

Improving Self-Management of Chronic Conditions through a Community Education Program

Participant health outcomes of Michigan's PATH program

Increased Self-Efficacy Related to Improved Quality of Life

Educational Intervention

Stanford University's Chronic Disease Self-Management Program (called PATH in Michigan) was implemented. A sample of 751 participants in programs from 2011 to 2014 provided evaluation data. The purpose of this study was to determine if participants improved on key program outcomes related to health behaviors, increased self-efficacy, and reduced chronic condition symptoms as a result of participating in the six-week self-management series.

Participants (n = 751)

- 61% women
- Age range 20-95, $M=66$, mode =70
- 87% White, 4% Black, 2% Native American, 2% Hispanic, 2% multi-racial
- 32% diagnosed Type II diabetes

Measures (Pre- and Post- Program)

- Self-reported health status
- Physical activity frequency
- Symptoms of chronic conditions: pain, shortness of breath, fatigue
- Health distress scale

- Self-efficacy scale
- Social role limitations scale
- Communication with healthcare providers scale

Highlighted Outcomes

- Improved health status for 27% of participants [$t(430) = -3.06, p < .01$]
- Reduced symptoms of chronic condition: 45% fatigue, 38% pain, 32% shortness of breath
- Reduced social role limitations perceptions [$t(1,428) = 2.53, p < .05$]
- Increased physical activity with stretching (43%) and walking for exercise (46%)
- Improved communication with healthcare providers [$t(1,424) = 4.37, p < .001$]
- Increased self-efficacy [$t(1,426) = -5.88, p < .001$]
- Post-program scores on self-efficacy significantly correlated with improved health status, less health distress, reduced social role limitations, and improved communication.

Study Implications

Community-based chronic disease self-management programs benefit participants by improving their health, increasing their self-efficacy and reducing symptoms of disease.

For more information:

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