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DOES COURSE LEADER (PEER VS HEALTH PROFESSIONAL) OR TYPE OF SELF-MANAGEMENT COURSE MATTER? FINDINGS FROM A LARGE AUSTRALIAN AND NEW ZEALAND SURVEY. B. Newell, K. Whitfield, A. Lezzi, R.H. OSBORNE. Centre for Rheumatic Diseases, The University of Melbourne.

Aims: (a) measure the outcomes of self-management courses in diverse settings; (b) compare outcomes from lay-led with health professional-led courses and (c) assess whether people with arthritis benefit more the Arthritis Self Management course (ASMC) compared with the generic Chronic Disease Self Management Program (CDSMP).

Methods: In collaboration with Arthritis Foundations, questionnaires (Assessment of Quality of Life (AQoL), SF-36 and K10 psychological distress scale) were administered to people before and 5 to 8 weeks after courses. Comparisons were made using t-tests, effect size (ES) and logistic regression.

Results: At the time of analyses 254 complete follow-ups showed small to medium improvements in AQoL, K10 and 7 of 8 SF-36 scales ($p \leq 0.03$). When compared with health professional-led courses, participants in peer-led courses had greater gains in several SF-36 subscales (physical function, role physical, social function) even after adjusting for possible confounders. People with arthritis appeared to have a greater reduction in bodily pain (8.4%) if they attended the CDSMP compared with the ASMC ($p=0.03$) but this was non-significant after adjustment for age & baseline score.

Discussion: Evidence of course effectiveness is needed so that participants, clinicians and funders can better understand the value of these programs. This study provides evidence suggesting improvements in general health can occur over a short time, although the lack of a control group limits direct casual conclusions. The CDSMP seems suitable for people with arthritis. The larger effect from lay-led courses is interesting and requires further research to confirm and explore mechanisms. A small effect across many people at reasonable cost is of public health importance.

PHYSICAL AND PSYCHOLOGICAL MORBIDITY OF PATIENTS WAITING FOR HIP AND KNEE REPLACEMENT SURGERY. ACKERMAN, I.N., Bennell K.L., Graves, S., Osborne, R.H. University of Melbourne.

Aim: To document the physical and psychological status of patients entering a waiting list for joint replacement surgery in a large Victorian public hospital.

Methods: Patients were recruited at entry to the Royal Melbourne Hospital waiting list for primary total hip (THR) or knee (TKR) replacement as part of an ongoing cohort study. Questionnaires included: WOMAC, Assessment of Quality of Life (AQoL) and K10 Psychological Distress Scale. Descriptive analyses are reported and compared with the Victorian Population Health Survey.

Results: 177 subjects completed baseline questionnaires (47% THR, 53% TKR). Mean (SD) age of the sample was 68 (12) years. Only 30% of the sample (THR 38.6%, TKR 22.6%) had low psychological distress ($K10 < 16$), compared with 79% in the population. High psychological distress ($K10 \geq 22$) was more common than in the population (36% vs 6.6%). Fewer people awaiting THR (31%) had scores ≥ 22 , compared with TKR (40%). Baseline scores indicate poor quality of life (QoL); mean (SD) AQoL score (1=full health, 0=death) was 0.39 (0.24), much lower than the population (0.83 (0.20)) and community-based people with OA (0.52 (0.22)), and similar to recent stroke (0.40 (0.33)). 15% rated themselves at or near death-equivalent AQoL (> 0.10). Patients awaiting TKR had lower AQoL (0.37 (0.24)) than subjects awaiting THR (0.41 (0.24)). Total WOMAC score was similar for people awaiting TKR (59.4 (18.8)) and THR (58.3 (20.2)).

Conclusion: Patients entering the waiting list for TKR or THR have poorer QoL and higher levels of psychological distress than the population, supporting the development of strategies to improve wellbeing while people are on waiting lists.

THE NEW NATIONAL SYSTEM FOR EVALUATION AND MONITORING OF CHRONIC DISEASE SELF MANAGEMENT PROGRAMS: THE HEALTH EDUCATION IMPACT QUESTIONNAIRE (HEI-Q). R.H. OSBORNE, K. Whitfield, J. Spinks, G. Elsworth. Ctr. for Rheumatic Diseases, Uni. of Melbourne.

Aim: To develop a relevant, psychometrically valid questionnaire to evaluate health education programs for people with a broad range of chronic conditions to support Arthritis Foundations and other organisations to monitor the quality and outcomes from health education programs.

Methods: Close consultation with Arthritis Foundations, literature review, stakeholder interviews ($n=29$) and workshops (clinicians, senior policy makers, course leaders and patients) informed the development of content. Questionnaire items arose from the workshops or generated de novo. It was designed for self-administration pre and/or post course. It was piloted in a large national calibration sample ($N > 600$). Properties will be examined with Structural Equation Modelling and Item Response Theory.

Results: The HEI-Q is designed to quantify the benefits of health education programs and consumer satisfaction. It has 8 core dimensions:

- Positive and active engagement in life
- Health behaviour change
- Skill and technique acquisition
- Constructive attitude shift
- Self monitoring and insight
- Health service navigation
- Social integration and support
- Emotional wellbeing

A further dimension evaluates quality of course delivery. Surveys results will be presented and include psychometric structure and outcome effect sizes.

Discussion: The development of HEI-Q was necessary as available questionnaires do not adequately measure the intended outcomes of self-management courses. It will provide a reliable and sensitive measure of the benefits of a broad range health education programs facilitating program evaluation, development and quality improvement (truncated).

OPPORTUNITIES FOR GROUP SELF-MANAGEMENT PROGRAMS TO REDUCE THE BURDEN OF ARTHRITIS IN AUSTRALIA. R H Osborne, K WHITFIELD, J Spinks. Centre for Rheumatic Diseases, The University of Melbourne.

Aim: To evaluate the potential of self-management programs to reduce morbidity and improve management of people with arthritis in Australia. To produce a framework which guides researchers in developing stronger targeted research designs for the evaluation of self-management programs.

Methods: The impact, self-efficacy/empowerment and burden of arthritis were examined within a 'program logic' framework incorporating public health, economic and policy opportunities. To develop this initial program logic, a review of the relevant literature and a workshop with key stakeholders was conducted. Stakeholders included clinicians, course leaders, academics and policy makers.

Results: Literature review and workshop findings were consolidated into the development of a schematic program logic for generic self-management programs. The model covers a. Empowerment of individuals and carers, b. collaboration between patients, health care services and non government organisations, c. effects on communities and d. the potential effects on public health. The program logic represents the probable pathways by which self-management programs might lead to improved proximal and long-term outcomes for individuals, communities and public health gains.

Conclusions: The beneficial effects of self-management programs are cited to be improvements in well-being and reduced healthcare utilisation, but these have not been consistently demonstrated in controlled trials. A 'program theory' understanding of how self-management might impact on the burden of chronic disease will assist clinical and public health research in this area. Evidence from strong study designs and system-wide evaluation methodologies are required before we can have confidence that these programs are equitable and effective public health interventions.