

Evivo – supporting health literacy and chronic illness self-management

Program principles, early experiences and preliminary findings on the Stanford self-management program CDSMP in Austria and Switzerland

Dr. Jörg Haslbeck, Careum Foundation, Copenhagen April 13th 2012 and Zurich November 12th 2012

Agenda

- Reminder self-management support
- Stanford model supporting health literacy in chronic illness
- Cross-border adaptation/adoption for Switzerland and Germanspeaking countries
- Early insights and first experiences
- Closing thoughts



«Self-management context»

What is self-management? And why important?

In a nutshell... – a summary from Kate Lorig

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Die Gesundheitswelt der Zukunft denken



www.evivo.ch

How should we define health?

Last year's debate in public health

Some authors are asking for a new perspective of our understanding of health:

«... health, as the ability to adapt and to self-manage»

Huber et al. BMJ (2011), 343:d4163

BMI

ANALYSIS

How should we define health?

The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. Machteld Huber and colleagues propose changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges

Machteld Huber senior researcher¹, J André Knottnerus president, Scientific Council for Government Policy 1, Lawrence Green editor in chief, Oxford Bibliographies Online-public health1, Henriëtte van der Horst bead 1. Aleiandro R. Jadad professor*. Daan Krombout vice president, Health Council of the Netherlands⁴, Brian Leonard professor², Kate Lorig professor⁴, Maria Isabel Loureiro coordinator for health promotion and protection*, Jos W M van der Meer professor**, Paul Schnabel director 11 Richard Smith director 2 Chris van Weel head 3 Henk Smid director

Louis Bolk Institute, Department of Healthcare and Nutrition, Hoofdstraat 24, NL-3972 LA Driebergen, Netherlands; 'Opportment of General Fractice, Maastricht University, Scientific Council for Government Policy Posibus 20004, NL-2500 EA The Hague, Netherlands, ^{*}Department of Epidemiolog and Biostatistics, School of Medicine, University of California at San Francisco, USA "Department of General Practice, VU Medical Center Amsterdam, Netherlands; *Centre for Global eHealth Innovation, Toronto General Hospital, Toronto, Canada; *Cepartment of Public Health Research Wageningen University, The Hague, Netherlands, "Pharmacology Department, National University of Ireland, Galeay, Ireland, "Stanford Patient Education Research Center, Palo Alto, CA, USA; "National School of Public Health/New University of Lisbon, Portugat, "General Internal Medicin Radboud University Nilmegen Medical Centre, Nilmegen, Netherlands: "Netherlands Institute for Social Research, The Hague, Netherlands: IntedHealth Chronic Disease Initiative, London, UK; "Department of Primary and Community Care, Radboud University Nijmegen Medical Carrins: *Netherlands Crosenisation for Health Research and Development, The Hague, Netherlands

The current WHO definition of health, formulated in 1948. social well-being and not merely the absence of disease or infirmity." At that time this formulation was groundbreaking because of its breadth and ambition. It overcame the negative definition of health as absence of disease and included the physical, mental, and social domains. Although the definition has been criticised over the past 60 years, it has never been nan neven necessary over one pass to years, it was never necessariant and aptend. Criticism is now intensifying. 22 and as populations age and the pattern of illnesses changes the definition may even be counterproductive. The paper summarises the limitations of the WHO definition and describes the proposals for making it more productives and the nature of disease have changed considers. useful that were developed at a conference of international health experts held in the Netherlands.⁶

Limitations of WHO definition

Most criticism of the WHO definition concerns the absoluteness of the word "complete" in relation to wellbeing. The first problem is that it unintentionally contributes to the medicalisation of society. The requirement for complete health 'would leave most of us unhealthy most of the time." It therefore supports the tendencies of the medical technology and drug industries, in association with professional organisations, to redefine diseases, expanding the scope of the healthcare

system. New screening technologies detect abnormalities at companies produce drags for "conditions" not previously defined as health problems. Thresholds for intervention tend to be lowered—for example, with blood pressure, lipids, and sugar. The pensistent emphasis on complete physical wellbeing could lead to large groups of people becoming eligible for screening or for expensive interventions even when only one person might benefit, and it might result in higher levels of medical dependency and risk.

populations and the nature of disease have changed considerably In 1948 acute diseases presented the main burden of illness and chronic diseases led to early death. In that context WHO articulated a helpful ambition. Disease patterns have changed with public health measures such as improved nutrition, hygiene, and sanitation and more powerful healthcare interventions. The number of people living with chronic diseases for decades is increasing worldwide; even in the slums of India the mortality pattern is increasingly burdened by chronic diseases.

