Self-Management of Health Behavior

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FRAMEWORK of SELF-MANAGEMENT

- Having defined self-management and discussed different types of health behavior, the next step is to ask the following questions:
- Why is self-management important?
- What motivates older adults to engage in self-managed health behavior?
- What causes success or failure in effective self-management?

FRAMEWORK of SELF-MANAGEMENT

- In answering these questions, we offer a conceptual framework that will serve two important roles.
- First, it will be used to examine evidence from research on self-management.
- What are the features of successful programs designed to promote self-management?
- What are important gaps in the knowledge?
- Second, it will provide HCPs with a template for examining current practices and/or developing new practice initiatives that target older adults' self-management of health behavior.

Why Self-Management?

- Today, chronic disease is responsible for about 70% of annual mortality, and costs governments billions in both direct and indirect expenditures.
- At the level of the individual, chronic disease can have a negative and substantial effect on well-being, such as limiting daily activities (eg, dressing, bathing, and mobility), increased pain and fatigue, and poor mental health.

Why Self-Management?

- Self-management plays a foundational role in chronic disease management for three main reasons.
- First, nearly all disease outcomes are mediated by the patient's own behavior.
  - For example, adherence to medication, medical advice, and a healthy lifestyle are all determinants of health.
- Second, the nature of chronic disease means that patients might spend years—if not decades—living with a given condition.

Why Self-Management?

- Though HCPs play a key role in educating, supporting, and guiding patients, contact between HPCs and their patients is limited.
- Self-management is required for patients to effectively manage their condition and their lives outside of the clinic.
- Finally, research consistently links empowerment to positive well-being.

Why Self-Management?

- *Empowerment* refers to the process of granting autonomy, devolving power, and enabling people to gain control over their health.
- Though often discussed at the level of the community (eg, empowering minority groups), empowerment is also beneficial to individuals.
  - For instance, individual (psychological) empowerment might manifest as a greater sense of control and self-worth.

What Motivates Self-Management?

- Older adults engage in self-management *in response to a conscious health goal or to remove barriers in the path toward goals*.
- In geriatric medicine, health-related goals most often stem from concerns related to detection or prevention behavior; that is, older adults want to identify, alleviate, or avoid a specific physical or psychological symptom/condition.
- If the symptom is new to them, then older adults' self-management behavior is frequently encouraged by a family member and begins with seeking a diagnosis. However, in many instances, patients seek follow-up treatment for chronic disease.

