

Self-Management Support: Summary of Literature

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SELF-MANAGEMENT/SELF-CARE/EFFECTIVENESS

Ahmad N, Ellins J, Krelle H, & Lawrie M. (2014). *Ideas into action: person-centred care in practice*. London: The Health Foundation. [Full text](#)

This report aims to inform health care professionals, commissioners and providers about what to consider when implementing shared decision making and self-management support as part of their drive to make person-centred care a reality.

Battersby M, Von Korff M, Schaefer J, Davis C, Ludman E, Green SM, et al. (2010). Twelve evidence-based principles for implementing self-management support in primary care. *Joint Commission Journal on Quality and Patient Safety* 36(12): 561-570. [Full text](#)

This article provides 12 evidence-based principles to improve self-management support for people with chronic conditions in primary care settings. Principles are provided on the basis of expert opinion supported by evidence from reviews and meta-analyses. A framework is provided for implementing the 12 principles in three phases of the primary care visit.

Bycroft JJ, & Tracey J. (2006). Self-management support: A win-win solution for the 21st century. *New Zealand Family Physician* 33(4): 243. [Full text](#)

This article justifies the need for self-management support in New Zealand, and presents practical solutions for enabling and encouraging self-management in a general practice setting.

Carrier J, Doolan-Noble F, Gauld R, & Budge C. (2014). New Zealand patients' perceptions of chronic care delivery. *Journal of Integrated Care* 22(2): 71-80.

This paper compares findings from two New Zealand studies on care coordination for patients with chronic conditions and discusses the implications of the results. Despite government investment in care coordination for long-term conditions, there has been little change in the nature of service delivery from the patient perspective. This paper highlights the shortcomings of simply providing additional funding for care coordination, without built in accountabilities, no planned evaluation and no concerted focus on what the model of care should look like.

Collins A. (2014). *Measuring what really matters*. London: The Health Foundation. [Full text](#)

The paper describes the principles of person-centred care and the activities that a person-centred system should undertake in different contexts. It then describes how to think about constructing measurement systems for use in each of these contexts. The paper also describes the core constituents of person-centredness to demonstrate the steps that could be followed in order to develop a coherent measurement system.

Flanagan P, Moffat J, Healey K, & Moffitt A. (2013). *Learnings from a project to develop a generic self-management care plan for long term conditions*. Auckland: Alliance Health Plus. [Full text](#)

This report provides a summary of the activities and learnings of a year-long project that aimed to explore whether Taking Control (a co-designed care plan to support self-management of cardiovascular risk) could be used more broadly by primary health care teams to provide a structure to support care-planning for other long term conditions. It also sought to identify gaps and key components within Taking Control that could form the basis of a generic self-management care plan, as well as the related practice implementation issues.

MacLeod G, Chan WC, Winnard D, & Papa D. (2014). *People identified with selected long term conditions in CM Health in 2013*. Auckland: Counties Manukau Health.

This report updates previous analysis on 2011 data of the number and prevalence of adults identified with selected long term conditions (LTC) in the CM Health population.

Panagioti M, Richardson G, Small N, Murray E, Rogers A, Kennedy A, et al. (2014). *Self-management support interventions to reduce health care utilisation without compromising outcomes: a systematic review and meta-analysis*. *BMC Health Services Research* 14(1): 356. [Full text](#)

This paper uses a systematic review with meta-analysis to determine which models of self-management support are associated with significant reductions in health services utilisation without compromising outcomes among patients with long-term conditions. It concludes that self-management support interventions can reduce health service utilisation without compromising patient health outcomes, although effects were generally small, and the evidence was strongest in respiratory and cardiovascular disorders.

Richardson J, Loyola-Sanchez A, et al. (2014, April 30). *Self-management interventions for chronic disease: a systematic scoping review*. *Clinical Rehabilitation* [Epub ahead of print]. DOI: 10.1177/0269215514532478

This systematic scoping review investigates the contributions of physiotherapy and occupational therapy to self-management interventions and the theoretical models used to support these interventions in chronic disease. It concludes that physiotherapists and occupational therapists make moderate contributions to self-management interventions.

Rotheram-Borus MJ, Ingram BL, et al. (2012). *Adoption of self-management interventions for prevention and care*. *Primary Care: Clinics in Office Practice* 39(4): 649-660. [Full text](#)

This paper argues that self-management interventions (SMIs) improve health-related quality of life, reduce health care costs, and prevent progression of chronic conditions. It identifies five elements of SMIs: activating motivation, applying information, developing skills, acquiring environmental resources, and building social support. Development of self-management competence is conceptualised in three phases: interventions must be tailored to the phase. The article discusses delivery vehicles for SMIs.

