Evaluation of the Self Care to Wellness Programme
EVALUATION OF THE SELF CARE TO WELLNESS PROGRAMME (SCWP)

Report prepared on behalf of the Health and Wellbeing Department, Community Health Organisation 2

Authors: Dr David S. Evans
Senior Research Officer
Department of Public Health
Health Service Executive West

Ms Kathy McSharry
Professional Development Coordinator for Practice Nurses, Health Service Executive CHO2 and SCWP Clinical Advisor

Ms Jackie Lynott
Centre for Independent Living, Mayo and SCWP Coordinator in Mayo

March 2017
ACKNOWLEDGEMENTS

We are grateful for the cooperation of all those who completed the surveys. Special thanks to the programme facilitators for their time, energy and commitment in delivering the programme which has contributed greatly to the successful implementation of the SCWP in Mayo. To Claire Dunne and Fiona Kavanagh for proof reading, and printing and Fiona Kavanagh for assistance throughout the project.
EXECUTIVE SUMMARY

The HSE is committed to supporting people to self-manage long term health conditions. The Self Care to Wellness Programme (SCWP) is a community based self-management training programme for those with long term health conditions which commenced in County Mayo in January 2015. It is a joint partnership between the HSE, Mayo Centre of Independent Living (CIL), Disability Federation of Ireland (DFI) and the Multiple Sclerosis Society (MS). The six week Programme follows the Stanford Model for Chronic Disease Self Management (Lorig et al. 1999). The aim of the study was to obtain feedback from Programme participants in terms of its impact on managing their condition.

All those that attended the programme between January and December 2015 were invited to complete a questionnaire at the beginning and six months after completing the Programme. The study utilised a number of validated measures, in addition to open ended questions to allow respondents to elaborate on their responses.

The key findings can be summarised as follows:

- The average age of those attending was 56.7 years (male = 59.9, female = 56.7). Over three quarters were female with 25% male.

- Two thirds were living with more than one long term condition. The most frequently stated conditions are mental health conditions (33%), musculoskeletal disorders (31%), and cardiovascular/circulatory conditions (24%).

- Positive rating of health significantly changed from 49% before the programme to 72% post programme (p = 0.004).
• The average time spent stretching and strengthening was 27.8 minutes at the beginning of the programme and 38.3 minutes after the programme (p = 0.460).

• The average time spent undertaking aerobic exercise was 103.3 minutes at the beginning of the programme and 115 minutes after the programme.

• Average self-efficacy scores improved from 5.8 at the beginning to 6.2 out of 10 after the programme (p = 0.073).

• Average energy/fatigue significantly improved from 2.1 out of five at the beginning to 2.5 after the programme (p< 0.001).

• Average pain scores reduced from 4.68 out of ten before the programme to 4.59 after the programme (p = 0.823).

• Quality of life significantly improved from 5.27 out of ten before the programme to 6.26 after the programme (p< 0.001).

• Participants were significantly less limited after the programme in terms of social roles/activities that they could undertake (p< 0.001).

• Visits to the GP significantly reduced from 5.9 visits on average at the beginning of the programme to 3.17 after the programme (p = 0.008).

• No significant changes were made in terms of visits to Westdoc out of hours GP service, visits and stays in hospital (p> 0.05).
It is hoped that this evaluation will facilitate the development of community based self-management programmes to meet the needs of those with one or more long term conditions. The following recommendations have been made:

1. Mechanisms to increase participation in the Programme by men should be investigated. This should include consideration of developing a Programme specifically for men.

2. Consideration should also be given to mental health needs when developing Self-Management Support Programmes.

3. To help ensure that individuals obtain the maximum benefits from exercise, the process of goal setting and empowerment should be targeted.

4. Additional initiatives for individuals recording low self efficacy scores at the beginning of the Programme should be developed.

5. Assessment tools need to be employed that measure the impact of the Programme on an individual’s ability to cope with pain.

6. Consideration should be given to extending the Programme or providing additional support in the initial weeks after it has been completed.

7. A system should be developed to monitor the impact of the Programme in the longer term (e.g. 12 months).
CONTENTS

ACKNOWLEDGEMENTS................................................................................................................. 1
EXECUTIVE SUMMARY.................................................................................................................. 2
1. INTRODUCTION......................................................................................................................... 6
   1.1 BACKGROUND ....................................................................................................................... 6
   1.2 SELF CARE TO WELLNESS PROGRAMME (SCWP) ............................................................. 7
   1.3 AIMS AND OBJECTIVES ..................................................................................................... 7
2. METHODOLOGY......................................................................................................................... 9
   2.1 INTRODUCTION ................................................................................................................... 9
   2.2 BEFORE AND AFTER SURVEY OF PARTICIPANTS ............................................................ 9
   2.3 MEASURES ........................................................................................................................ 10
   2.4 DATA MANAGEMENT ........................................................................................................ 10
3. RESULTS .................................................................................................................................. 11
   3.1 INTRODUCTION .................................................................................................................. 11
   3.2 PROFILE ........................................................................................................................... 11
   3.3 SELF-RATED HEALTH ......................................................................................................... 14
   3.4 EXERCISE BEHAVIOURS .................................................................................................... 15
   3.5 SELF EFFICACY ................................................................................................................ 17
   3.6 ENERGY/FATIGUE ............................................................................................................... 18
   3.7 PAIN .................................................................................................................................. 19
   3.8 QUALITY OF LIFE IN THE PAST WEEK ............................................................................ 20
   3.9 SOCIAL ROLE/ACTIVITIES ............................................................................................... 21
   3.10 VISITS TO GP SERVICES .................................................................................................. 22
   3.11 VISITS TO HOSPITAL SERVICES .................................................................................... 24
   3.12 SUMMARY OF PRE AND POST CHANGES .................................................................... 26
   3.13 USE OF SELF-MANAGEMENT TOOLS .......................................................................... 27
   3.14 BEST AND WORST THINGS ABOUT PROGRAMME ......................................................... 28
   3.15 ADDITIONAL COMMENTS ............................................................................................... 29
4. DISCUSSION ............................................................................................................................. 31
   4.1 INTRODUCTION .................................................................................................................. 31
   4.2 CURRENT USERS OF THE PROGRAMME .......................................................................... 31
   4.3 REASONS FOR ATTENDING PROGRAMME ...................................................................... 32
   4.4 SELF-RATED HEALTH ......................................................................................................... 32
   4.5 EXERCISE BEHAVIOURS .................................................................................................... 33
   4.6 SELF EFFICACY ................................................................................................................ 34
   4.7 ENERGY/FATIGUE ............................................................................................................... 34
   4.8 PAIN .................................................................................................................................. 35
   4.9 QUALITY OF LIFE .............................................................................................................. 35
   4.10 SOCIAL ROLE/ACTIVITIES .............................................................................................. 35
   4.11 HEALTH CARE UTILISATION .......................................................................................... 36
   4.12 USE OF SELF MANAGEMENT TOOLS ............................................................................ 36
   4.13 OVERALL PERCEPTIONS OF THE PROGRAMME .............................................................. 37
   4.14 LONG TERM FOLLOW UP ............................................................................................... 37
5. CONCLUSIONS AND RECOMMENDATIONS ............................................................................ 38
6. REFERENCES ............................................................................................................................. 40
APPENDIX 1 .................................................................................................................................. 43
APPENDIX 2 .................................................................................................................................. 48
APPENDIX 3 .................................................................................................................................. 54
1. INTRODUCTION