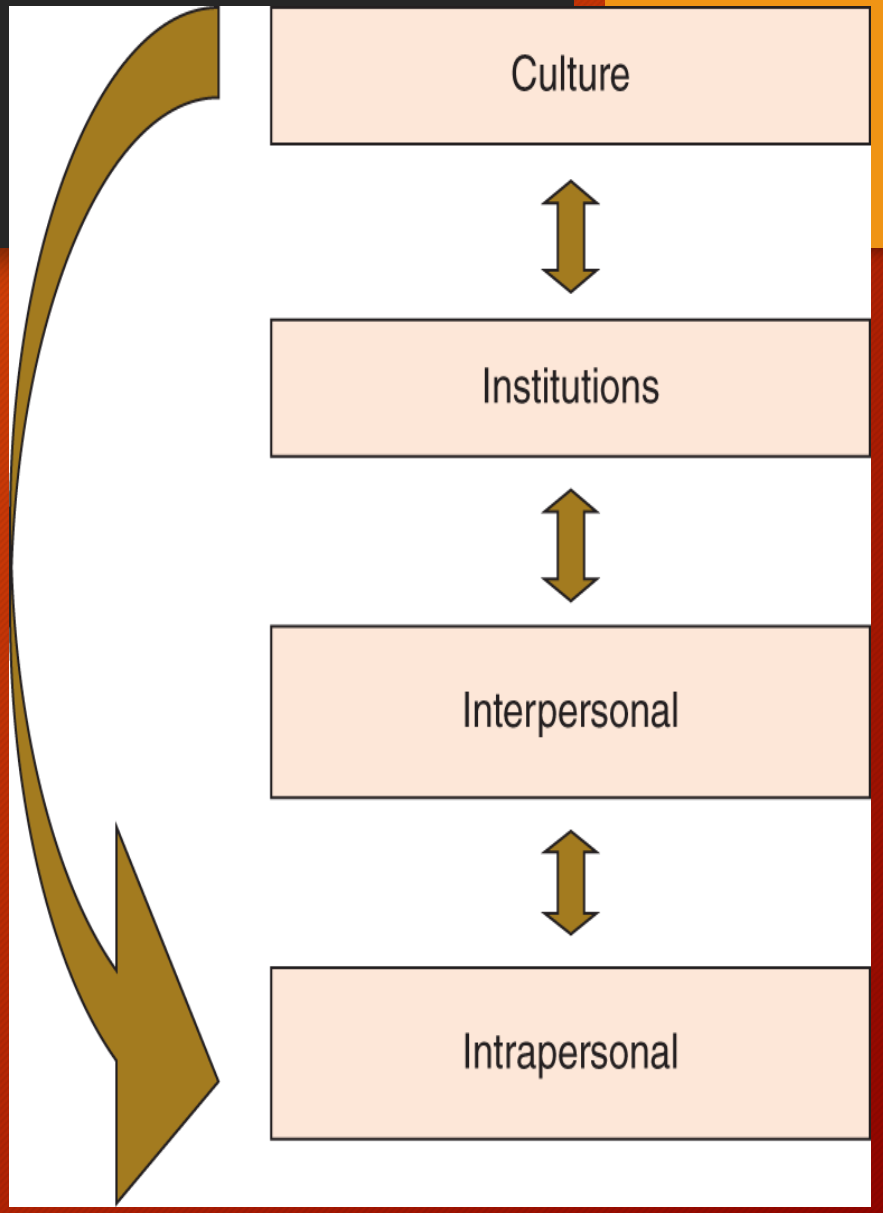
What Motivates Self-Management?

- Here, prevention and management of symptoms becomes the goal. A common example among older adults is the pain associated with osteoarthritis.
- Often patients perceive chronic pain as being beyond their control: they believe that the HCP has the sole remedy to *fix* their problem, and discount the role of self-management.
- In seeking help, they might expect to obtain new medication or an increased dose of their current medication.

Multiple levels of influence that can affect older adults' self-management.

Note that culture indirectly influences all levels in self-management, but can especially influence the individual (intrapersonal) due to prevailing ageist stereotypes.

Of course, older adults' commonsense models are not created in a vacuum; they are influenced by the social system: factors at interpersonal, institutional, and cultural levels, and our understanding of self-management has to be considered from a systems-based perspective.



A blueprint for self-management

- We will elaborate on three features in the following sections:
  - (a) facilitating factors;
  - (b) inhibitory factors;
  - (c) knowledge, skills, strategies, and resources.

Facilitating Factors in Self-Management

FACTORS THAT PROMOTE EFFECTIVE SELF-MANAGEMENT	
SELF-REGULATORY SKILL	**EXAMPLE**
Establishing proximal and distal goals	Helen and her HCP discuss her current diet and activity patterns in order to develop realistic, challenging goals *together*. In addition to long-term goals, proximal (monthly and weekly) goals are also set.
Self-monitoring progress toward goal	Helen logs her diet and her exercise workouts each day. She also "tests" herself each month by walking around a track four times and seeing how much this tires her out.
Attaining feedback	Helen meets with her HCP weekly to discuss her log book. The HCP provides constructive feedback on how Helen is doing.

