- Highly participatory approach
- Uses experience of group members and individual to generate planning.
- Uses weekly action plans, feed-back and problem solving.

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Subjects covered include:

- 1) Goal setting and problem solving;
- 2) Techniques to deal with problems such as fatigue, pain and isolation;
- 3) Fitness and healthy eating for maintaining and improving strength, flexibility, and endurance;
- 4) Dealing with difficult emotions such as frustration and fear;
- 5) Appropriate use of medications;
- 6) Communicating effectively with family, friends, and health professionals;
- 7) Evaluating new treatments.

Core self-management skills participants develop:

- Problem solving
- Decision making
- Effective use of resources
- Effective relationships with health care professionals
- Taking action

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- It is the process in which the program is taught that makes it effective.
- Workshops are highly participatory
- Mutual support and success build the participant's confidence in their ability to manage their health and maintain active and fulfilling lives.
- “Buddy system”

Evaluation process

- 2 evaluations during workshop
- Follow-up interviews 6 to 12 months following completion of program.
- Determine extent to which they are using what they have learned.
- Determine to what extent what they have learned has helped them better manage their chronic condition.

Next steps

- Offered a *Master Trainer Training* in English last February. Will offer another one in French in the fall.
- Open to all NB's non-government organizations and Regional Health Authorities.
- Training of *Leaders followed by marketing campaign + 1-800 number.*
- Goal is to establish a network of trainers (leaders) throughout the province.
- Provide training to health care professionals on approach similar to the Flinders model.

FLINDERS MODEL

- Generic set of tools and processes that enables clinicians and clients to undertake a structured process that allows for assessment of self-management behaviors, collaborative identification of problems and goal setting leading to the development of individualized care plans.
- Improves the partnership between the client and health professional(s).

FLINDERS MODEL

- Uses motivational interview techniques and leads to sustained behavior change.
- Allows measurement over time and tracks change.
- These care plans are important cornerstones in enhancing self-management in people with chronic conditions.

Comments from participants:

- *“I learned I can do anything if I start out with small steps.”*
- *“I have gotten rid of a lot of fear and panic”*
- *“It motivated me to make major positive lifestyle changes.”*
- *“I have never felt better”*

Questions

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