1.1 Background
A long term condition (LTC) is a condition that cannot be cured but can be controlled by medication and/or other treatment/therapies (Department of Health 2012a). Examples of LTCs include diabetes, cancers, cardiovascular diseases, respiratory diseases, mental illness, and chronic pain. LTCs are also referred to as Non Communicable Diseases (NCDs) and Chronic Diseases. LTCs are the leading causes of death worldwide and are projected to increase as populations age (Alwan 2011). In Ireland, 86% of people aged 65 years and over report one or more LTC, with 65% having two or more LTCs (Barrett et al. 2011).

LTCs represent a significant cost to health services (Department of Health 2013). It has been estimated that 70% of healthcare costs and 80% of GP consultations are attributed to LTCs (Department of Health 2012b). As a result, the prevention and management of LTC's has been a core focus of health policy over the last number of years (Department of Health and Children 2008, Department of Health 2012c).

A core component of the management of long term conditions is the concept of self-management. Self-management has been defined as a person's ability to manage the symptoms and the consequences of living with a chronic condition, including treatment, physical, social and lifestyle changes (Barlow et al. 2002). The HSE has committed to supporting self-management and is introducing a framework to help facilitate this process (Health Service Executive 2015). It is against this background that the Self Care to Wellness Programme has been developed.
1.2 Self Care to Wellness Programme (SCWP)

The Self Care to Wellness Programme (SCWP) is a community based self-management training programme for those with long term health conditions in county Mayo. It consists of six weekly two and a half hour group sessions with two facilitators. It is a joint partnership between the HSE, Mayo Centre of Independent Living (CIL), Disability Federation of Ireland (DFI) and the Multiple Sclerosis Society (MS).

The Programme is evidence based and was originally developed by the School of Medicine at Stanford University (Lorig et al. 1999). A key component of the Programme is that it is peer led with at least one of the facilitators having a long term health condition. Facilitators are trained Stanford approved master trainers. Sessions are taught through action plans (weekly goals), group discussion (brainstorming, problem solving), taught education, group process and learning from each other. The programme aims to support and promote participants to become active self-managers in their care. It aims to increase knowledge of self-management, improve self-confidence, and to decrease pain and depression. More specifically, the topics covered in the Programme include:

- Managing pain, fatigue and difficult emotions
- Nutrition and exercise methods
- Communicating more effectively with family, friends and heath care team
- Problem solving and making decisions about health
- Setting manageable goals
- Managing medications

The Programme has been provided in county Mayo by 14 facilitators at a number of community based locations.

1.3 Aims and Objectives

The aim of the study was to obtain feedback from Programme participants in terms of its impact on managing their condition.
More specifically, the objectives of the study were to examine changes over time for participants in terms of health status, behaviours, self-efficacy and health care utilisation.
2. METHODOLOGY

2.1 Introduction
A quantitative approach was employed which involved a comparison of respondents at the beginning and six months after completing the SCWP.

2.2 Before and After Survey of Participants
All those that attended the programme between January and December 2015 were invited to complete a questionnaire at the beginning of the programme (appendix 1) and six months after completing the Programme (appendix 2). The initial ‘before’ questionnaire was completed prior to the beginning of the first day of the programme (with an option to complete at home using a prepaid envelope), while the six month ‘after’ questionnaire was sent with a letter of explanation to respondents for return in a prepaid envelope. A reminder was sent to respondents if questionnaires were not returned after two weeks. The questionnaires aimed to assess:

- Health status
- Health behaviours
- Self-efficacy
- Health care utilisation
- Use of self management tools
- Reasons for attending Programme
- Perceptions of the Programme
2.3 Measures
The study utilised a number of validated measures that had previously been used by Stanford University. These included:

2. Stanford Exercise Behaviour Scale.

In addition, a number of open ended questions were also included to determine the main reasons for attending the programme, perceptions of the programme and to provide respondents with the opportunity to give additional comments.

2.4 Data Management
Data from returned completed questionnaires were entered into Microsoft Excel. Identification codes were assigned by the Programme Coordinator to match individual responses to the ‘before’ and ‘after’ questionnaires. The anonymised data was then imported into IBM SPSS statistics V23 for analysis.
3. RESULTS

3.1 Introduction
A total of 89 completed questionnaires were received at the beginning and 60 were received six months after the programme. Results comparing responses at the beginning and six months after the programme are shown for those that completed both questionnaires (n= 60). Profile data was collected at the beginning of the programme, providing information for 89 respondents.

3.2 Profile
Table 3.1 shows that 99% of respondents were 35 years of age or older. Almost a third (30.3%) were 65 years of age or older. The average age was 56.7 years (male = 59.9, female = 56.7). Over three quarters (75%) were female with 25% male.

Table 3.1: Age by Gender at beginning of programme

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th></th>
<th>Female</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>25-34</td>
<td>1</td>
<td>100.0</td>
<td>1</td>
<td>1.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>1</td>
<td>7.1</td>
<td>13</td>
<td>92.9</td>
<td>14</td>
<td>16.3</td>
</tr>
<tr>
<td>45-54</td>
<td>5</td>
<td>20.0</td>
<td>20</td>
<td>80.0</td>
<td>25</td>
<td>29.1</td>
</tr>
<tr>
<td>55-64</td>
<td>5</td>
<td>25.0</td>
<td>15</td>
<td>75.0</td>
<td>20</td>
<td>23.3</td>
</tr>
<tr>
<td>65-74</td>
<td>6</td>
<td>30.0</td>
<td>14</td>
<td>70.0</td>
<td>20</td>
<td>23.3</td>
</tr>
<tr>
<td>75+</td>
<td>3</td>
<td>50.0</td>
<td>3</td>
<td>50.0</td>
<td>6</td>
<td>7.0</td>
</tr>
</tbody>
</table>

