

The Peer-Led Self-Management of Chronic Illness Project

A randomised controlled trial conducted in Victoria, Australia to test the hypothesis that people with chronic illness from culturally and linguistically diverse populations benefit from self-management programs.

Authors

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Aim

To bring together the experience and knowledge of people with chronic illness from culturally and linguistically diverse backgrounds, their families and health professionals to systematically develop a person's capacity for self-management.

Hypothesis

That people from lower socioeconomic backgrounds who engage in peer-led self-management strategies will achieve better health outcomes, improved levels of individual satisfaction and reduced health services.

Sampling & Randomisation

A total sample of 474 participants was recruited with the following characteristics:

- confirmed diagnosis of chronic illness or affected by chronic pain.
- over the age of 18 years.
- from Italian, Greek, Vietnamese or Chinese background.
- live in selected Victorian local government areas.

Participants were assigned to either the control group or intervention group using stratified random assignment on a 2:1 ratio.

Intervention

The intervention to investigate the research hypothesis was the Chronic Disease Self-Management Program (CDSMP) designed by Stanford Patient Education Research Centre. Each program is taught by a pair of trained Peer-Leaders – one or both of whom have a chronic illness.

The program was delivered over 6 weeks (2 1/2 hours/week), with 10 to 15 people with chronic conditions attending each program.

The CDSMP includes the following topics:

- symptom management;
- problem solving;
- dealing with the emotions of chronic illness (anger and depression);
- exercise and relaxation;
- use of medication; healthy eating; and
- communication skills (with friends, family, and health care providers).

Evaluation Variables

Process evaluation

- Calls to Language Specific Information Lines (LSIL)
- Profile of participants calling LSIL
- Attendance at information session
- Consenting participants at information sessions
- Program Attendance
- How participants found out about program

Outcome

- Participants' health status (pre/post test)
- Participants' levels of self-efficacy (pre/post test)
- Participants' service use (monthly)

Economic:

- Participants' service use (monthly)
- Participant demographics & socioeconomic status (post test)

Data Collection

In terms of evaluation of the outcome variables, quantitative data was collected using the following forms:

- Registration Form
- Health Status Form
- Service Usage Form

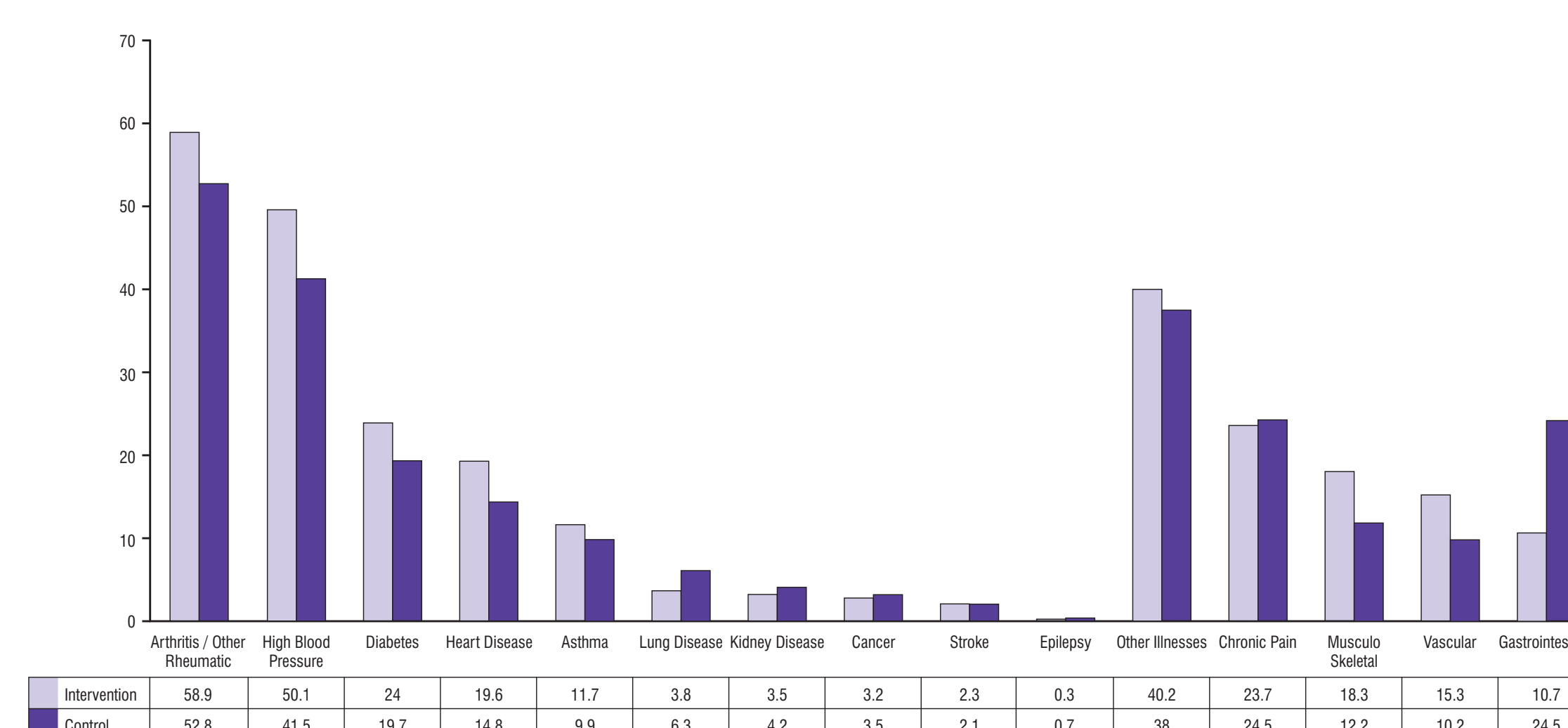
All of the evaluation forms were translated and back translated for accuracy. For participants who experienced literacy and numeracy difficulties, face-to-face interviews were primarily used for pre-test data collection (i.e. at an information session) and post-test data collection (i.e. group reunion meeting).

Monthly service use was collected by mail with participants self-completing forms

Total No. Participants	474 (320 intervention, 154 control)
Mean age	66.4 years
Females	72.8%
Language Spoken at Home:	
Chinese	21.5%
Greek	18.1%
Italian	26.7%
Vietnamese	33.7%

Types of Illnesses

Reported illnesses include: arthritis (57.1%), high blood pressure (47.6%), chronic pain (23.9%) and diabetes (22.8%).



Overall outcomes

Variable	Control	Intervention	Significance
Energy	1.87	2.13	***
Health Distress	1.5	1.29	*
Disability	1.2	1.2	
Act Limits	1.84	.87	
Illness Intrusiveness	3.07	2.8	
Depression	1.05	1.02	
Self-efficacy	6.13	7.29	***
Exercise	.82	1.01	***
Cognitive Symptom Management	1.3	1.91	***
Pain	4.69	3.69	***
Short breath	1.95	1.85	
Fatigue	4.54	3.94	**
Self Rated Health	3.81	3.5	***

Group Outcomes

	Greek	Italian	Vietnamese	Chinese
Health Distress		***	***	***
Activity Limitation			***	
Self-efficacy			***	**
Cognitive Symptom Management	***		***	***
Pain Severity			***	**
Fatigue			***	**
Depression	*			
Illness Intrusiveness			***	
Self Rated General Health			***	

Conclusion

- High levels of satisfaction
- Overall improvement in health outcomes
- No impact on service use
- Differences across language groups
- Sustainability needs investigation
- Some results are equivocal
- Overall, self-management can be integrated into care for chronic illnesses

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