Hoff KE, Sawka-Miller KD. (2010). *Self-management interventions*. *Practical handbook of school psychology: effective practices for the 21st century*: 337-352. [Book chapter]

Mills SL, Pumarino J, et al. (2014). Understanding how self-management interventions work for disadvantaged populations living with chronic conditions: protocol for a realist synthesis. *BMJ Open* 4(7): e005822. [Protocol]. [Full text](#)

This paper describes the protocol for a synthesis of evidence on self-management interventions for disadvantaged populations living with chronic conditions, with a focus on the key mechanisms in operation.

Millard T, Elliott J, et al. (2014). The positive outlook study – a randomised controlled trial evaluating the effectiveness of an online self-management program targeting psychosocial issues for men living with HIV: a study protocol. *BMC Public Health* 14(1): 106. [Protocol]. [Full text](#)

This protocol describes the design and evaluation of Positive Outlook, an online program aiming to enhance the self-management skills of gay men living with HIV. Results of the Positive Outlook study will provide information regarding the effectiveness of online group programs improving health related outcomes for men living with HIV.

McGillion M, Sheila O, et al. (2014). Impact of self-management interventions on stable angina symptoms and health-related quality of life: a meta-analysis. *BMC Cardiovascular Disorders* 14(1): 14. [Full text](#)

This paper uses meta-analysis to assess the effectiveness of self-management interventions for improving stable angina symptoms, HRQL and psychological well-being. It concludes that self-management interventions significantly improve angina frequency and physical limitation; they also decrease the use of SL nitrates and improve depression in some cases.

Nolte S, Osborne RH. (2013). A systematic review of outcomes of chronic disease self-management interventions. *Quality of Life Research* 22(7): 1805-1816. [Full text](#)

This paper offers a systematic review of programme outcomes used in the evaluation of group-based self-management interventions aimed at people with arthritis and other chronic conditions. Conclusions suggest that people with arthritis receive only marginal benefits from participating in chronic disease self-management interventions.

Jaramillo A, Welch VA, et al. (2013). Prevention and self-management interventions are top priorities for osteoarthritis systematic reviews. *Journal of Clinical Epidemiology* 66(5): 503-510. e504. [Full text](#)

This paper identifies high-priority research questions for osteoarthritis systematic reviews with consideration of health equity and the social determinants of health. It finds that prevention and self-management interventions, mainly diet and exercise, are top priorities for osteoarthritis systematic reviews.

Lorig KR, Sobel DS, Stewart AL, Brown BW, Bandura A, Ritter P, et al. (1999). Evidence suggesting that a chronic disease self-management program can improve health status while reducing hospitalization: a randomized trial. *Medical Care* 37(1): 5-14. [Full text](#)

This study evaluated the effectiveness of a self-management programme for chronic disease designed for use with a heterogeneous group of chronic disease patients. It also explored the differential effectiveness of the intervention for subjects with specific diseases and comorbidities. It found that an intervention designed specifically to meet the needs of a heterogeneous group of chronic disease patients, including those with comorbid conditions, was feasible and beneficial beyond usual care in terms of improved health behaviours and health status. It also resulted in fewer hospitalisations and days of hospitalisation.

Ditewig JB, Blok H, et al. (2010). Effectiveness of self-management interventions on mortality, hospital readmissions, chronic heart failure hospitalization rate and quality of life in patients with chronic heart failure: a systematic review. *Patient Education and Counseling* 78(3): 297-315. [Full text](#)

This systematic review examined the effectiveness of self-management interventions compared to usual care on mortality, all-cause hospital readmissions, chronic heart failure hospitalisation rate and quality of life in patients with chronic heart failure. It found that current available published studies show methodological shortcomings impairing validation of the effectiveness of self-management interventions.

Jovicic A, Holroyd-Leduc JM, et al. (2006). Effects of self-management intervention on health outcomes of patients with heart failure: a systematic review of randomized controlled trials. *BMC Cardiovascular Disorders* 6(1): 43. [Full text](#)

The objective of this systematic review was to determine the effectiveness of self-management interventions on hospital readmission rates, mortality, and health-related quality of life in patients diagnosed with heart failure. It found that self-management programs targeted for patients with heart failure decrease overall hospital readmissions and readmissions for heart failure.

Osborne RH, Elsworth GR, et al. (2007). The Health Education Impact Questionnaire (heiQ): an outcomes and evaluation measure for patient education and self-management interventions for people with chronic conditions. *Patient Education and Counseling* 66(2): 192-201. [Full text](#)

This paper describes the development and validation of the Health Education Impact Questionnaire (heiQ). The aim was to develop a user-friendly, relevant, and psychometrically sound instrument for the comprehensive evaluation of patient education programs, which can be applied across a broad range of chronic conditions. It concludes that the heiQ has high construct validity and is a reliable measure of a broad range of patient education programme benefits.