Respondents were asked in an open ended question to state the long term conditions that they live with. A total of 177 conditions were given with four references to factors that impacted on their condition. Similar conditions were then grouped and are shown on table 3.2. It can be seen that the most frequently stated are mental health conditions (33%), musculoskeletal disorders (31%), and cardiovascular/circulatory conditions (24%).
Table 3.2: Long term conditions living with at beginning of programme*

<table>
<thead>
<tr>
<th>Long term conditions</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health (depression, anxiety, stress, grief, bipolar, low self-esteem, post-traumatic stress disorder, bulimia, personality disorder)</td>
<td>29</td>
<td>33.0</td>
</tr>
<tr>
<td>Musculoskeletal Disorders (arthritis, osteoarthritis, rheumatoid, fibromyalgia)</td>
<td>27</td>
<td>30.7</td>
</tr>
<tr>
<td>Cardiovascular/Circulatory (stroke, MI, CABG, DVT, HTN, heart failure, atrial fibrillation, pulmonary embolus)</td>
<td>21</td>
<td>23.9</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>17</td>
<td>19.3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15</td>
<td>17.0</td>
</tr>
<tr>
<td>Gastrointestinal/Inflammatory Bowel Disease (crohn’s disease, ulcerative colitis, colostomy, coeliac disease, hiatus hernia)</td>
<td>10</td>
<td>11.4</td>
</tr>
<tr>
<td>Neurological (MS, epilepsy, ME, motor conversion disorder, Parkinson’s spina bifida)</td>
<td>8</td>
<td>9.1</td>
</tr>
<tr>
<td>Respiratory (COPD, asthma, lung condition)</td>
<td>6</td>
<td>6.8</td>
</tr>
<tr>
<td>Chronic Fatigue</td>
<td>5</td>
<td>5.7</td>
</tr>
<tr>
<td>Other (skin conditions (3), eye conditions (3), Cancer (2), Thyroid (2), Lyme disease (2), Liver disease (1) and hemochromatosis (1).)</td>
<td>14</td>
<td>15.9</td>
</tr>
</tbody>
</table>

* multiple response, there percentages may not add to 100%  

Figure 3.1 shows that two thirds (66%) were living with more than one long term condition, with a quarter (25%) living with three or more conditions. The average number of conditions was 2.01. There were no significant differences in the average number of symptoms for those under 45 years (mean = 1.93), those aged 45-64 (mean = 2.05), and those over 65 years of age (mean = 1.96) (One way Anova, F = 0.108, p = 0.898).
In response to an open ended question, the main reasons given by respondents for attending the Programme were wanting to change their situation (44%), looking for additional or alternative support (40%), being recommended for the Programme by a health professional or other individual (11%), and peer support (10%). The following are a selection of comments that reflect the themes identified:

"To manage my life better, to be more active and learn new coping skills, manage pain better. To socialise with people in similar circumstances."

"To learn long lasting techniques and tips to help manage condition better and ultimately reduce depression, anxiety and stress."
“To control my quality of life and control my anxiety depression.”

“To get to manage my life and my pain, so I can get to know myself and my illness better and to see myself in other people and their illness and difficulties as to manage my life better.”

### 3.3 Self-rated Health
Figure 3.1 shows that at the beginning of the course 11% of respondents rated their health as excellent or good, with 51% giving a fair or poor rating. After the course, 23% rated their health as excellent or good with 28% rating it fair or poor. The proportion giving a positive rating of their health changed from 49% before the programme to 72% post programme. These changes are statistically significant (Wilcoxon signed ranks test, $Z = -2.864$, $p = 0.004$).

The proportion of those with one long term condition giving a positive self-rating of health increased from 72.7% to 81.7%. This change was not statistically significant (Wilcoxon signed ranks test, $Z = -884$, $p = 0.377$). By comparison, the proportion with two or more health conditions giving a positive self-rating of health increased from 41.6% to 66.9%. This change was statistically significant (Wilcoxon signed ranks test, $Z = -82.826$, $p = 0.005$).
3.4 Exercise behaviours

From figure 3.2 it can be seen that at the beginning of the course half (50%) the respondents did not do any stretching or strengthening, with 18% stretching or strengthening for less than 30 minutes and 32% for over 30 minutes. After the course, 28% did no stretching or strengthening, while 23% undertook less than 30 minutes a week and 48% over 30 minutes. The average time spent stretching or strengthening was 27.8 minutes at the beginning of the programme and 38.3 minutes after the programme. This change was not statistically significant (paired T test, t = -1.371, df = 59, p = 0.176).
In terms of aerobic exercise, 5% did none at the beginning of the course with 45% undertaking aerobic exercise for 60 minutes or less, and 50% for over an hour. After the course 10% did no aerobic exercise, with 35% undertaking 60 minutes or less and 55% exercising aerobically for over 60 minutes. The average time spent undertaking aerobic exercise was 103.3 minutes at the beginning of the programme and 115.0 minutes after the programme. This change was not statistically significant (paired T test, $t = -.744$, df = 59, $p = 0.460$).
3.5 Self Efficacy

Figure 3.5 shows respondents total self-efficacy scores on a ten point scale (1 = low, 10 = high). It can be seen that at the beginning of the course 21% scored four out of ten, with 35% scoring 5-6 and 43% scoring seven or higher. After the course, 17% scored four, 39% 5-6, and 44% scoring seven or higher. The average self efficacy score was 5.8 at the beginning of the course and 6.2 after the programme. This change was not statistically significant (paired T test, $t = -1.829$, df = 56, $p = 0.073$).
3.6 Energy/Fatigue

Using the energy fatigue index (0 = less energy, 5 = more energy), figure 3.4 shows that at the beginning of the course 71% scored two out of five with 295 scoring three or more out of five. After the course, 48% scored up to two out of five with 29% scoring three or more. The average energy/fatigue score was 2.1 at the beginning of the course and 2.5 after the programme. This change was statistically significant (paired T test, t = -3.820, df = 56, p < 0.001).
3.7 Pain
In terms of pain experienced in the last two weeks, figure 3.5 shows that 49% scored five out of ten or higher at the beginning of the programme, with 17% scoring nine or more. After the programme, 53% scored five or over, with 15% scoring nine or more. The average pain score was 4.68 at the beginning of the programme and 4.59 after the programme. This change was not statistically significant (paired T test, t = 0.224, df = 58, p = 0.823).
Respondents were asked to rate their quality of life in the past week (0 = very poor, 10 = excellent). It can be seen from figure 3.5 that at the beginning of the programme 32% scored less than five, with 37% scoring 5-6 and 27% scoring seven or higher. After the programme, 21% scored less than five with 28% scoring 5-6 and 40% scoring seven or higher. The average quality of life score was 5.27 at the beginning of the programme and 6.26 after the programme. This change was statistically significant (paired T test, $t = -3.554$, df = 59, $p = 0.001$).
3.9 Social Role/Activities

