

# Self-Management Support for Ethnocultural Minority Older Adults:

## An Annotated Bibliography

### Executive Summary

#### Objectives & Basic Search Parameters

The purpose of this annotated bibliography is to identify literature pertaining to chronic disease self-management support (SMS) for ethnocultural minority older adults (EMOA). SMS is a key component of the Chronic Care Model (CCM)<sup>1</sup> – a widely adopted multi-pronged strategy directed at preventing and managing the increasing incidence of chronic disease worldwide – that aims to improve an individual's ability to manage their symptoms, treatments, and the physical/social consequences of chronic disease through psychological and behavioural modifications.<sup>2</sup> The Chronic Disease Self-Management Program (CDSMP) is one example of this model that has been widely adopted internationally and forms a major component of BC's Expanded Chronic Care Model (ECCM).

This review includes literature from Canada and countries with similar immigrant populations and/or health service delivery systems (principally the United Kingdom and Australia). Only articles published after 1990 were considered. Very few articles specific to SMS for EMOA exist within these parameters. The review was thus expanded to include data from the United States on African-American and Hispanic populations. Key examples of articles pertaining to SMS for marginalized or disadvantaged populations (i.e. ethnic minority and older populations) are also included, but presentation of this more peripheral literature is not intended to be exhaustive.

#### Reviewed Literature

Literature included in this annotated bibliography is organized under five main headings:

##### *Self-management support for marginalized or disadvantaged populations*

Though not specific to EMOA, research on SMS for marginalized populations often touches on age, ethnicity or other factors affecting SMS for EMOA (i.e. socioeconomic status or focus on health inequities). In addition to providing us with information relevant to the chronic disease experiences of EMOA, this research also gives an idea of the scope and type of focus within the SMS literature on disadvantaged populations.

### *Self-management support among older populations*

Older populations have been identified by some as requiring unique approaches to implementation if SMS is to be effective.

### *Self-management support for ethnocultural minority groups*

The literature on SMS for ethnocultural minority groups coming out of the US focuses on African-Americans and Hispanics - their largest minority groups. Some work has been done in England on SMS with South Asian communities. In Canada, little attention has been paid to investigating SMS for ethnocultural minority groups.

### *Self-management support for ethnocultural minority older adults*

These articles represent the extent of the literature on SMS for EMOA within Canada and countries with similar immigrant populations and health service delivery systems. So as to expand this limited body of literature, additional research on African-American and Hispanic populations from the US has been included.

### *Health literacy and self-management support*

The scope of the health literacy literature now extends beyond a focus on the individual's ability to understand and communicate information, to include a focus on the health provider and system as being responsible for ensuring patient access to information, and the health benefits such access confers. Ethnocultural minority groups have greater difficulty with SMS because many programs are not culturally sensitive/relevant and assume health literacy. Self-management interventions need to be targeted to ethnocultural minorities of all literacy levels. The evidence on health literacy for EMOA is very limited.

### *Complementary and Alternative Medicine (CAM) and self-management support*

CAM is a common form of therapy among older adults, especially for the purposes of treating chronic health conditions. Most of the available literature on CAM use for chronic disease SMS among ethnic minority populations is focused on arthritis. Use of CAM varies by ethnic group and in some follows predictable patterns, e.g. Chinese immigrants in Calgary regularly blend allopathic with traditional Chinese medicine. The scant literature on CAM and SMS among EMOA suggests that CAM use for chronic disease self-management depends on the availability and suitability of allopathic medicine.

### *Self-management support and capacity building/community development*

Few articles consider of EMOA, SMS, and capacity building/community development. The adoption of a broader view of health that includes the social determinants directs the reader to consider an expanded range of potential supports at the community level. In order to address these determinants, and hence be able access and benefit from available SMS, groups who are disadvantaged benefit from capacity-building approaches. .

## **What We Found**

Literature on SMS for EMOA is sparse and varied. Two evaluations of the CDSMP for older African-Americans indicate some improvements in health behaviours and health status, slight or no improvement in self-efficacy, and no change in health service utilization.

Evaluations of U.K. and Australian programs, similar to the CDSMP in that they are based on a model developed by Lorig and her colleagues, revealed that they predominately appeal to “white middle-class people with long-term conditions who already viewed themselves as effective self-managers”; males, indigenous people, people of non-English speaking background and those with multiple responsibilities were less likely to participate in these courses.

Viable alternative models of SMS for EMOA are not reported in the literature. The chronic disease SMS literature specific to this population primarily examines the more informal self-care practices of these populations. Available evidence indicates that a collaborative model of SMS with partnership between local community service networks, primary care, and health authorities is most effective for marginalized groups. Chronic care services should be embedded within existing community structures to ensure ongoing participation and relevance. SMS models for EMOA must also consider barriers to health service access faced by these populations. Cultural competency within SMS service delivery must extend beyond translation of program materials into an understanding of the cultural context of the chronic disease experience.

Individual self-management needs to be situated within a collective understanding of empowerment. Conventional SMS models focus primarily on individual autonomy and personal responsibility but neglect to address systemic barriers to access experienced by marginalized communities. Instead of reinforcing the status quo, SMS for ethnocultural minority older adults should build on community strengths and bolster capacity to meaningfully engage in self-management.