Ageing with chronic illnesses has become the norm, and chronic diseases account for most of the expenditures of the healthcare system, putting pressure on its sustainability. In this context the

Empowering citizens, clients and health care users

Co-producing health and co-designing systems

"When we want your opinion we'll give it to you"



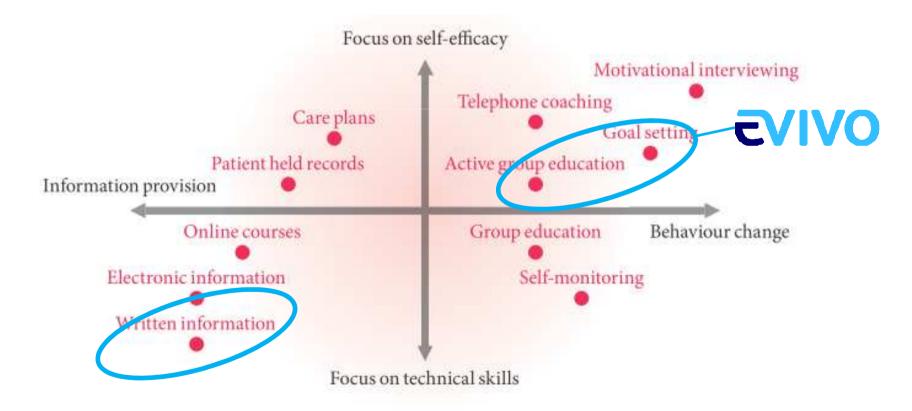
"I'm sorry doctor, but again I have to disagree"



Providing information and supporting skills

No ,one-size-fits-all' – a variety of approaches needed

«Self-management works ... proactive strategies work best»

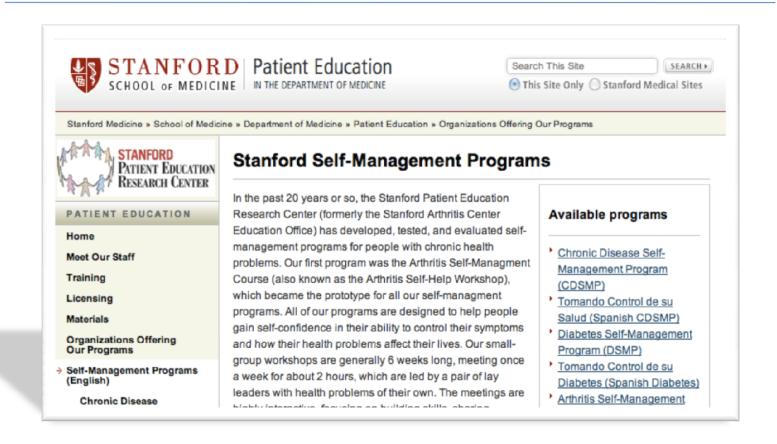


«Adaptation and implementation»

Cross-border adaptation and adoption of the Stanford model for / in Switzerland, Germany, and Austria

Stanford model

Chronic Disease Self-Management Program (CDSMP)



What is the CDSMP

Community course for people with various diseases & significant others

- 6 weeks long
- Each week's session about 2,5 hrs
- Led by two peer leaders
- Based on manual and supplementary book
- Evidence-based and disseminated to various countries



International examples «CDSMP» in Europe



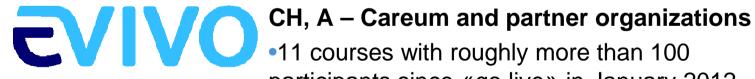
UK – e. g. Expert Patients Programme CIC