Figure 3.6 shows respondents limitations in terms of social/role activities (using the social/role activities limitations scale; 0 = no limitation, 4 = almost total limitation). At the beginning of the programme 19% scored up to two out of four, with 42% scoring three and 39% scoring four. After the programme, 47% scored up to two with 30% scoring three and 23% scoring four. The average score was 2.15 at the beginning of the programme and 1.66 after the programme. This change was statistically significant (paired T test, \( t = 4.539, df = 54, p < 0.001 \)).
3.10 Visits to GP Services

It can be seen from figure 3.7 that 42% of respondents visited their GP practice five or more times in the previous six months with 33% visiting 3-4 times. After the programme, 24% had visited their GP five or more times with 30% visiting 3-4 times in the previous six months. There were 5.9 visits on average at the beginning of the programme and 3.17 after the programme. This change was statistically significant (paired T test, t = 2.761, df = 51, p< 0.008).
In terms of visits to Westdoc out of hours GP service (figure 3.8), 16% had made at least one visit at the beginning of the programme compared to 9% after the programme. There were no significant changes in the average number of visits before (mean = 0.28) and after (mean = 0.15) the programme (paired T test, $t = 1.095$, $df = 52$, $p< 0.278$).
3.11 Visits to Hospital Services

In terms of visits to Accident and Emergency Services, 33% made at least one visit in the last six months at the beginning of the programme. After the programme 25% had made at least one visit. The average number of visits changed from 0.74 to 0.65 visits which was not statistically significant (paired T test, $t = 0.329$, df = 53, $p = 0.743$).
Table 3.1 shows the number of different times respondents stayed in a hospital overnight, and the total number of nights spent in hospital in the last six months. The proportion that stayed at least once changed from 19% at the beginning of the programme to 9% after the programme. The average number of different stays changed from 0.45 to 0.11 visits which was not statistically significant (paired T test, $t = 1.898$, df = 54, $p = 0.063$). The average number of total nights spent in hospital changed from 3.42 to 1.02 nights which was not statistically significant (paired T test, $t = 1.904$, df = 54, $p = 0.063$).
Table 3.1: Number of different times and total number of nights spent in hospital in the past six months

<table>
<thead>
<tr>
<th>Number of times or nights</th>
<th>Number of different times stayed in a hospital overnight in past six months</th>
<th>Total nights spent in hospital in past six months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre programme No.</td>
<td>%</td>
</tr>
<tr>
<td>None</td>
<td>48</td>
<td>81.4</td>
</tr>
<tr>
<td>1-2</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td>3-4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5-6</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>7-10</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Over 10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3.12 Summary of pre and post Changes

Table 3.2 provides an overview of changes pre and post programme for the assessment measures employed in the evaluation. It can be seen that changes are statistically significant for six measures and not significant for seven of the 13 measures.

Table 3.2: Pre and Post Changes in Assessment Measures

<table>
<thead>
<tr>
<th>Assessment Measures</th>
<th>Pre programme</th>
<th>Post programme</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td>Mean</td>
</tr>
<tr>
<td>Self rated health</td>
<td>3.43</td>
<td>0.963</td>
<td>3.08</td>
</tr>
<tr>
<td>Exercise behaviours</td>
<td>27.75</td>
<td>44.60</td>
<td>38.25</td>
</tr>
<tr>
<td>-stretching and strengthening</td>
<td>103.25</td>
<td>95.91</td>
<td>115.0</td>
</tr>
<tr>
<td>-aerobic exercise</td>
<td>5.72</td>
<td>1.82</td>
<td>6.14</td>
</tr>
<tr>
<td>Self efficacy</td>
<td>2.08</td>
<td>0.94</td>
<td>2.57</td>
</tr>
<tr>
<td>Energy/fatigue</td>
<td>4.68</td>
<td>3.18</td>
<td>4.57</td>
</tr>
<tr>
<td>Quality of life</td>
<td>5.27</td>
<td>2.28</td>
<td>6.25</td>
</tr>
<tr>
<td>Social role activities</td>
<td>2.16</td>
<td>0.95</td>
<td>1.64</td>
</tr>
<tr>
<td>Visits to GP</td>
<td>5.78</td>
<td>6.84</td>
<td>3.12</td>
</tr>
<tr>
<td>Visits to Westdoc</td>
<td>0.30</td>
<td>0.84</td>
<td>0.14</td>
</tr>
<tr>
<td>A&amp;E visits in last six months</td>
<td>0.74</td>
<td>1.62</td>
<td>0.63</td>
</tr>
<tr>
<td>Number of different times stayed in a hospital overnight in past six months</td>
<td>0.49</td>
<td>1.48</td>
<td>0.11</td>
</tr>
<tr>
<td>Total nights spent in hospital in past six months</td>
<td>3.54</td>
<td>9.42</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* Wilcoxon signed ranks test
** paired T test
3.13 Use of Self-Management Tools
The programme utilises a number of self-management tools to help participants manage their chronic condition. After the programme, respondents were given a list of these tools and asked how often they used them (table 3.3). Each tool was used by the majority of respondents (84-100%). The most frequently stated tools used 3-4 times a week or more often included physical activity (83%), healthy eating (81%), and managing medications (77%). The main tools never used or used once a month or less included working with health professionals (64%), breathing techniques (19%), and effective communication (19%).