Facilitating Factors in Self-Management

Self-evaluating progress toward goal	Helen looks back and reflects on her previous log entries to make note of any progress she is making toward her goals, and whether she is noticing any changes in other areas of her life. She notes that it takes less effort for her to walk around the track, and that she can now ride the bike 10 min longer than she could 2 wk ago. All of these changes are seen as progress toward her goal of increasing her physical activity level.
Making corrections to goal-directed behavior	Once Helen has developed confidence of physical activity, the HCP helps Helen think of other ways to reach her health goals. He suggests that Helen gradually increase her fruit and vegetable intake. Helen brainstorms practical ways to reach short-term goals, such as buying precut vegetables for snacks.
Raising self-efficacy beliefs	Helen is encouraged to celebrate the progress she has made and to take pride on her hard work. This increases Helen's confidence in her abilities to successfully change her health behaviors, regardless of barriers that she encountered along the way.

Facilitating Factors in Self-Management

- The skills inherent in this process warrant repeating since they are part of the tools that both patients *and* HCPs must engage in and practice when self-managing health behavior. They include the following:

1. Setting clear, specific, and reasonably challenging goals for behavioral change—*setting a clear standard or goal*
2. Monitoring personal behavior and how it influences reaching goals and the rate of change—*self-monitoring progress*
3. Providing feedback and information on each health behavior goal that has been collaboratively established between the HCP and the older adult—*feedback*

Facilitating Factors in Self-Management

4. Self-evaluating progress related to the goal—collecting the older adult's personal judgments and emotional reactions about their pursuit of goals and making or not making progress—*self-evaluation*
5. Correcting behavior as a result of feedback and self-evaluation, leading to more effective and persistent change in the direction of established goals—*corrections*
6. Encouraging belief in the ability to organize and to take action associated with the specific circumstances that they are trying to change in order to achieve specific goals and to persist in and increase behavioral change, despite the setbacks, difficulties, or rate of progress—*self-efficacy beliefs*

Inhibitory Factors in Self-Management

- For some older adults, behavioral practices that reflect effective self-management of chronic disease are well learned and resistant to threats like competing behaviors and events.
- Many older adults consistently visit their physicians when they encounter novel physical symptoms, schedule screening examinations and vaccinations as recommended by HCPs, and take supplements and daily walks without fail.
- However, HCPs must often ask older adults dealing with chronic disease or disability to adopt new remedial or preventive behaviors, or to change dysfunctional patterns of behavior. Under such circumstances, a number of factors can inhibit effective self-management.

Inhibitory Factors in Self-Management

- Operating on auto pilot
- Slips, relapses, and intergoal conflict
- Barriers and toxic environments
- Costs and the problems of distant benefits

Inhibitory Factors in Self-Management

POPULAR MYTHS OF AGING		
1	To be old is to be sick	Although chronic illnesses and disabilities do increase with age, the majority of older people are able to perform functions necessary for daily living and to manage independently until very advanced ages. The effects of population aging are mediated, in part, by declining disability rates.
2	You can't teach an old dog new tricks	People are capable of learning new things over the entire life course—including into old age. This relates to cognitive vitality as well as the adoption of new behaviors.
3	The horse is out of the barn	The benefits of adopting recommended lifestyle behaviors continue into the later years. It is never too late to gain benefit from highly recommended behaviors, such as increasing physical activity or quitting smoking.

Inhibitory Factors in Self-Management

4	The secret to successful aging is to choose your parents wisely	Genetic factors play a relatively small role in determining longevity and quality of life. Social and behavioral factors play a larger role in one's overall health status and functioning.
5	The lights may be on, but the voltage is low	The majority of older people with partners and without major health problems are sexually active, although the nature and frequency of their activities may change over time.
6	Older adults don't pull their own weight	The majority of older adults who do not work for pay are engaged in productive roles within their families (eg, assisting with child care) or the community at large (eg, volunteering or activism).

Individual Versus Group-Based Interventions

- The work at Stanford indicates the benefits of incorporating groups into programs to instill self-management of health behavior for older adults when appropriate and possible.
- In our research, in three different randomized controlled trials (RCTs), we have compared the effects of group-mediated cognitive-behavioral self-management (GMCB) among
  a) apparently healthy but inactive older adults
  b) older patients who qualified for cardiac rehabilitation with a standard model,
  c) frail, overweight older adults at cardiovascular risk.