 About 80'000 participants in EPP courses between 2007 and 2010



DK – Danish Committee on health education

 About 2'500 participants annually in courses run by municipalities



participants since «go live» in January 2012

Studies and pilots also in Australia, the Netherlands, China and Kanada

Improving health literacy in chronic illness

«e» for empowerment – «vivo» for living a healthy and ætive life



An evidence-based Stanford self-management program

Kurs: «Gesund und aktiv mit Krankheit leben»

EVIVO



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From CDSMP to Evivo

Adapting course material and manuals 2010/2011

- Expert <u>and</u> patient review
- Pilot leaders training May 2011
- Integrating CDSMP experiences
 Suisse Romande 2011/2012
- Establishing pioneer partnerships
- Continuous dialogue with ENOPE members and Stanford



Evivo Pioneer Partnerships

Joining efforts in course delivery and implementation





















Setting examples of Evivo

Integrating self-management support in various settings

Community, independent counselling







Leben Sie selbst, lebt ein Mitglied Ihrer Familie oder jemand aus Ihrem Bekannten- und Freundeskreis mit einer chronischen Krankheit wie Diabetes, Migräne, Allergien, einer Herz-Kreislauf-Erkrankung, Wirbelsäulenbeschwerden oder einer anderen, vielleicht seltenen Krankheit? Lernen Sie in einem Evivo Kurs neue Möglichkeiten kennen, den Alltag aktiv und gesundheitsbewusst zu gestalten.

Local services, home care



Leben mit Langzeiterkrankung

₹VIVO - Gesund und aktiv mit Krankheit leben

Sind Sie von einer chronischen Krankheit betroffen? Oder kennen Sie jemand in Ihrer Familie oder aus Ihrem Bekanntenkreis mit Beschwerden wie z. B. Herz-, Lungen- und Kreislauferkrankungen, Diabetes, Osteoporose, rheumatische Erkrankungen oder anderen Beeinträchtigungen? Solche Langzeiterkrankungen können zwar nicht geheilt werden. Der Alltag lässt sich trotzdem besser bewältigen als Sie vielleicht denken. Gönnen Sie sich diesen Kurs.

In exklusiver Partnerschaft mit der Careum Stiftung und Spitex Zürich führen wir im Projekt Leila Evivo Gruppenkurse durch. Im sechsteiligen Evivo Kurs werden die Teilnehmenden ermutigt und befähigt, aktiv mit chronischen Gesundheitsbeschwerden umzugehen. Der Kurs richtet sich an Betroffene und Angehörige.

Evivo - ein wissenschaftlich geprüftes Stanford Selbstmanagement Programm

Informationsveranstaltung

Spitex Zürich Limmat Zentrum Rigiplatz Winterthurerstrasse 25 8006 Zürich Anmeldung siehe Rückseite

Dienstagabend, 24. April 2012 19.00 bis 20.00 Uhr

Evivo Abendkurs

Spitex Zürich Limmat Zentrum Rigiplatz Winterthurerstrasse 25 8006 Zürich Anmeldung siehe Rückseite

Kursdaten

6 × jeweils am Dienstagabend 19.00 bis 21.30 Uhr

08. Mai 2012

15. Mai 2012

22. Mai 2012

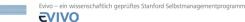
29. Mai 2012

05. Juni 2012

12. Juni 2012

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Starting in 2013: Evivo in the Suisse Romandie

Partnership with cantonal diabetes program Vaux



«Stanford model – content and principles»

Key elements of Stanford self-management programs

Content of Evivo / Stanford programs

Structured and systematic sharing of experiences | supporting skills



«The course supports patients to live an active life and to be engaged in decisions about their care. It empowers them to take-up responsibility..»

An Evivo participant

Providing information...