Table 3.3: Frequency of Using Self-Management Tools

<table>
<thead>
<tr>
<th>Self management tools</th>
<th>Every day</th>
<th>1-2 times a week</th>
<th>3-4 times a week</th>
<th>Every 1-2 weeks</th>
<th>Once a month or less</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity</td>
<td>19</td>
<td>32.2</td>
<td>5</td>
<td>8.5</td>
<td>30</td>
<td>50.8</td>
</tr>
<tr>
<td>Managing your medications</td>
<td>39</td>
<td>68.4</td>
<td>6</td>
<td>10.5</td>
<td>5</td>
<td>8.8</td>
</tr>
<tr>
<td>Decision making</td>
<td>24</td>
<td>42.9</td>
<td>4</td>
<td>7.1</td>
<td>14</td>
<td>25.0</td>
</tr>
<tr>
<td>Action planning</td>
<td>21</td>
<td>36.8</td>
<td>5</td>
<td>8.8</td>
<td>8</td>
<td>14.0</td>
</tr>
<tr>
<td>Breathing techniques</td>
<td>21</td>
<td>36.8</td>
<td>8</td>
<td>14.0</td>
<td>14</td>
<td>24.6</td>
</tr>
<tr>
<td>Understanding emotions</td>
<td>21</td>
<td>36.8</td>
<td>12</td>
<td>21.1</td>
<td>6</td>
<td>10.5</td>
</tr>
<tr>
<td>Problem solving</td>
<td>24</td>
<td>42.9</td>
<td>9</td>
<td>16.1</td>
<td>8</td>
<td>14.3</td>
</tr>
<tr>
<td>Using your mind (distraction techniques)</td>
<td>16</td>
<td>28.1</td>
<td>12</td>
<td>21.1</td>
<td>12</td>
<td>21.1</td>
</tr>
<tr>
<td>Sleep (getting a good night’s sleep)</td>
<td>22</td>
<td>37.3</td>
<td>6</td>
<td>10.2</td>
<td>17</td>
<td>28.8</td>
</tr>
<tr>
<td>Effective communications (“I” and “you” messages)</td>
<td>17</td>
<td>31.5</td>
<td>10</td>
<td>18.5</td>
<td>11</td>
<td>20.4</td>
</tr>
<tr>
<td>Healthy eating</td>
<td>35</td>
<td>61.4</td>
<td>7</td>
<td>12.3</td>
<td>11</td>
<td>19.3</td>
</tr>
<tr>
<td>Weight management</td>
<td>23</td>
<td>40.4</td>
<td>9</td>
<td>18.8</td>
<td>8</td>
<td>14.0</td>
</tr>
<tr>
<td>Working with health professionals</td>
<td>12</td>
<td>21.1</td>
<td>4</td>
<td>7.0</td>
<td>2</td>
<td>3.5</td>
</tr>
</tbody>
</table>
### 3.14 Best and Worst things about Programme

Respondents were asked in an open ended question to state the best and worst things about the programme. In terms of the best things (table 3.4), the main themes which emerged were the shared learning/group discussions (30%), and the skills/tools that they had learned (30%).

<table>
<thead>
<tr>
<th>Best things</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Learning/ Group discussion</td>
<td>18</td>
<td>30.0</td>
</tr>
<tr>
<td>Skills/Tools Learned</td>
<td>18</td>
<td>30.0</td>
</tr>
<tr>
<td>Meeting others</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Confidence</td>
<td>9</td>
<td>15.0</td>
</tr>
<tr>
<td>No comment</td>
<td>5</td>
<td>8.3</td>
</tr>
</tbody>
</table>

* multiple response, there percentages may not add to 100%

Below are examples of some the comments that reflect the themes identified:

"It helped me to see exercise and good diet is important but very hard to do when you are broken down with pain and stress. It helped me make new friends we usually meet every 6-8 weeks."

"It made me more aware of my habits and gave me the tools to make positive changes."

"Learning you are not the only one that has depression getting to know symptoms and also dong the weekly tasks, meting friends."

In terms of the worst things (table 3.5), the main theme which emerged was that the programme should be longer (14%).
Table 3.5: Worst things about attending the programme*

<table>
<thead>
<tr>
<th>Worst things</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy to get there</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>First day attending</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Meeting people you know</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Parking</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Programme needs to be longer</td>
<td>12</td>
<td>14.0</td>
</tr>
<tr>
<td>Too many topics</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>Travel distance</td>
<td>1</td>
<td>1.0</td>
</tr>
<tr>
<td>No comment</td>
<td>42</td>
<td>1</td>
</tr>
</tbody>
</table>

* multiple response, there percentages may not add to 100%

Below are examples of some the comments that reflect the themes identified;

“That it wasn't longer, or keep class every six months to keep on track!”

“Nothing bad I thought it was fantastic. It was the first time in 20 years I spoke about my disease which you can imagine was an immense weight lifted albeit temporarily”.

3.15 Additional Comments
A total of 33 people gave comments which were all of a complimentary nature. Most of the comments included thanks and praise for an enjoyable and useful programme. The following are examples of comments:

“I thoroughly enjoyed participating in the SCW programme. I met wonderful people with other illnesses and this made me feel "not alone" which helped immensely emotionally. I was taught skills in managing my health and I use these skills every day in my life which has me happier and healthier so thank you and keep up the good work, it is a fantastic course would recommend it to everyone.”
“There should be a follow up programme to see how each group has been since the programme, a once off session with the group.”

“The programme was really good and great to help people look at their whole life rather than just medications from the GP manual also very helpful.”

“The course was a great facility and the book has been very useful since the course finished. It has also allowed me to meet people who are dealing with similar issues and we have stayed in contact since the course finished.”
4. DISCUSSION

4.1 Introduction
The Self Care to Wellness programme (SCWP) aims to help people
with long term conditions to become active self-managers in their
health. The study provides a meaningful assessment of how well
this is being achieved to date. The key issues emerging from the
evaluation will now be discussed.

4.2 Current Users of the Programme
Current users of the service are mainly from the older population
with almost a third 65 years of age or older. This would be expected
as the number of people with long term conditions does increase
with increasing age (Alwan 2011). Over three quarters of users of
the programme are women. Galdas et al (2014) note a number of
studies have shown a lower uptake by men, despite the fact that
men are poorer self-managers and have an increased incidence of
the most disabling chronic conditions (e.g. diabetes, cardiovascular
disease). In reviewing self-management support interventions
Galdas et al (2014) note that men may not participate as they
challenge masculine ideals of being independent and in control, and
being able to tolerate pain. To be effective, interventions need to
engage men without impacting on aspects of masculine identity.
They suggest that a clear purpose needs to be demonstrated with
opportunities to maintain control. Accessibility and acceptability
may also be improved if participants have multiple things in
common (including gender), highlighting the need to consider
developing programmes specifically for men. This approach has also
been recommended by the European Commission (2011) to help
address the health needs of men.

Those attending the programme experienced a wide variety of
different conditions, with the main types being mental health,
muscovskeletal disorders and cardiovascular/circulatory conditions. In addition, two thirds of attendees lived with more than one condition. Studies have shown that having more than one condition (multimorbidity) is common, particularly for those over 65 years of age (Glynn et al. 2011). People with long-term physical health conditions often also experience mental health problems (Naylor et al. 2012) such as depression and anxiety (Wilhelm et al. 2003, Clarke et al. 2009). This helps to explain why mental health was the most frequently stated long term condition. The generic nature of the Self Care to Wellness Programme means that it is well suited to dealing with the range and number of conditions of those attending. However this issue does stress the importance of considering mental health when providing self-management support. The National Framework for Self-management (Department of Health 2012b) prioritises COPD, asthma, diabetes, and cardiovascular diseases. Consideration should also be given to mental health needs when developing self-management support programmes.