Sadler E, Wolfe CDA, McKeivitt C. (2014). Lay and health care professional understandings of self-management: a systematic review and narrative synthesis. *Sage Open Medicine* 2. DOI: 10.1177/2050312114544493. [Full text](#)

This paper uses a systematic review and narrative synthesis of qualitative studies to compare lay and healthcare professional understandings of self-management of long-term conditions. It concludes that self-management is conceptualised by health care professionals as incorporating both a biomedical model of compliance and individual responsibility. Lay people understood self-management in wider terms, reflecting biomedical, psychological and social domains and different expectations of responsibility. In different ways, both deviated from the dominant model of self-management underpinned by the concept of self-efficacy. Different understandings help to explain how self-management is practised and may help to account for limited evidence of effectiveness of self-management interventions.

GROUP SELF-MANAGEMENT

Johnston S, Irving H, et al. (2012). The patient's voice: an exploratory study of the impact of a group self-management support program. *BMC Family Practice* 13: 65. [Full text](#)

This study examines participants' reactions and perceived impacts of attending the Stanford Chronic Disease Self-Management Program in one Ontario health region so we could assess its value to the health region. Participants perceived diverse effects of the programme. A change in

physical activity patterns was the most prominent behaviour change. Other recurrent effects included an improved sense of social connection and better coping skills. Barriers to self-management were experienced by almost all participants with several dominant themes emerging including problems with the health system and patient-physician interaction. Participants reported a wide variety of resources used in their self-management, and in some cases, an increase in use was noted for some resources.

Williams AM, Dennis S, et al. (2010). How effective are the linkages between self-management programmes and primary care providers, especially for disadvantaged patients? *Chronic Illness* 7(1): 20-30.

This systematic review describes the extent and effectiveness of strategies that have been used to improve linkages between primary healthcare and chronic disease self-management programmes, especially for disadvantaged patients. Sixteen studies were identified that used linkage strategies for a variety of functions-supporting communication, ongoing clinical care, programme development, recruitment or implementation. Of the four studies that evaluated impact on health service use, only one reported a positive change. In conclusion, there is insufficient evidence to determine which strategies or linkages are more effective and in what context.

Kosmala-Anderson JP, Wallace LM, et al. (2014). Self-reported effects of attending the Health Foundation's Co-Creating Health self-management programme for patients with type 2 diabetes mellitus in London, England. *Archives of Medical Science* 10(4): 773-781. [Full text](#)

The purpose of this study was to determine the impact of the Health Foundation's Co-Creating Health (CCH) group self-management programme (SMP) for adult patients with type 2 diabetes on patient activation and quality of life. It concludes that attending the UK SMP for adults with type 2 diabetes leads to improvements in patient activation, diabetes-related quality of life, and improved confidence and ability to self-manage their condition.

Bastiaens H, Sunaert P, et al. (2009). Supporting diabetes self-management in primary care: Pilot-study of a group-based programme focusing on diet and exercise. *Primary Care Diabetes* 3(2): 103-109.

This pilot study describes the development and implementation of a group self-management education programme for people with type 2 diabetes at the community level in primary care, and evaluates the feasibility, acceptability and long-term effects (12-18 months) of this programme on emotional distress, HbA1c, BMI and actual behaviour. It finds that introducing the group education programme in primary healthcare is worthwhile (feasibility and effectiveness).

GROUP EDUCATION

Hwee J, Cauch-Dudek K, et al. (2013). Diabetes education through group classes leads to better care and outcomes than individual counselling in adults: A population-based cohort study. *Canadian Journal of Public Health= Revue canadienne de sante publique* 105(3): e192-e197. [Full text](#)

This cohort study sought to determine whether acute diabetes complications or quality of care differed for patients in routine clinical care when their self-management education was delivered through group diabetes education classes versus individual counselling. It found that group self-management education was associated with fewer acute complications and some improvements in processes of care.

Bode C, Taal E, et al. (2008). Limited results of group self-management education for rheumatoid arthritis patients and their partners: explanations from the patient perspective. *Clinical Rheumatology* 27(12): 1523-1528. [Full text](#)

This study aimed to identify the reasons for limited results of group self-management for RA patients and their partners from the patient perspective. The limited effects of the self-management program appear to be linked with low motivation to participate and to change health behaviour. The data show that a decline in health and also stressful life events might be associated with the disappointing effects of the program. Three strategies are proposed for improving the program's effects.

STANFORD PROGRAM/STANFORD MODEL

Stanford self-management programs [Website]

<http://patienteducation.stanford.edu/>

<http://patienteducation.stanford.edu/programs/>

Northern KP. (2001). Effect of a self-management program on patients with chronic disease. *Effective Clinical Practice* 4(6): 256-262. [Full text](#)

This before-after cohort study evaluates outcomes of a chronic disease self-management programme in a "real-world" setting. One year after exposure to the program, most patients experienced statistically significant improvements in a variety of health outcomes and had fewer ED visits.