- Symptom- / medication management
- Fatigue
- Relaxation / exercise activities
- Healthy eating
- Communicating with family, friends, and/or health professionals
- ... and supporting skills
- Problem solving
- Action planning and goal setting
- Decision making
- Using resources

«Activity – Stanford live»

Key elements and principles

Systematic ,peer approach' - manuals - goal setting & action planning

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- Structured manuals
- «role modeling» of peers as course leaders living with chronic illness
- Systematic exchange of experiences
- Techniques: brainstorming, problem solving
- Making an action plan each week, individual goal setting
- Self-tailoring of tools and strategies

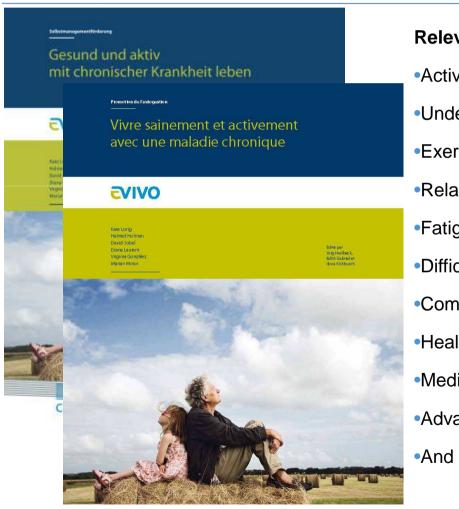


«health information»

Lorig's book on "Living a healthy life with chronic conditions" Dialogue health's "WIE? SO!"

Supplemental book in German and French

Lorig's book - based on research, developed/adapted with patients



Relevant health information on i.e.:

- Active self-management
- Understanding and managing symptoms
- Exercise
- Relaxation
- Fatigue
- Difficult emotions, depression
- Communication
- Healthy eating
- Medication management
- Advanced directive
- And many others

Collaboration and ,patient' engagement

Adapting Lorig's book: structural aids, clarity, «warm language»

"Das also ist des Pudels Kern."

Der erste und wichtigste Schritt, um ein Probler solches zu erkennen. Gleichzeitig ist das oft am man sogar, dass das Treppensteigen ein Problen herauszufinden, warum – etwa die Angst zu stür

Ideen sammeln

Sobald Sie das Problem erkannt haben, sammel die zu seiner Lösung beitragen. Stellen Sie selbs sammen, aber fragen Sie auch andere um Rat Fachpersonen, Beratungsangebote usw.). Ein Tig schreiben Sie Ihre Probleme so genau wie mög besten helfen. Es macht beispielsweise einen gro

Marginal text – useful for «skimming», loosening up, ,Eye-Catcher' for important messages

Adapted and optimized figures

Website evivo.ch

For course participants, leaders, stakeholder

Evivo Aktuelles Evivo Veranstaltungen Evivo Angebote Evivo Kompetenzcenter
Neues rund um Evivo Alle Termine auf einen Blick Evivo Kurse und Bücher Fachinformationen und Netzwerk

Herzlich Willkommen bei Evivo!

Viele Menschen haben eine oder mehrere chronische Krankheiten und nicht wenige leben mit Behinderungen. Evivo ist für diese Menschen und ihre Angehörigen. Evivo unterstützt Sie, mit chronischen Krankheiten und Behinderungen gesund und aktiv zu leben.



In diesem Portal finden Sie alles rund um das Evivo Programm der Careum Stiftung und ihrer Partnerinnen und Partner.



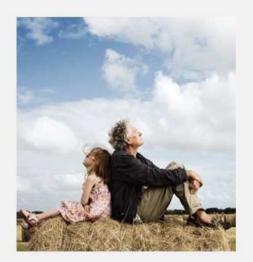
Sie interessieren sich für einen Evivo Kurs? Unter «Angebote» finden Sie alle Kurszeiten, wo die Kurse stattfinden, wer sie anbietet und von wem sie geleitet werden.



Sie brauchen Informationen, wie man Selbstmanagement bei chronischer Krankheit fördert? Im Kompetenzcenter werden Sie fündig.



Für Ideen und Fragen haben wir jederzeit ein offenes Ohr. Schreiben Sie uns unter patientenbildung[@]careum.ch, rufen Sie uns an: +41 43 222 64 00 oder einfach per Skype: careum_patientenbildung.