4.3 Reasons for attending Programme
Identifying the reasons why people attend the Programme is important to help ensure that participants are fully informed in terms of what to expect from the Programme. The main theme emerging from the results was that participants wanted to change their current situation. Wanting to change is an important starting point in the process of behaviour change (Prochaska et al. 1986) which may also have a positive influence on other Programme participants. The other main theme emerging was the need for additional support including peer support. This is a core component of the Self Care to Wellness Programme. The reasons identified for attending the Programme demonstrate that the needs of those attending do match the aim and scope of the Programme.

4.4 Self-Rated Health
Self-rated health has been shown to be a strong predictor of mortality (Idler et al. 1997, Schnittker et al. 2014). De Salvo et al (2006) have shown that those who report poor health have twice the risk of mortality of those that report excellent health. It is therefore very promising that compared to before attending the
course, self-rated-health significantly improved, suggesting an overall reduced risk of mortality among those attending.

### 4.5 Exercise Behaviours

Exercise has been shown to be effective in the treatment of many chronic conditions (Hoffmann et al. 2016, Jansons et al. 2016). A report by the US Surgeon General (Office of the US Surgeon General 1996) states that benefits include improvements to stamina, muscle strength, psychological wellbeing and quality of life, and increasing the ability to perform daily activities. A key component of the SCWP is exercise methods and the promotion of physical activity. This involves participants setting their own goals based on their current activity levels and limitations. The study found that six months after the programme, the weekly time spent undertaking stretching and strengthening and aerobic exercise had increased. However these changes were not statistically significant. It is unclear why this pattern emerged. Perhaps participants may have already been exercising prior to the programme, offering little scope to increase activity levels. Jansens et al (2016) note that studies have shown that participation in exercise does diminish after attending programmes for chronic disease. It is therefore promising that our study showed that exercise levels were maintained. If existing levels were appropriate for the individual at the beginning of the Programme, then maintenance would help reduce the risk of functional decline associated with long term conditions.

An important issue is the establishment of appropriate levels of exercise for the individual. For chronic diseases, exercise programmes need to be individualised, considering symptoms, clinical status, medication, and treatment (Painter 2003, Hoffmann et al. 2016). During the programme, individuals set their own exercise levels through the goal setting process. It could have been that these were somewhat conservative, leading to minimal overall increases in exercise levels. The Programme aims to empower individuals to discuss any issues they may have in terms of exercise with their healthcare provider. The extent to which this took place was not determined. The process of goal setting and empowerment to seek help would need to be examined to help ensure that
participants receive the maximum possible benefit out of physical activity.

**4.6 Self Efficacy**

Self Efficacy refers to a person’s belief in their capability to successfully learn and perform a particular behaviour (Department of Health 2012b). Patients need to feel confident in their ability to manage their condition. The study found that six months after attending the Programme Self Efficacy scores had increased, although this change was not statistically significant. These findings are comparable to that found by Lorig et al (2000) in a study of 489 participants where a similar magnitude of change was found (0.5 change in mean score compared to 0.4 in our study) that was statistically significant at 12 months. Indeed it is worth noting that the average Self Efficacy scores were higher at the beginning of the Programme in our study than what Lorig et al (2000) found 12 months post programme (5.8 compared to 5.7). This suggests that the Programme has helped maintain relatively high self efficacy scores (compared to Lorig et al (2000), with the majority experiencing slight improvements in Self Efficacy. However, a minority (17%) scored less than five out of ten both before (21%) and after (17%) the Programme. Such individuals may need additional support to self-manage their condition and achieve the goals they set. Consideration should be given to develop additional initiatives for individuals recording low self efficacy scores at the beginning of the Programme.

**4.7 Energy/Fatigue**

Fatigue is common among those with chronic conditions, often being rated by patients as one of the key factors decreasing their quality of life (Swain 2000, Connolly et al. 2013). Due to the subjective nature of pain, and lack of specific interventions, the management of fatigue among those with chronic conditions can often be neglected (Swain 2000). The Self Care to Wellness Programme helps individuals identify factors that can cause fatigue, developing ways to overcome them. The ‘symptom cycle’ component of the training acknowledges that the interaction between physical and emotional symptoms can exacerbate both.
Programme participants are taught to recognise when this occurs, and identify the most appropriate self-management tool to break the cycle (e.g. physical activity). This study found that significantly less fatigue was experienced by attendees six months after the Programme. This is a positive finding and helps explain why the programme also had a significant impact on the quality of life of those attending.

4.8 Pain
Pain is a significant problem for those with chronic conditions. Butchart et al (2009) found that 60% of those with chronic conditions also experienced chronic pain. Pain has been identified in a number of studies as one of the biggest factors limiting the ability of those with chronic conditions to self-manage effectively (Liddy et al. 2014). Our study found that there was no significant change in pain scores after the Programme. Similar results were found by Lorig et al (1999). The SCWP teaches participants to employ a number of strategies to manage pain. Although still experiencing pain, participants may have been in a better position to manage their pain. This would need to be determined to ensure that the programme is equipping participants with the skills to manage pain.

4.9 Quality of Life
Long term conditions have been shown to have a negative impact on quality of life (Lam et al. 2000). As quality of life impacts on risk of mortality (Brown et al. 2015), it is important to maintain and improve quality of life. It is therefore noteworthy that attending the SCWP led to significant improvements in quality of life.

4.10 Social Role/Activities
Attending the Programme had a significant impact on those attending in terms of their ability to take part in normal social activities with family/friends, hobbies and recreational activities, and activities such as shopping. This demonstrates the positive impact the Programme has had on the everyday lives of those attending.
4.11 Health Care Utilisation
The treatment of long term conditions does consume a significant amount of healthcare resources. It is estimated that chronic conditions account for 80% of GP consultations, 60% of hospital bed days, and two thirds of emergency admissions (Balanda et al. 2010). By equipping people with the skills and tools to manage their own care, the Self Care to Wellness Programme aims to reduce the utilisation of healthcare resources. The study found a significant 46% reduction in attendances to the GP after attending the Programme. However, although there was a reduction in visits to Westdoc out of hours GP service, visits to hospital and accident and emergency services, these changes were not statistically significant. Visits to these services were relatively low both before and after the Programme. These results are similar to Kennedy et al (2007) who note that a six month follow up may not have provided enough time for patterns to change. This highlights the value of monitoring participants over a longer time period. The significant reduction in GP use should lead to cost savings to the health service in addition to financial and social benefits for those that reduced their visits to the GP.