SELF-MANAGEMENT EDUCATION

Kroon F, van der Burg L, et al. (2014). Self-management education programmes for osteoarthritis. *Cochrane Database of Systematic Reviews* 1. [Full text](#)

This Cochrane systematic review aims to assess the effectiveness of self-management education programmes for people with osteoarthritis. Low to moderate quality evidence indicates that self-management education programmes result in no or small benefits in people with osteoarthritis but are unlikely to cause harm.

mHEALTH AND SELF-MANAGEMENT

de Jongh T, Gurol-Urganci I, et al. (2012). Mobile phone messaging for facilitating self-management of long-term illnesses. *Cochrane Database of Systematic Reviews* 12. [Full text](#)

This review studied whether mobile phone applications such as text messaging and Multimedia Message Service (MMS) can support people to better manage their long-term illnesses by sending medication reminders or supportive messages, or by offering a way for people to communicate important information to their healthcare providers and receive feedback. It found moderate quality evidence that under some conditions these types of applications may have some positive impacts on the health status of patients with diabetes, hypertension and asthma, and on their ability to manage their own condition, although for some outcomes no significant effect was observed.

Cole-Lewis H, Kershaw T. (2010). Text messaging as a tool for behavior change in disease prevention and management. *Epidemiologic Reviews* 32(1): 56-69. [Full text](#)

This systematic review provides an overview of behaviour change interventions for disease management and prevention delivered through text messaging.

SELF-MANAGEMENT – QUALITY IMPROVEMENT

DeMonaco HJ, von Hippel E. (2007). Reducing medical costs and improving quality via self-management tools. *PLoS Medicine* 4(4): e104. [Full text](#)

This paper considers the advantages and limitations of self-management tools for reducing healthcare costs and improving the quality of chronic care.

Integrating Behavioral Health and Primary Care: IHI 90-Day R&D Project Final Summary Report. (2014). Cambridge, MA: Institute for Healthcare Improvement. [Full text](#)

This 90-day R&D project report will examine the basic principles underlying existing, exemplary integration models and integrated organisations, identify the core components required for success, and assess how (or if) they are operationalised by each of the different models. The aim is to understand the core principles underlying successful integration of behavioural health services into primary care.

COLLABORATIVE CARE

Rice K, Bourbeau J, et al. (2014). Collaborative self-management and behavioral change. *Clinics in Chest Medicine* 35(2): 337-351. [Full text](#)

This paper discusses the importance of behavioural change, especially the acquisition of self-care skills, for improving health outcomes in patients with chronic obstructive pulmonary disease. It considers evidence that embedding collaborative self-management within existing health care systems provides an effective model to meet these needs.

DeJesus RS, Howell L, Williams M, Hathaway J, Vickers KS. (2014). Collaborative care management effectively promotes self-management: patient evaluation of care management for depression in primary care. *Postgraduate Medicine* 126(2), 141-146. doi: 10.3810/pgm.2014.03.2750

This survey study evaluated patient-perceived satisfaction with collaborative care management for depression and patient opinions on the effectiveness of care management in promoting self-management. Patients were satisfied with depression care management and felt that care management improved their treatment. Care manager training should include communication and motivation strategies, specifically self-management education, as these strategies are valued by patients.

Sieber W, Newsome A, et al. (2012). Promoting self-management in diabetes: Efficacy of a collaborative care approach. *Families, Systems, & Health* 30(4): 322.

This paper examines how self-management promotion for diabetes patients can be fully integrated into primary care practices.

Registered Nurses Association of Ontario. (2010). Strategies to support self-management in chronic conditions: collaboration with clients. Ontario: Author. [Clinical practice guideline]. [Full text](#)

These recommendations identify strategies and interventions that enhance an individual's ability to manage their chronic health condition.

SELF-CARE

Lillyman S, Farquharson N. (2013). Self-care management education models in primary care. *British Journal of Community Nursing* 18(11): 556-56. [Full text](#)

This literature review explores the value and content of the large range of educational models currently in use for self-care management among people with long-term conditions. It finds that educational models should be based on self-efficacy principles and patient-centred. Method of delivery and programme content are discussed.

Kennedy A, Reeves D, et al. (2007). The effectiveness and cost effectiveness of a national lay-led self-care support programme for patients with long-term conditions: a pragmatic randomised controlled trial. *Journal of Epidemiology and Community Health* 61(3): 254-261. [Full text](#)

This randomised controlled trial evaluates the clinical and cost effectiveness of lay-led generic courses to improve patients' self-care skills. It concludes that lay-led self-care support groups are effective in improving self-efficacy and energy levels among patients with long-term conditions, and are likely to be cost effective over 6 months.

SELF-EFFICACY

de Silva, D. (2011). Evidence: Helping people help themselves. London: The Health Foundation. [Full text](#)

This review of more than 550 pieces of high quality research suggests that it is worthwhile to support self-management, in particular through focusing on behaviour change and supporting self-efficacy.

