POSTER ABSTRACT

The effects of a self-management programme (Stanford model) on adults in County Donegal with long term health conditions

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Introduction: Approximately 40% of Irish people have a long term health condition (LTHC), and as our population ages, LTHC’s are becoming a greater challenge for the Irish Healthcare Service Executive, (HSE) each year. Self-management programmes for people with conditions have been shown to improve participants health behaviours, health outcomes and reduce healthcare utilization. The HSE framework for self-management support (2016) recommended adopting generic chronic disease self-management programmes (CDSMP) based on the Stanford model to help tackle the burden of chronic disease on both the individual and the health service.

Objective: The purpose of the study was to evaluate the effectiveness of the Stanford CDSMP on adults in County Donegal with LTHCs. The parameters evaluated were health status and behaviours, self-efficacy and healthcare utilization.

Methods: Adults in County Donegal with LTHCs (n=39) attended a six week generic Stanford CDSMP. A mixed quantitative and qualitative research design was used, with matched pre and post-testing to allow comparison between participant’s health markers before and after participation in the programme. Validated measurement tools and wilcoxon signed ranks and paired t-tests were used to examine and analyse health status and behaviours, quality of life, self-efficacy and healthcare utilization.

Results: 39 participants with LTHC’s were included in the study, the average age was 57 years and the majority (77%) was female. In line with previous studies in the area, this study showed improvements in many aspects of participant’s health markers six months following completion of the programme.

There were improvements in participant’s self efficacy, evidenced by increased confidence to manage their condition (p=0.005) and to perform other self-management tasks in addition to taking medication (p=0.06). The impact of participant’s LTHC on their mood and feelings of hopelessness lessened (p=0.03), with improved concentration levels (p=0.01), and reduced levels
of restlessness (p=0.006). Socially, there were improvements in ability to work (p=0.04), socialise (p=0.01), partake in hobbies/ recreational activities (p=0.03) and carry out household chores (p=0.01). Adherence to medication protocol improved (p=0.0001) and there was a statistically significant reduction in the number of overnight hospital occurrences (p=0.03). Although there was a reduction in the number of GP and A&E visits, this reduction was not statistically significant (p=0.192).

**Conclusion**: The findings of this current study are in line with previous research, and provide encouraging evidence that the CDSMP helps tackle the burden of chronic disease on individuals and the health service in County Donegal. This provides the background for further research in rural Ireland, particularly in view of the fact that the HIQA report (2015) has recommended that the HSE prioritise investment in self-management-programmes for patients with LTHC’s. Recommendations for further research include follow-up beyond six months, the inclusion of greater numbers and more men in the programme, the use of simpler, shorter questionnaires, and increased engagement with HSE clinicians prior to the programme.

**Keywords**: stanford cdsmp; self-management; long term health conditions; donegal