4.12 Use of Self Management tools
Over eight out of ten participants had used each of the self management tools that are taught on the Programme. Positive feedback about the tools was also given when respondents were asked to state the best things about the Programme. In examining the frequency of the tools used, there was some variation between the tools, which may have been due to the nature of the tool, as opposed to being of less value to participants (e.g physical activity compared to working with a health professional).
4.13 Overall Perceptions of the Programme
Overall the programme was viewed very positively by participants, and this is reflected in the feedback received and additional comments. Participants particularly enjoyed the group discussions and the tools they had been taught. It is clear that the Programme has benefitted participants in terms of managing their chronic conditions. In terms of improvements, some thought the Programme could have been longer, and one participant suggested a follow up session. Although the Self Care to Wellness Programme follows a standardised duration of six weeks, there may be some scope to extend the Programme or provide additional support in the initial weeks after it has been completed. These findings are also reflected in an end of Programme evaluation administered on the last day of the Programme (see appendix 3).

4.14 Long term follow up
A health technology assessment of self-management support interventions (Health Information and Quality Authority 2015) found that the evidence for non-disease specific self-management programmes was of low quality without long term follow up. As such the current evaluation employed a number of validated tools and followed participants up over a six month period. To ensure that the benefits of the programme are sustained over time, there may be a need to develop a system of long term monitoring and follow up (e.g. 12 months).
5. CONCLUSIONS AND RECOMMENDATIONS

The majority of people living with long term conditions want to maintain an independent, healthy and active life, and with good self-management support this can be achieved. The provision of self-management support is an integral component of the HSE’s approach to managing chronic conditions (Department of Health 2012b). It is hoped that this evaluation will facilitate the development of community based self-management programmes to meet the needs of those with one or more long term conditions. The following recommendations have been made:

1. Mechanisms to increase participation in the Programme by men should be investigated. This should include consideration of developing a Programme specifically for men.

2. Consideration should also be given to mental health needs when developing Self-Management Support Programmes.

3. To help ensure that individuals obtain the maximum benefits from exercise, the process of goal setting and empowerment should be targeted.

4. Additional initiatives for individuals recording low self efficacy scores at the beginning of the Programme should be developed.

5. Assessment tools need to be employed that measure the impact of the Programme on an individual’s ability to cope with pain.

6. Consideration should be given to extending the Programme or providing additional support in the initial weeks after it has been completed.
7. A system should be developed to monitor the impact of the Programme in the longer term (e.g. 12 months).
6. REFERENCES


Health Information and Quality Authority (2015). Health technology assessment of chronic disease self-management support interventions, Health Information and Quality Authority.


APPENDIX 1
SELF CARE TO WELLNESS PROGRAMME
PRE COURSE QUESTIONNAIRE

As you are commencing the Self Care to Wellness Programme we would like to ask you a few questions to help us assess and develop the Programme. It will only take a few minutes, and your responses will be strictly private and confidential. Your name is only taken to give your responses a unique anonymous identifier on our database. We would be grateful if you would answer the following questions by circling the number which corresponds to your answer (e.g. 2) and return by using the attached PREPAID envelope. For further information or assistance, please contact Jackie Lynott (087 7185615)

Q1 What is your name? _____________________________

Q2 What long term condition or conditions are you living with? (list all)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Q3 In general would you say your health is:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q4 During the past week, even if it was not a typical week for you, how much total time (for the entire week) did you spend on each of the following? (Please circle one number for each question)

<table>
<thead>
<tr>
<th>CODE IN GRID (CIRCLE NUMBER)</th>
<th>none</th>
<th>Less than 30 mins per week</th>
<th>30-60 mins per week</th>
<th>1-3 hours per week</th>
<th>More than 3 hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Stretching or strengthening exercises (range of motion, using weights, etc)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Walking for exercise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Swimming or aquatic exercise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Bicycling (including stationary exercise bikes)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Other aerobic exercise equipment (Stairmaster, rowing, skiing machines etc)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Other aerobic exercise (specify)_____________________________</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time. (Please circle one number for each question)

a.. How confident are you that you can keep the **fatigue** caused by your disease from interfering with the things you want to do?  

b.. How confident are you that you can keep the **physical discomfort or pain** of your disease from interfering with the things you want to do?  

c.. How confident are you that you can keep the **emotional distress** caused by your disease from interfering with the things you want to do?  

d.. How confident are you that you can keep any **other symptoms** or health problems you have from interfering with the things you want to do?  

e.. How confident are you that you can do the **different tasks and activities** needed to manage your health condition so as to reduce your need to see a doctor?  

f.. How confident are you that you can do **things other than** just taking medication to reduce how much your illness affects your everyday life?
Q6  These questions are about how you feel and how things have been with you during the past month. For each question please circle one number for each question that comes closest to the way you have been feeling.

<table>
<thead>
<tr>
<th>How much time during the past month</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A good bit of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Did you feel worn out?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. Did you have a lot of energy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. Did you feel tired?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. Did you have enough energy to do the things you wanted to do?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. Did you feel full of pep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q7  We are interested in learning whether or not you are affected by PAIN. Please circle the number below that describes your pain in the last two weeks:

Q8  How would you rate your overall quality of life? Please circle the number below that describes your quality of life in the past week:
Q9  During the past month, how much...

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Almost totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Has your health interfered with your normal <strong>social activities</strong> with family, friends, neighbours or groups?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Has your health interfered with your <strong>hobbies or recreational activities</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Has your health interfered with your <strong>household chores</strong>?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. Has your health interfered with your errands and shopping?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q10  In the past six months, how many times did you visit a GP practice? ____________ visits

Q11  In the past six months, how many times did you visit the Westdoc out of hours GP service? ____________ visits

Q12  In the past six months, how many times did you go to a hospital accident and emergency service? ____________ times

Q13  How many different times did you stay in a hospital overnight or longer in the past six months? ____________ times

Q14  How many total NIGHTS did you spend in hospital in the past six months? ____________ nights

Q15  What were the main reasons that made you decide to attend the Self Care to Wellness Programme?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Q16  Are you... 

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
</tbody>
</table>

Q17  What is your age? ____________ years

THANK YOU FOR YOUR ASSISTANCE- PLEASE RETURN USING THE ATTACHED PREPAID ENVELOPE OR ALTERNATIVELY POST TO: JACKIE LYNOTT, SELF CARE TO WELLNESS COORDINATOR, THE MOSAIC CENTRE, GARVEY WAY, HARLEQUIN PLAZA, CASTLEBAR, CO MAYO
SELF CARE TO WELLNESS PROGRAMME  
POST COURSE QUESTIONNAIRE

Over six months has pasted since you completed the Self Care to Wellness Programme and we are interested in hearing how you have been since. You may remember when you started the programme you completed a questionnaire which was similar to what we are asking you to do now. The idea of repeating the questionnaire is to see what if any benefits you gained from participating on the programme.