Linden M, Muschalla B, et al. (2014). Reduction of sickness absence by an occupational health care management program focusing on self-efficacy and self-management. *Work: A Journal of Prevention, Assessment and Rehabilitation* 47(4): 485-489.

This study examines the effectiveness of an occupational health care management programme including special interventions to enhance self-efficacy and self-management in improving the health status of employees, increasing work ability and reducing absence time. Participants indicated that they had learned better ways of coping and communication and that they had generated intentions to make changes in their working situation. The data suggest that OHMP with focus on self-efficacy and self-management of individuals and teams are helpful in reducing work absenteeism.

Simpson E, Jones MC. (2013). An exploration of self-efficacy and self-management in COPD patients. *British Journal of Nursing* 22(19): 1105-1109. [Full text](#)

This study examined if self-efficacy in managing chronic obstructive pulmonary disease is associated with better mood, less breathlessness and fewer exacerbations; what helps or hinders patients in managing their chronic obstructive pulmonary disease (COPD); and patients' suggestions to improve the self-management support they receive.

SELF-MANAGEMENT – YOUTH

Chao, A. and R. Whittemore (2013). Self-management interventions for the treatment of adolescent obesity: a systematic literature review. *Nursing Research*. Philadelphia: Lippincott, Williams & Wilkins. [Book chapter].

Stinson J, Wilson R, et al. (2009). A systematic review of internet-based self-management interventions for youth with health conditions. *Journal of Pediatric Psychology* 34(5): 495-510. [Full text](#)

This systematic review critically appraises research evidence on effectiveness of internet self-management interventions on health outcomes in youth with health conditions. It concludes that there are the beginnings of an evidence base that self-management interventions delivered via the internet improve selected outcomes in certain childhood illnesses.

SELF-MANAGEMENT – OLDER ADULTS

Chodosh J, Morton SC, et al. (2005). Meta-analysis: chronic disease self-management programs for older adults. *Annals of Internal Medicine* 143(6): 427-438. [Full text](#)

This meta-analysis found that chronic disease self-management programs probably have a beneficial effect on some (but not all) physiologic outcomes that have been assessed in controlled trials. In particular, it found evidence of statistically significant and clinically important benefits for measures of blood glucose control and blood pressure reduction for chronic disease self-management programs aimed at patients with diabetes and hypertension, respectively. Regarding arthritis, the statistically significant effects on the physiologic outcomes of pain and function are clinically trivial. There was no evidence of an effect on weight loss among diabetic patients.

Pal K, Eastwood SV, et al. (2013). Computer-based diabetes self-management interventions for adults with type 2 diabetes mellitus. *Cochrane Database of Systematic Reviews* 3. [Full text](#)

This Cochrane systematic review shows that computer-based diabetes self-management interventions to manage type 2 diabetes appear to have a small beneficial effect on blood glucose control. The effect was larger in the mobile phone subgroup. There is no evidence to show benefits in other biological outcomes or any cognitive, behavioural or emotional outcome

SELF-MANAGEMENT EFFECTIVENESS MENTAL HEALTH

Lorig K, Ritter PL, et al. (2014). Effectiveness of the Chronic Disease Self-Management Program for Persons with a Serious Mental Illness: A Translation Study. *Community Mental Health Journal* 50(1): 96-103.

This translation study evaluates the Chronic Disease Self-Management Program in persons with serious mental illness who were receiving care through Michigan Community Mental Health Services. The programme was successfully administrated in a “real world” setting and continues to be used. In addition, the programme appears to be an effective resource for people with serious mental illness.

DIABETES

Aikens JE, Zivin K, et al. (2014). Diabetes self-management support using mHealth and enhanced informal caregiving. *Journal of Diabetes and its Complications* 28(2): 171-176. [Full text](#)

The objective of this paper is to characterise diabetes patient engagement and clinician notifications for an mHealth interactive voice response (IVR) service. It finds that, by providing

information that is reliable, valid, and actionable, IVR-based mHealth services may increase access to between-visit monitoring and diabetes self-management support.

Katz R, Mesfin T, et al. (2012). Lessons from a community-based mHealth diabetes self-management program: "It's Not Just About the Cell Phone". *Journal of Health Communication* 17(Suppl. 1): 67-72.

This article assesses the multiple links in the chain (patients, case managers, primary care providers, support staff, medical record systems, disease management software, cell phones) that affect the success of a mHealth chronic care strategy based on the pilot programme George Washington University-District of Columbia Cell Phone Diabetes Project.

Cafazzo JA, Casselman M, et al. (2012). Design of an mHealth app for the self-management of adolescent type 1 diabetes: a pilot study. *Journal of Medical Internet Research* 14(3): e70. [Full text](#)

The authors design, develop, and pilot an mHealth intervention for the management of type 1 diabetes in adolescents. This mHealth diabetes app with the use of gamification incentives showed an improvement in the frequency of blood glucose monitoring in adolescents with type 1 diabetes.