Swiss Wellness-Guide "Wie? So?"

A ,bottom-up' community project

Health information based on needs of community members especially being better informed along "life and life-events"

- Printed booklet
- Education on health and life-long learning
- Based on wellness-guide licence of Health Research for Action University, Berkeley CA



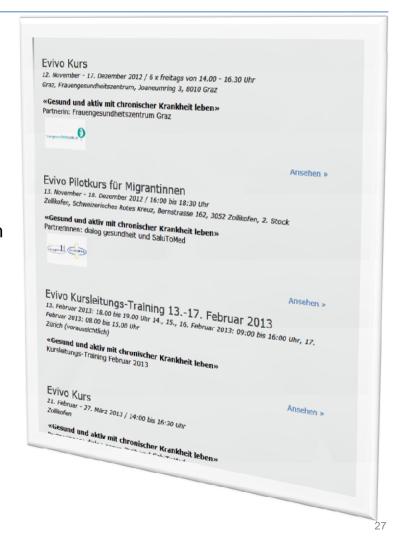
«Early insights, first experiences»

Examples and preliminary findings from Switzerland and Austria

Evivo – How many courses? Who participates?

Courses and trainings since January 2012

- Currently 11 courses in CH/A (in 2012)
- Currently about 100 participants, mainly (90%), 1-2 family members per course
- Age range 20 up to 80 years
- Broad range of chronic conditions:
 - diseases related to musculoskeletal system
 - neurological disease
 - respiratory diseases
 - psychological diseases
 - cancer
 - gastro-intestinal diseases
- 3 trainings of leaders A/CH/D (n=36)



What did Swiss and Austrian participants say?

Early findings from focus groups (spring and summer 2012)

Patient-provider-communication

«We have been encouraged to speak with the physician and to ask questions. If you do not ask questions how can he know what our problems are and why we feel bad?»

Group experience

«The group has encouraged me to turn my plans and wishes into a reality.»

«Terrific when patients and family members can participate in the same course. Helps a lot!»

Motivation and «role modelling»

«It was helpful and motivating that the leaders also had a chronic condition.»

«When I saw the announcement I was thinking "Great, this is it!" and in the course you noticed "Everybody has something»



«Since the course I do my action plans consistently. And if I don't do them, I am actually missing something.»

A participating woman

Evivo – early findings (cont.)



Becoming aware of scope and limits

«[the] course, book, and exchange helped us to figure out what we can do by ourselves and where the limit is. The course helped us to use that scope and to start with our individual pathway.»

Adherence and coping

One participant had stopped taking her medication; after more than 8 years she still could not believe she was ill. During the course her action plan becomes: «I will follow my regimen again!»

Book as a resource and supplement

«I really did like the book! Everything you need to know is in there, isn't it? And it is so well written and easy to understand.»



Closing thoughts

About to start

Link to specific settings – vulnerable and hart-to-reach groups



Evivo course for migrant women

November/December 2012, Bern

Partner: SaluToMed AG, dialog gesundheit

Kick-off in November 2012

Evivo pilot for migrant women coming from different countries; course run in German

- Access to participants via gate keepers and champions in communities
- Engaging participants in program development

Lots to be done – joining efforts

Stanford model seems to work in Germanspeaking countries and Switzerland.

However, it appears to be useful to

- •join efforts and work with (inter-)national partners towards sustainability.
- •be flexible within a fixed framework to bring in new perspectives.
- •link it with existing approaches to create an attractive, pervious stream of programs.
- •(re-)focus on diversity and hard-to-reach groups.