Individual Versus Group-Based Interventions

- In each of these RCTs, the treatments involved either usual care center–based exercise (ie, appropriate for older adults), standard center–based rehabilitation exercise (ie, cardiac rehabilitation), or comparison to an education group, interventions involved center-based exercise therapy.
- In the usual or standard therapy, patients met two to three times a week for exercise only.

Individual Versus Group-Based Interventions

- For the exercise plus counseling GMCB treatment, patients met less often for center-based exercise to promote home-based exercise, but when they did exercise at the center, they also met afterward in small counseling groups, designed to provide the knowledge, motivation, self-regulatory skills, and resources to be more physically active and to reduce self-perceived mobility disability.

Individual Versus Group-Based Interventions

- Toward the end of the intensive phase months of treatment, the group facilitator focuses the participant on the participants' role as dominant in their successful progress.
- As participants self-manage much of their own activity during that period, the facilitator gradually diminishes their role and contact until older adults are managing completely independently.

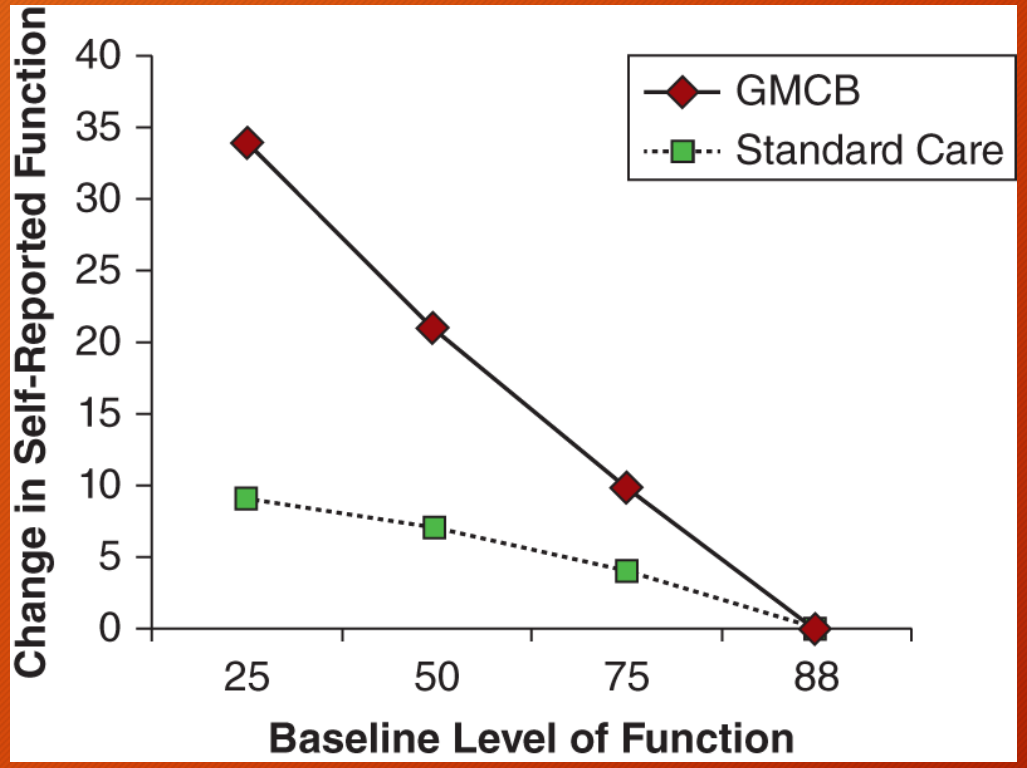
Individual Versus Group-Based Interventions

- The results of the studies show that after standard and GMCB groups had been heavily involved in their respective treatment plans, older adults who had been more compromised at entry into each study achieved greater reductions in self-perceived mobility disability in the GMCB condition than those who had been randomly assigned to usual or standard exercise therapies.

