



Whose health is it anyway?

A Commonwealth Sharing Health Care Initiative

Newsletter No: 1 April 2002



A national approach to better self-management

Whose Health is it anyway? is one of eight demonstration projects that have been funded across Australia under the Commonwealth's Enhanced Primary Health Care Initiative. These projects will run over the next two and a half years and will evaluate different approaches to self-management of chronic disease.

The projects will target people over 50 years of age (35 for indigenous people) who are experiencing one or more of the following conditions:

- asthma
- diabetes
- arthritis
- osteoporosis
- respiratory diseases
- cardiovascular disease
- depression (in conjunction with one of these other conditions).

The Tasmanian 'Sharing Health Care' project - **Whose Health** is it anyway? was developed through a partnership between:

- Arthritis Tasmania
- Glenview Homes
- University of Tasmania Department of Rural Health
- Tasmanian Department of Health and Human Services

in consultation with a wide range of other organizations and services currently supporting people with chronic conditions.

The '**Whose Health**' project will focus on enhancing the culture of chronic disease care, and will trial community-based approaches in three pilot sites:

- **Devonport with outreach to the Mersey/Leven region:** Focusing on the needs of a regional city with a rural outreach in the north west of the state;
- **St Helens and St Marys with outreach into the Break O'Day municipality:** Focusing on specific needs of a rural and remote town in the north east of the state;
- **Glenview Homes** (an aged care facility with a high proportion of Polish clients) **and the Glenorchy Council area:** A major southern urban area.

For more information please contact:

The Project Manager
Whose Health is it anyway?

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WHO'S WHO?..The Project Staff

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LOCAL EVALUATOR: **Dr Peter Orpin**, University Department of Rural Health Tasmania

WHAT DOES THE PROJECT AIM TO DO?

The **'Whose Health is it anyway?'** project will use a very 'hands-on' and locally directed approach to create an environment that will provide practical support and information to individuals with a chronic condition as well as to their families. It will look at what services are available, what groups and information are currently being offered, and will work at a local level to build the capacity of communities to support people with chronic diseases.

Information and new skills for client

The project will provide opportunities for people with chronic conditions to update their skills and learn new techniques that will enable them to feel more in control of their chronic condition and make better use of health care services.

Peer education

Peer educators are recognised as a very valuable asset in the area of self-management and will have the opportunity to access relevant skills and training so they can use their firsthand insight and experiences in assisting others with similar conditions.

Health worker education

Education, information and support will be available to the wide range of health and community workers and GPs providing services to people with chronic conditions.

This professional development will provide an opportunity to gain up-to-date information and resources, and will encourage a reappraisal of how work practices can support and encourage clients in the self management of chronic conditions.

Sharing cooperation and communication

One of the aims of the project is to create a culture of health care and support that becomes a 'way of life' for people with a chronic condition, their families, the community and health care providers.

Through the sharing of existing skills and programs that are already working well in different areas in Tasmania, as well as introducing new approaches that have been found to work in similar communities interstate, it is an opportunity to review the current approach to managing chronic conditions and learn from other professionals.



Sharing Health Care EDUCATION OPPORTUNITIES

As part of the **'Whose Health is it anyway?'** project, the following education and training opportunities are available:

HALF-DAY SELF-MANAGEMENT WORKSHOPS:

Will provide an overview of the concepts and practice behind self-management, and showcase some local and interstate initiatives.

Devonport: Mon 6th May, 2002 (day & evening)

St Marys: Tues 7th May 2002 (day)

St Helens: Tues 7th May 2002 (evening)

Glenorchy: Thur 9th May 2002 (evening)

TWO-DAY SELF-MANAGEMENT SKILL DEVELOPMENT WORKSHOPS:

For health and community workers and GPs. Aims to develop self-management skills and strategies –designed and delivered by Flinders University, SA.

Glenorchy: Thur 9th, Fri 10th May 2002

Devonport: Tue 20th and Wed 21st August 2002

STANFORD (Lorig) LEADERS TRAINING:

A chronic disease self-management course for peer educators and health workers. Developed by Kate Lorig of Stanford University and extensively evaluated in different countries and settings.

Training is over 3 full days:

Devonport: Mon 24th – Wed 26th June 2002

Glenorchy: Mon 1st – Wed 3rd July 2002

St Marys: Mon 8th – Wed 10th July 2002

Please call your local site manager for full details and a registration form.

Whose health is it anyway? Project.

State-wide input into project

The University Department of Rural Health, Tasmania (UDRH), will oversee the Project's implementation with input from a state Steering Committee and Reference Group.