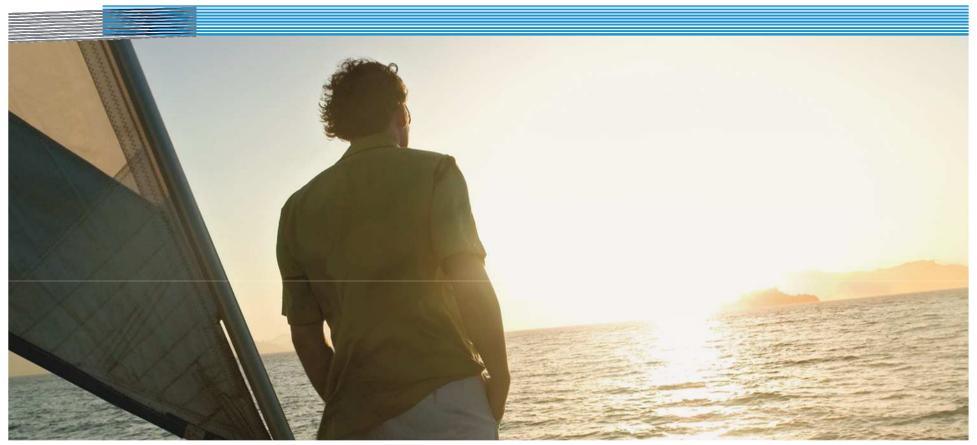




Thank you

Die Gesundheitswelt der Zukunft denken

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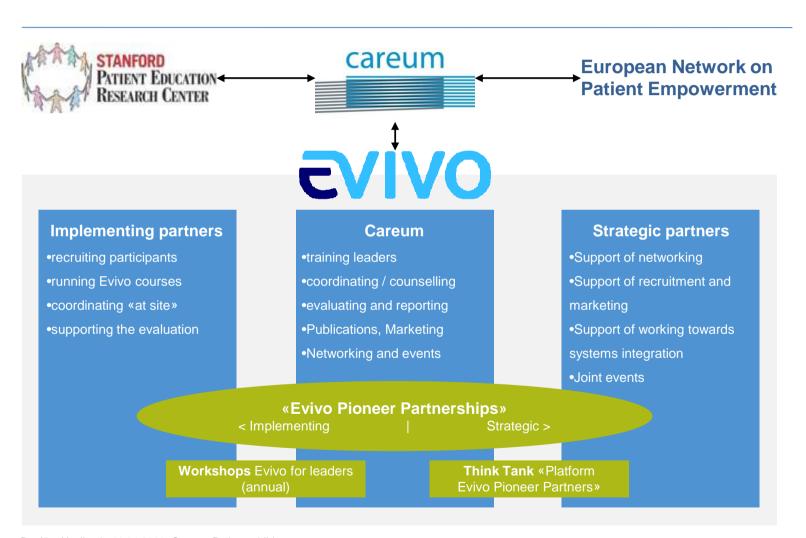
Thinking about the future of health and care

Careum Foundation

As an independent non-profit-organization, one of Careum's principles is to improve patient skills and participation. The patient's view must be an integral part of all education and training in healthcare. Patient education as well as self-management support must be standard in healthcare education and training.

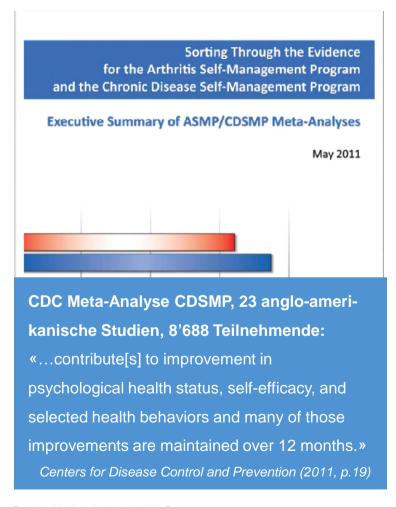
Innovative partnering approach

Building a network and joining efforts for a sustainable implementation



Evidenz zum Stanford Modell

«CDSMP – wesentlicher Beitrag zur Förderung von Public Health»



Signifikant positiver Einfluss*

- Selbstwirksamkeit
- Wohlbefinden (psych. health status)
- Erschöpfungszustand (Fatigue)
- Kognitives Symptommanagement
- Bewegung (Ausdauer, Dehnung)
- Kommunikation Fachpersonen (Arzt)
- Selbsteinschätzung Gesundheit (6 Mo.)
- Soziale Teilhabe