It will only take a few minutes, and your responses will be strictly private and confidential. We would be grateful if you would answer the following questions by circling the number which corresponds to your answer (e.g. 2) and return by using the attached PREPAID envelope. For further information please contact Jackie Lynott (087 7185615)

Q1 In general would you say your health is:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>1</th>
<th>Very good</th>
<th>2</th>
<th>Good</th>
<th>3</th>
<th>Fair</th>
<th>4</th>
<th>Poor</th>
<th>5</th>
</tr>
</thead>
</table>

Q2 During the past week, even if it was not a typical week for you, how much total time (for the entire week) did you spend on each of the following? (Please circle one number for each question)

<table>
<thead>
<tr>
<th>CODE IN GRID (CIRCLE NUMBER)</th>
<th>none</th>
<th>Less than 30 mins per week</th>
<th>30-60 mins per /week</th>
<th>1-3 hours per week</th>
<th>More than 3 hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>g. Stretching or strengthening exercises (range of motion, using weights, etc)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Walking for exercise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Swimming or aquatic exercise</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>j. Bicycling (including stationary exercise bikes)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>k. Other aerobic exercise equipment (Stairmaster, rowing, skiing machines etc)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>l. Other aerobic exercise (specify)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Q3 We would like to know how confident you are in doing certain activities. For each of the following questions, please choose the number that corresponds to your confidence that you can do the tasks regularly at the present time. (Please circle one number for each question)

a.. How confident are you that you can keep the fatique caused by your disease from interfering with the things you want to do?

b.. How confident are you that you can keep the physical discomfort or pain of your disease from interfering with the things you want to do?

c.. How confident are you that you can keep the emotional distress caused by your disease from interfering with the things you want to do?

d.. How confident are you that you can keep any other symptoms or health problems you have from interfering with the things you want to do?

e.. How confident are you that you can do the different tasks and activities needed to manage your health condition so as to reduce your need to see a doctor?

f.. How confident are you that you can do things other than just taking medication to reduce how much your illness affects your everyday life?
Q4 These questions are about how you feel and how things have been with you during the past month. For each question please circle one number for each question that comes closest to the way you have been feeling.

<table>
<thead>
<tr>
<th>How much time during the past month</th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>A good bit of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>f. Did you feel worn out?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. Did you have a lot of energy?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. Did you feel tired?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. Did you have enough energy to do the things you wanted to do?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. Did you feel full of pep?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Q5 We are interested in learning whether or not you are affected by PAIN. Please circle the number below that describes your pain in the last two weeks:

Q6 How would you rate your overall quality of life? Please circle the number below that describes your quality of life in the past week:
Q7 During the past month, how much...

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Almost totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>e. Has your health interfered with your normal social activities with family, friends, neighbours or groups?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Has your health interfered with your hobbies or recreational activities?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. Has your health interfered with your household chores?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Has your health interfered with your errands and shopping?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Q8 In the past six months, how many times did you visit a GP practice? __________ visits

Q9 In the past six months, how many times did you visit the Westdoc out of hours GP service? __________ visits

Q10 In the past six months, how many times did you go to a hospital accident and emergency service? __________ times

Q11 How many different times did you stay in a hospital overnight or longer in the past six months? __________ times

Q12 How many total NIGHTS did you spend in hospital in the past six months? __________ nights

Q13 What in your opinion was the best thing about attending the Self Care to Wellness programme?

________________________________________________________________________________
________________________________________________________________________________

Q14 What in your opinion was the worst thing about attending the Self Care to Wellness programme?

________________________________________________________________________________
________________________________________________________________________________
Q15  During the Self Care to Wellness programme a number of various approaches and ways to support self-care management were explored. These were referred to as the Self-Management Tool Box. From the list below please indicate how many and how often of these tools you use.

<table>
<thead>
<tr>
<th>SELF MANAGEMENT TOOLS</th>
<th>Every day</th>
<th>1-2 times a week</th>
<th>3-4 times a week</th>
<th>Once a week</th>
<th>Once every 2 weeks</th>
<th>Once a month</th>
<th>Less often</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Activity</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Managing your Medications</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Decision Making</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Action Planning</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Breathing Techniques</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Understanding Emotions</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Problem Solving</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Using your Mind (Distraction Techniques)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Sleep: Getting a good night’s sleep</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Effective Communications (“I” and “You” messages)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Healthy Eating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Weight Management</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Working with Health Professionals</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Q16  If you have additional comments about the Self Care to Wellness programme that were not addressed in the questionnaire already please feel free to include here.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

THANK YOU FOR YOUR ASSISTANCE- PLEASE RETURN USING THE ATTACHED PREPAID ENVELOPE OR ALTERNATIVELY POST TO:

JACKIE LYNOTT, SELF CARE TO WELLNESS COORDINATOR, THE MOSAIC CENTRE, GARVEY WAY, HARLEQUIN PLAZA, CASTLEBAR, CO MAYO
Self Care to Wellness Programme Participants Evaluation on last day of the programme.

72 participants who had attended the programme between January 2015 and January 2016 completed an end of programme evaluation (see below), from which the following information was compiled.

- Programme content and delivery received equal ratings with 86% rating as excellent and the remaining 14% rating good.
- Most Useful Aspects of the Programme: In answer to this open ended question responses included: Action planning (48%) and all aspects (25%). Other areas that were mentioned in smaller percentages as being useful were diet and exercise, decision making, relaxation techniques and social interaction (7%).
- Aspect of Programme that needed to Change: In response to the question “Are there any aspects of the programme would recommend changing for the future? 47% indicated no change and 30% would like if the programme ran for a longer period.
- 98% reported that the programme had meet their expectations with 2% not sure.
- 100% said they would be happy to recommend the programme.
- 100% rated their facilitator’s as excellent (85%) or good (15%).
- In terms of venue rating, the newer more modern buildings were favoured over older and less accessible in terms of parking and comfort.
- There was a very positive response for overall programme rating with 87% rating the programme as excellent and the remaining 13% rating it as good.
Evaluation Form

**Self Care to Wellness Programme**

Date: _______________                      Location: _______________

We are interested to hear from you about your experience of participating in the *Self Care to Wellness* programme. Your feedback will help us plan for future programmes and we really appreciate you taking the time to completing this form.

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Inadequate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate the content of the programme?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you rate the programme delivery?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Which aspects of the programme did you find most useful?

Are there any aspects of the programme would recommend changing for the future?

Did the course meet your expectations? Yes [ ] No[ ]

Explain

Would you be happy to recommend this programme? Yes [ ] No[ ]

Administration

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Inadequate</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate Facilitators</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please rate the venue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please rate the Programme overall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Thank you for completing this evaluation form*