PILOT SITE MANAGERS

The pilot site managers are based in the three pilot sites and are responsible for:

- facilitating access to chronic disease self-management education and training for clients, health professionals, carers and the wider community;
- fostering the formation of local chronic disease healthcare network groups and supporting their work towards developing a culture of sharing, communication and support linking all levels of the health care environment;
- encouraging people to participate in the project and coordinating the ongoing evaluation that will take place over the two and a half years of the project, until June 2004.

STEERING COMMITTEE

Steering Committee Membership

The Steering Committee consists of representatives from the major project partners and consumers and will meet on a monthly basis, for the duration of the project.

REFERENCE GROUP

The Reference Group provides an opportunity for organisations working in the area of chronic conditions, and for consumers to have input into the project's direction, to exchange information, as well as encourage a joint approach in future developments in the area of chronic conditions and self-management. The Reference Group will meet quarterly for the duration of the project, and had its first meeting on 6th November 2001.

Membership

Membership is drawn from key agencies and stakeholders and includes: Consumer and ethnic groups representation; Arthritis Tasmania, National Heart Foundation, Diabetes Tasmania, Asthma Tasmania, Tasmanian General Practice Divisions Ltd, Southern Division of General Practice, GP North and NW Division of General Practice, Pharmaceutical Society of Australia, the University Department of Rural Health, Tasmanian Department of Health and Human Services, and Commonwealth Department of Health and Ageing.

RESEARCH UPDATE

Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalisation – a randomised trial

Kate R Lorig RN DrPh, David S Sobel MD, MPH, Anita L Steward PhD, Byron William Brown Jr PhD, Albert Bandura PhD, Philip Ritter, PhD, Virginia M Gonzalez MPH, Diana D Laurent MPH and Halsted R Holman MD

METHODS

The study was a six-month randomized, controlled trial at community based sites comparing treatment subjects with a wait-list of control subjects. Participants were 952 patients 40 years of age or older with a physician-confirmed diagnosis of heart disease, lung disease, stroke or arthritis. Health behaviours, health status, and health service utilisation, as determined by mailed, self-administered questionnaires, were measured.

RESULTS

Treatment subjects, when compared with control subjects, demonstrated improvements at six months in weekly minutes of exercise, frequency of cognitive symptom management, communication with physicians, self-reported health, health distress, fatigue, disability, and social/role activities limitations. They also had fewer hospitalizations and days in hospital. No differences were found in pain/physical discomfort, shortness of breath, or psychological well-being.

Extract from Medical Care Journal Vol 37, Number 3 pp 5-14

What is self-management?

1. Knowledge and understanding about the condition(s).
2. Active involvement with health workers in decisions made in relation to the treatment and management of the condition(s).
3. Following a treatment regime - agreed upon with the doctor(s) and health care providers, and the use of tools to facilitate/support this (eg, care plans).
4. The recognition of, and monitoring of symptoms associated with the condition(s) and taking appropriate action to manage and cope with the symptoms.
5. The management of the physical, emotional and social impact of the condition(s) on a person's life.
6. The adoption of a lifestyle that promotes good health and does not worsen the symptoms or the impact of the condition.



Whose Health is it anyway?
PROJECT OBJECTIVES

OBJECTIVE 1

To improve the health related quality of life of people with chronic conditions through increased self-management.

OBJECTIVE 2

To improve the awareness, understanding, promotion and utilization of client self-management approaches among health providers dealing with clients with chronic conditions. The focus is on the full range of health providers not just GPs.

OBJECTIVE 3

To improve the capacity, effectiveness and efficiency of local health care infrastructure by building networks of communication, coordination and collaboration among clients, their families and carers, health professionals, NGOs and community organisations.

OBJECTIVE 4

To contribute to the evidence base around the implementation of self-management programs.

RESOURCES

Visit the Commonwealth Dept of Health and Ageing's website

<http://www.health.gov.au/pubhlth/chronic/index.htm> for information on:

- Other Australian demonstration projects
- Chronic disease self-management conference proceedings
- Education courses
- Chronic Disease self-management guidelines

We are building up a library of materials, books, articles, videos, etc

CONTACT DETAILS

Would you like to be on our Mailing List?

Have your contact details changed?

If so – please let us know, so that we can update our records.

Name:

Organisation:

Address:

Telephone:

Fax:

Email:

Fax this page back to us on 03 6277 8860

We welcome your feedback and contributions

If you have any comments or suggestions about our newsletter please do not hesitate to contact us. Or if you have something we may use in our future newsletters, please let us know.

If you would like more information on something you have read in this newsletter please contact us on 03 6277 8804.