Individual Versus Group-Based Interventions

- In addition, at the end of reduced follow-up or no contact periods, those in the GMCB treatment group sustained their greater improvements compared to the comparison groups (ie, improved MET capacity, a measure of cardiovascular fitness), physical activity, and confidence to perform a timed walk test than those in standard treatment.

Three-month changes in self-reported physical function in traditional versus a group-mediated cognitive-behavioral intervention.



Individual Versus Group-Based Interventions

- Older adults best suited to groups are receptive to the concept of therapy and

a) discussing their disease,
b) learning from other members,
c) developing group goals,
d) interacting with other members in practicing self-regulatory skills.

Implementing a Framework for Effective Self-Management

- Self-management is heavily influenced by older adults' commonsense models of health-related problems and treatment options. When they are unclear about the meaning of their symptoms and conditions, they may experience anxiety and/or avoid important self-management behavior.

Implementing a Framework for Effective Self-Management

- Incorrectly interpreting a symptom as “nothing to worry about—it’s old age” can lead patients to be passive, and they may fail to take action that could prevent downstream morbidity.
- On the other hand, overreacting to the single occurrence of a symptom may result in overcompensation; for example, resting, when the correct reaction should be increased physical activity.

Implementing a Framework for Effective Self-Management

- Clarifying and *documenting* the *type, intensity, frequency, and duration of symptoms* that older adults are experiencing should be a priority of any practice. These data should be updated on follow-up contact calls or at scheduled visits.
- Any diagnosis should also be accompanied by information about both the disease/health state *and* the patients' role in managing the health event.
- Simply asking older adults whether or not they understand the problem they are encountering, and promptly moving on if they say they do, is unadvisable for two reasons.

Implementing a Framework for Effective Self-Management

- First, they may be embarrassed to admit that they don’t understand common disease states, such as hypertension or diabetes.
- Second, even if patients think they understand a specific diagnosis, components of their commonsense models may well be in error and detract from adherence to recommended and agreed-upon action.

Implementing a Framework for Effective Self-Management

- HCPs discussing self-management with older adults in relation to these diagnoses can underscore the importance of their partnership, using it as a platform for mutual understanding
  a. to set concrete goals in specific areas,
  b. to establish action plans,
  c. to discuss the importance and means of providing feedback about these action plans.