Rosal MC, Ockene IC, et al. (2011). Randomized trial of a literacy-sensitive, culturally tailored diabetes self-management intervention for low-income Latinos: Latinos en Control. *Diabetes Care* 34(4): 838-844. [Full text](#)

This randomised trial shows that literacy-sensitive, culturally tailored self-management interventions can improve diabetes control among low-income Latinos; however, strategies to sustain improvements are needed.

Brown SA, Hanis CL (2014). Lessons learned from 20 years of diabetes self-management research with Mexican Americans in Starr County, Texas. *The Diabetes Educator*: 0145721714531336. [Full text](#)

This article shows that culturally tailored diabetes interventions are effective in improving the health of socially disadvantaged minorities, who bear a disproportional burden of type 2 diabetes, and these interventions are cost-effective.

MENTAL ILLNESS

Winnard D, Watson P, Papa D, Hallwright S, Russell S, Ahern T, Lee M, Boladuadua S, Butler K (2014) *Populations who have received care for mental health disorders. Counties Manukau Health. An overview. Auckland: Counties Manukau Health. [Full text](#)*

This report describes the findings of an analysis of linked datasets used to identify people living in the catchment population for Counties Manukau Health mental health services (the population living in the Counties Manukau DHB area plus people living in Otahuhu) who have received care for a mental health disorder.

Cook JA, Copeland ME, et al. (2012). Results of a randomized controlled trial of mental illness self-management using Wellness Recovery Action Planning. *Schizophrenia Bulletin* 38(4): 881-891. [Full text](#)

The purpose of this study was to determine the efficacy of a peer-led illness self-management intervention called Wellness Recovery Action Planning (WRAP) by comparing it with usual care. The results indicate that peer-delivered mental illness self-management training reduces psychiatric symptoms, enhances participants' hopefulness, and improves their QOL over time.

STROKE

Jones F, Riazi A. (2011). Self-efficacy and self-management after stroke: a systematic review. *Disability and Rehabilitation* 33(10): 797-810.

The purpose of this systematic review is to examine (1) the influence of self-efficacy on rehabilitation outcomes post-stroke, and (2) the evidence to support self-management interventions based on self-efficacy principals for stroke survivors. There is evidence that self-efficacy is an important variable associated with various outcomes post-stroke. These outcomes include quality of life or perceived health status, depression, ADL and, to a certain extent, physical functioning.

CANCER

McCorkle R, Ercolano E, et al. (2011). Self-management: Enabling and empowering patients living with cancer as a chronic illness. *CA: A Cancer Journal for Clinicians* 61(1): 50-62. [Full text](#)

This article reviews self-management interventions that enable patients and families to participate in managing their care along the continuum of care for cancer as a chronic illness. The Chronic Care Model is presented as a model of care that oncology practices can use to enable and empower patients and families to engage in self-management. The article concludes that oncology practices can build strong relationships with their patients and formulate mutually agreed upon care plans that enable and empower patients to care for themselves in the way they prefer.

SOCIAL MEDIA, NETWORKING AND MARKETING

Glasgow RE. (2010). Interactive media for diabetes self-management: Issues in maximizing public health impact. *Medical Decision Making* 30(6): 745-58.

This article discusses how interactive media (IM) can be used to support diabetes self-management. Key opportunities for IM to support diabetes self-management include assessment of information for shared decision making, assistance with problem-solving self-management challenges, and provision of follow-up support. A key current challenge is the linkage of IM supports to the rest of the patient's care, and collection of cost-effectiveness data is a key need for future research

Glasgow RE, Strycker LA, King DK, Toobert DJ. (2014). Understanding who benefits at each step in an internet-based diabetes self-management program: Application of a recursive partitioning approach. *Medical Decision Making* 34(2): 180-91.

This article identifies patient subgroups associated with success at each of 6 steps in a diabetes self-management (DSM) program. Demographic factors (education, ethnicity, income) were associated with initial participation but not with later steps, and the converse was true of health behaviour variables.

Shelagh A, Mulvaney P, Rothman RL, Wallston K, Lybarger C, Dietrich MS. (2010). An internet-based program to improve self-management in adolescents with type 1 diabetes. *Diabetes Care* 33(3): 602-4. [Full text](#)

This article reports results from YourWay, an Internet-based self-management intervention for adolescents with type 1 diabetes. Results suggest that self-management support delivered through a secure website may improve self-management and offset typical decreases in adolescent glycaemic control.

King DK, Toobert DJ, Dickman Portz J, Strycker LA, Doty A, Martin C. et al. (2012). What patients want: relevant health information technology for diabetes self-management. *Health and Technology* 2(3): 147-57.

This paper explored qualitatively what patients with type 2 diabetes want from electronic resources that are designed to support their diabetes self-management. Overall, patients wanted real-time assistance with daily behavioural decision-making, ability to share information with their healthcare team, connections with others for support, and choice.

