



Program: Evidence-Based Disease Prevention:
Disease Self-Management

Organization: Elders in Action, Portland, OR
Project Title: Healthy Changes: A Community-Based Self-management Program for Older Adults with Type 2 Diabetes
Project Period: September 30, 2003 TO September 29, 2006
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Evidence Base

The Healthy Changes program developed by Providence Center on Aging, which will be implemented by Elders in Action, is based on a number of findings from various research studies and meta analyses. The studies reviewed in the development of Healthy Changes included a wide variety of diabetes management programs focusing on education and self-care strategies. Broader chronic disease self-management strategies recommended by Marrongiello and Gottlieb, as well as the Chronic Disease Self-management Program developed by Stanford University, were also reviewed. Local research by the Oregon Department of Public Health, and the Oregon Diabetes Project helped influence the program design. The Healthy Changes program empowers participants to take control of their diabetes by identifying and achieving short- and long-term goals, and provides support through weekly peer led meetings.

Original Research Evidence

According to Marrongiello and Gottlieb (2000), there are three types of barriers to self-care among older persons, including:

- *Informational-knowledge based barriers*
“They must have the knowledge about when and how to engage in a self-care behavior.”
- *Motivational-attitudinal based barriers*
“They need to believe in their capacity for self-care and the potential efficacy of engaging in the self-care activity, and they need to want to engage in the self-care activity.”
- *Resource-based barriers*
“They need the personal skills and community resources required to engage in self-care activities.”

Construction of the Healthy Changes program therefore addressed each of these barriers by including an educational component, a motivational component and a resource component.

Education has long been recognized as an important part of diabetes care. The content of the educational component of an intervention can include topics such as general information about diet and physical activity, effects of diet and physical activity on diabetes, and methods to develop an individual activity or meal plan. A review of numerous studies and meta-analyses discussing effective interventions for diabetes self-management showed that interventions focusing on diet or physical activity had positive outcomes for several types of indicators such as decreased fat intake, decreased caloric intake, improved glycemic control, and increased exercise (Rotter, 1998). Additionally, a community needs survey (Oregon Health Department, 1999) suggested that community members with diabetes have special interest in diet and physical activity. The information provided needs to be accurate and reliable; The Healthy Changes program design, therefore, includes an evidence-based core curriculum of topics and content.

The research literature suggests that becoming a self-manager depends less on learning facts about a particular condition and more on learning how to set reasonable goals, problem solving, and having a source of peer support (Clark et al, 1991; Lorig *et al*, 1999; Task Force on Community Preventive Services, 2002). Activities designed according to these characteristics improve one's self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. Therefore, the Healthy Changes program uses a group setting in order to take advantage of peer support to help people problem solve and establish realistic goals.

Healthy Changes addresses a final self-care barrier, the lack of adequate resources, by helping people to establish community linkages. Unfortunately, little information exists to support this element of the intervention. Instead, the literature states that other studies have sorely lacked this component (Strycker & Glasgow, 2002). Therefore, establishing personal connections with community resources will play a key role in the Healthy Changes program.

Adaptation of Model

Elders in Action will implement this program in community settings such as senior centers and churches. They will also be adding a new component to the program: one-on-one assistance to participants to help locate resources, identify problems, explore solutions, and communicate with health care providers. Volunteer Ombudsmen will be trained to fill these roles and are described below.

Project's Overall Design

Elders in Action will conduct a 3-year education and support program for older adults with diabetes. The goal is to increase the ability of program participants to improve their self-care on a day-to-day basis, including diet and physical activity aspects of their diabetes control regime. Program elements include:

- Weekly classes and support meetings held at 8 community sites;
- Community outreach and presentations provided by trained volunteer community educators;

- One-on-one advocacy and problem-solving assistance to be provided by trained volunteer Ombudsmen.

There are three main components to the weekly classes: education, support, and community resources. The education component consists of nutrition and physical activity topics included in the weekly classes that are an hour and a half in length. Participants can attend as many sessions as needed. The support component involves participants discussing their goals, and plans for achieving their goals. Connecting with community resources is the last element, which encompasses participants sharing information on available resources such as exercise or cooking classes in addition to how to work effectively with health care providers.

Community Educators will be trained by Elders in Action on diabetes self-management and will provide presentations, assist with the education process at the sites, and identify individuals who may benefit from the Ombudsman or peer support.

The Ombudsmen will be volunteers who serve as catalysts in helping participants access community services, research resources, negotiate and solve problems, understand medical paperwork, communicate more effectively with health care providers and self-manage their diabetes.

Target Population

The target population is adults age 55 and over with diabetes who reside in Multnomah, Clackamas, and Washington Counties in Oregon. The program will target low-income, ethnic seniors (including African American, Native American and Pacific Islanders), and geographically diverse populations.

Anticipated Outcomes

Program participants will experience:

- Increased physical activity;
- Weight loss or decrease in body mass index;
- Increased sense of empowerment and satisfaction in communicating with health care providers;
- Increased self-efficacy and problem solving skills;
- Increased use of community resources.

Evaluation Design

The impact evaluation will look at factors such as participant satisfaction, diversity of participants, improvement in diabetes-specific diet and physical activity measures, improvement in self-efficacy and problem-solving skills, increased use of community resources, as well as an increase in sense of empowerment in communicating with health care providers. Several different evidence-based tools, including questionnaires, program records, and focus groups, will be used to collect the data in each of these areas.

The process evaluation will assess the implementation of the program and any barriers or problems that may arise. This evaluation will be completed on several different levels. First, an advisory committee for Elders in Action will meet

quarterly to review the progress of the project and make suggestions for change. Second, the project Ombudsmen and community educators will hold monthly team meetings to discuss their on-site experiences with the project and possible recommendations for program improvement. Finally, the lay leaders and project site managers will meet bi-monthly to assess the implementation of the project.

Partnerships

- Elders in Action is a community-based consumer advocacy organization. It also serves as the independent advisory committee for the local Area Agency on Aging.
- Multnomah County Aging and Disability Services is the Area Agency on Aging (AAA) and will facilitate project linkages with the project partners and local aging network.
- Oregon Research Institute will be responsible for data gathering and analysis, as well as the design of the project evaluation.
- Providence Center on Aging, part of the Providence Health System, will serve as the health care provider. They will be responsible for health-related training for staff and volunteers, as well as development and enhancement of the educational curriculum.