Implementing a Framework for Effective Self-Management

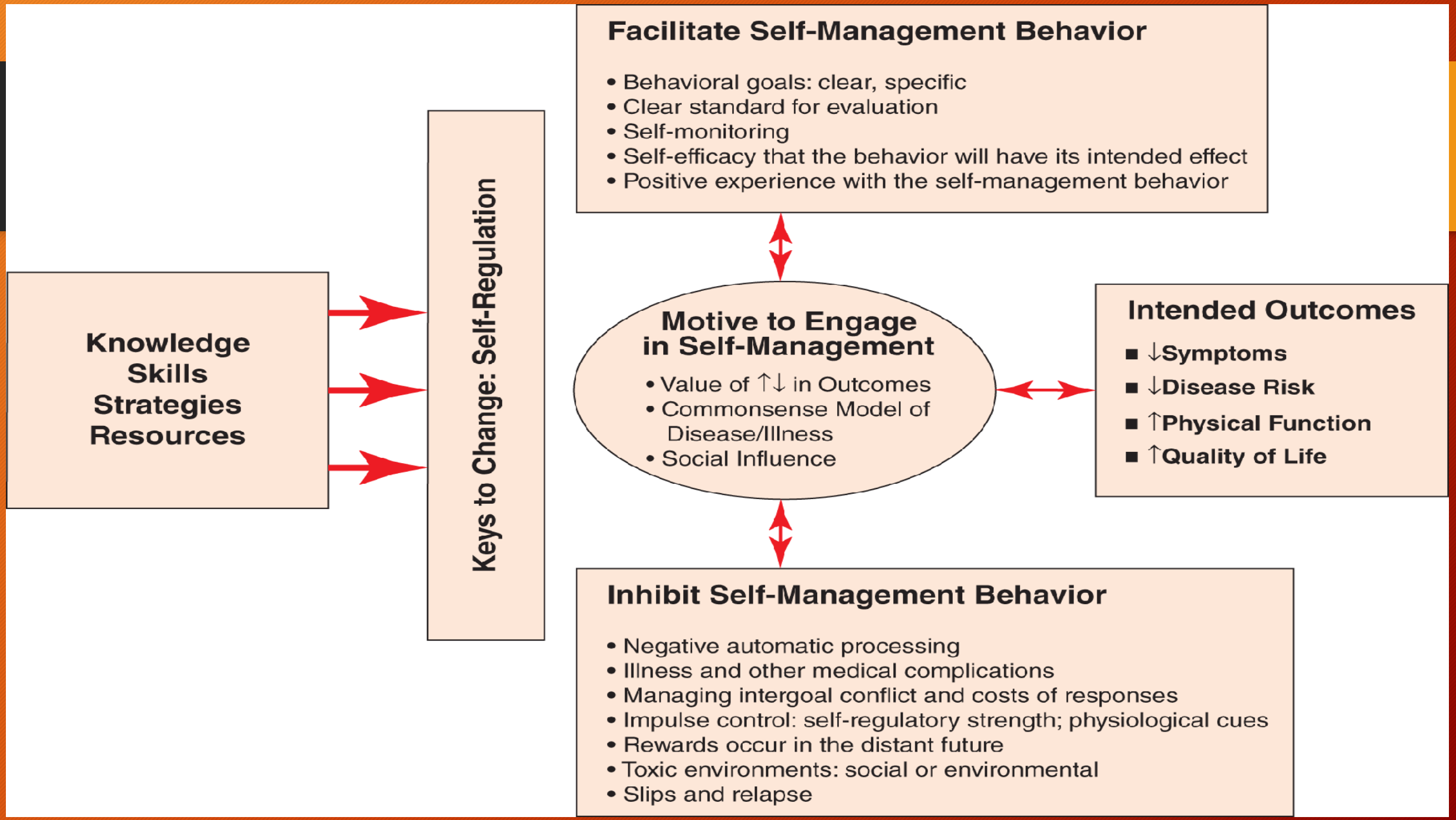
- The plan also uses patient self-efficacy to complete the action plan as an initial marker of whether the plan should be modified and it engages the patient in ways to adjust the plan so they have joint ownership of it, thereby encouraging the likelihood of greater adherence.

Implementing a Framework for Effective Self-Management

- Once the HCP is assured that patients are getting the idea of self-management and are actively participating in it, HCPs should be able to link their older patients to resources in either their own network or the community that might be valuable in managing their health states.
- For example, someone who is obese and has elevated glucose should be referred for weight loss.
- Referrals should be proactive when possible; that is, if patients are receptive, HCPs should arrange the initial contact with resource personnel.

Implementing a Framework for Effective Self-Management

- They must also be aware of whether or not patients have the economic means, time, and transportation required to take advantage of the proposed resources.
- Taking time to match and plan greatly increases the likelihood that older adults will follow up on recommendations.
- Once enrolled, HCPs must monitor patients' progress with outpatient programs if they really are to function as active partners in self-management.


Facilitate Self-Management Behavior
• Behavioral goals: clear, specific
• Clear standard for evaluation
• Self-monitoring
• Self-efficacy that the behavior will have its intended effect
• Positive experience with the self-management behavior
Knowledge
Skills
Strategies
Resources
Keys to Change: Self-Regulation
Motive to Engage in Self-Management
• Value of ↑↓ in Outcomes
• Commonsense Model of Disease/Illness
• Social Influence
Intended Outcomes
■ ↓Symptoms
■ ↓Disease Risk
■ ↑Physical Function
■ ↑Quality of Life
Inhibit Self-Management Behavior
• Negative automatic processing
• Illness and other medical complications
• Managing intergoal conflict and costs of responses
• Impulse control: self-regulatory strength; physiological cues
• Rewards occur in the distant future
• Toxic environments: social or environmental
• Slips and relapse