Murray E. (2012). Web-based interventions for behavior change and self-management: Potential, pitfalls, and progress. *Medicine 2.0* 1(2): e3. DOI: 10.2196/med20.1741 [Full text](#)

This paper reviews the progress made in developing and evaluating web-based interventions to deliver self-care and behaviour change programmes and considers three challenging areas: equity, effectiveness, and implementation.

Carroll CL, Ramachandran P. (2014). The intelligent use of digital tools and social media in practice management. *Chest* 145 (4): 896-902.

This article discusses the difference between digital communication, static one-way digital presence, and two-way social media connections with regard to the way patients and healthcare providers communicate and interact. It also describes ways to establish and foster your digital profile, reviews the benefits and risks of engaging professionally in social media, and describes ways in which digital and social media tools may prove useful in both reimbursement and practice management.

Li JS, Barnett TA, Goodman E, Wasserman RC, Kemper AR et al. (2013). Approaches to the Prevention and Management of Childhood Obesity: The Role of Social Networks and the Use of Social Media and Related Electronic Technologies: A Scientific Statement from the American Heart Association. *Circulation* 127(2): 260-267. [Full text](#)

In this statement, the American Heart Association provides an overview of social networks and their relationship to health and obesity and describe social network--based interventions. In addition, the statement reviews specific intervention strategies for obesity that rely on various forms of social media. Finally, it suggests recommendations for future directions.

Panzer AD, Schneider TK, Martinasek MP, Lindenberger JH, Couluris M, Bryant CA, McDermott RJ. (2013). Adolescent asthma self-management: patient and parent-caregiver perspectives on using social media to improve care. *Journal of School Health* 83 (12): 921-30.

This study explored benefits of and barriers to improved asthma self-management and identified key elements for the development of a digital media tool to enhance asthma control. It found that a digital media product capable of tracking conditions, triggers, and related asthma activities can be a core element of improved asthma control for youth.

Piette JD. (2010). Moving beyond the notion of 'self' care. *Chronic Illness* 6(1): 3-6. [Editorial]

Jordan JE, Briggs AM, Brand CA, Osborne RH. (2008). Enhancing patient engagement in chronic disease self-management support initiatives in Australia: the need for an integrated approach. *Medical Journal of Australia* 189(10 Suppl): S9-S13. [Full text](#)

In Australia, there is a range of self-management support initiatives that have targeted patients (most notably, chronic disease self-management education programs) and health professionals (financial incentives, education and training). To date, there has been little coordination or integration of these self-management initiatives to enhance the patient-health professional clinical

encounter. If self-management support is to work, there is a need to better understand the infrastructure, systems and training that are required to engage the key stakeholders - patients, carers, health professionals, and health care organisations. A coordinated approach is required in implementing these elements within existing and new health service models to enhance uptake and sustainability.

Gallant MP. (2003). The influence of social support on chronic illness self-management: a review and directions for research. *Health Education & Behavior* 30(2): 170-95. [Full text](#)

This article reviews the empirical literature examining the relationship between social support and chronic illness self-management. These studies provide evidence for a modest positive relationship between social support and chronic illness self-management, especially for diabetes. Dietary behavior appears to be particularly susceptible to social influences.

Stellefson M, Chaney B, Barry AE, Chavarria E, Tennant B, Walsh-Childers K, et al. (2013) Web 2.0 chronic disease self-management for older adults: a systematic review. *Journal of Medical Internet Research* 15(2): e35. [Full text](#)

This article is a systematic review of the planning, implementation, and overall effectiveness of Web 2.0 self-management interventions for older adults with one or more chronic disease. Despite high attrition being noted as problematic, this review suggests that greater Web 2.0 engagement may be associated with improvements in health behaviors (eg, physical activity) and health status (eg, HRQoL). However, few studies indicated statistically significant improvements in medication adherence, biological outcomes, or health care utilisation.

van Olmen J, Ku GM, et al. (2013). The effectiveness of text messages support for diabetes self-management: protocol of the TEXT4DSM study in the democratic Republic of Congo, Cambodia and the Philippines. *BMC Public Health* 13: 423. [Full text](#)

This paper provides a protocol for evaluating the effectiveness of a mobile phone support intervention on top of an existing strategy in three countries, DR Congo, Cambodia and the Philippines to improve health outcomes, access to care and enablement of people with diabetes.

Piette JD, Rosland A-M, et al. (2013). Engagement with automated patient monitoring and self-management support calls: experience with a thousand chronically ill patients. *Medical Care* 51(3): 216-223. [Full text](#)

This paper investigates factors affecting programme engagement in patient self-care support via Interactive Voice Response (IVR) to improve disease management. Higher programme engagement was associated with heart failure and cancer programmes, older patients and the involvement of an informal caregiver. Lower engagement was associated with missed clinic appointments, prior hospitalisations, depression programme participation, and poorer mental health. The article concludes that patients with a variety of chronic conditions will complete IVR self-care support calls regularly. Risk factors for missed IVR calls overlap with those for missed appointments.

Schiotz M, Strandberg-Larsen M, et al. (2012). Self-management support to people with type 2 diabetes - a comparative study of Kaiser Permanente and the Danish Healthcare System. *BMC Health Services Research* 12: 160. [Full text](#)

This article compares the extent of self-management support (SMS) provided and the self-management behaviours of people living with diabetes in Kaiser Permanente (KP) and the Danish Healthcare System (DHS). Although better SMS support exists in KP compared to the DHS, self-management remains an under-supported area of care for people receiving care for diabetes in both health systems.

Hunt CW, Wilder B, Steele MM, Grant JS, Pryor ER, Moneyham L. Relationships among self-efficacy, social support, social problem solving, and self-management in a rural sample living with type 2 diabetes mellitus. *Research and Theory for Nursing Practice* 26 (2): 126-41.

This study examined relationships among self-efficacy, social support, social problem solving, and diabetes self-management behaviours. Further, this study evaluated whether social support and social problem solving were mediators of the relationship between self-efficacy and diabetes self-management behaviours in those living with type 2 diabetes mellitus. Findings indicated that self-efficacy was a strong predictor of diabetes self-management. The effect of social support on diabetes self-management differed among men and women in the sample. Social support and social problem solving were significantly associated with diabetes self-management in men. Neither social support nor social problem solving were mediators of the relationship between self-efficacy and diabetes self-management in this sample. These findings suggest that nurses need to consider implementing interventions to improve patients' self-efficacy and potentially influence diabetes self-management.

SOCIAL SUPPORT

Johnston S, Liddy C, et al. (2012). Building the evidence base for chronic disease self-management support interventions across Canada. *Canadian Journal of Public Health – Revue Canadienne de Sante Publique* 103(6): e462-467. [Full text](#)

The objective of this project was to determine how to improve evaluation of self-management support (SMS) in Canada to generate high-quality evidence to guide policy-makers, implementers, providers and participants. Four themes were identified: 1) diverse SMS interventions are identifiable; 2) emerging evaluation activity in Canada is limited to mostly disease-specific, clinic-based programs; 3) there is little evaluation capacity among program implementers in Canada; and 4) there is a gap between the evidence and expectations. Measuring outcomes must be an explicit part of program implementation and development and requires coordinated support. A common evaluation framework may provide researchers, practitioners and decision- or policy-makers with a systems approach to understanding the possible structural and process factors that can affect self-management outcomes, and could support capacity building in evaluation.

Osborne, R. H., R. Batterham, et al. (2011). The evaluation of chronic disease self-management support across settings: the international experience of the health education impact questionnaire quality monitoring system. *Nursing Clinics of North America* 46(3): 255-270.

This article describes and discusses the Health Education Impact Questionnaire as a measure of chronic disease self-management.

Rogers A, Vassilev I, et al. (2011). Social networks, work and network based resources for the management of long-term conditions: a framework and study protocol for developing self-care support. *Implementation Science* 6: 56. [Full text](#)

The aim of this paper is to describe how social networks are viewed as being centrally involved in the mobilisation and deployment of resources in the management of a chronic condition. The translation and implementation of a self-care agenda in contemporary health and social context needs to acknowledge and incorporate the resources and networks operating in patients' domestic and social environments and everyday lives.

Sarkar U, Piette JD, et al. (2008). Preferences for self-management support: findings from a survey of diabetes patients in safety-net health systems. *Patient Education and Counseling* 70(1): 102-110. [Full text](#)

This paper identifies interest in different modes of self-management support among diabetes patients cared for in public hospitals, and assesses whether demographic or disease-specific factors were associated with patient preferences. Many diabetes patients in safety-net settings report an interest in receiving self-management support, but preferences for modes of delivery of self-management support vary by race/ethnicity, language proficiency, and self-reported health literacy.

Rosland A-M, Heisler M, et al. (2013). Current and potential support for chronic disease management in the United States: the perspective of family and friends of chronically ill adults. *Families, Systems, & Health* 31(2): 119-131. [Full text](#)

This article investigates family members and friends as an important source of self-management support for older adults with chronic diseases. Most US adults are willing to assist with key tasks such as medication use and communicating with providers, although they feel constrained by privacy concerns and a lack of patient health information.

Glasgow, N. J., Y.-H. Jeon, et al. (2008). Chronic disease self-management support: the way forward for Australia. *Medical Journal of Australia* 189(10 Suppl): S14-16. [Full text](#)

This paper examines research and implementation activities presented at the Centre for Rheumatic Diseases 2007 Conference and other selected literature to identify common themes and posit some "next steps" required to develop self-management programmes in the Australian context.