Professor Anne Rogers

Professor of Health Systems Implementation & Director NIHR CLAHRC Wessex

The gap in self-management support (SMS)

- Social & environmental influences on self-management central.
- Very few interventions work with people's environments related to chronic illness management.
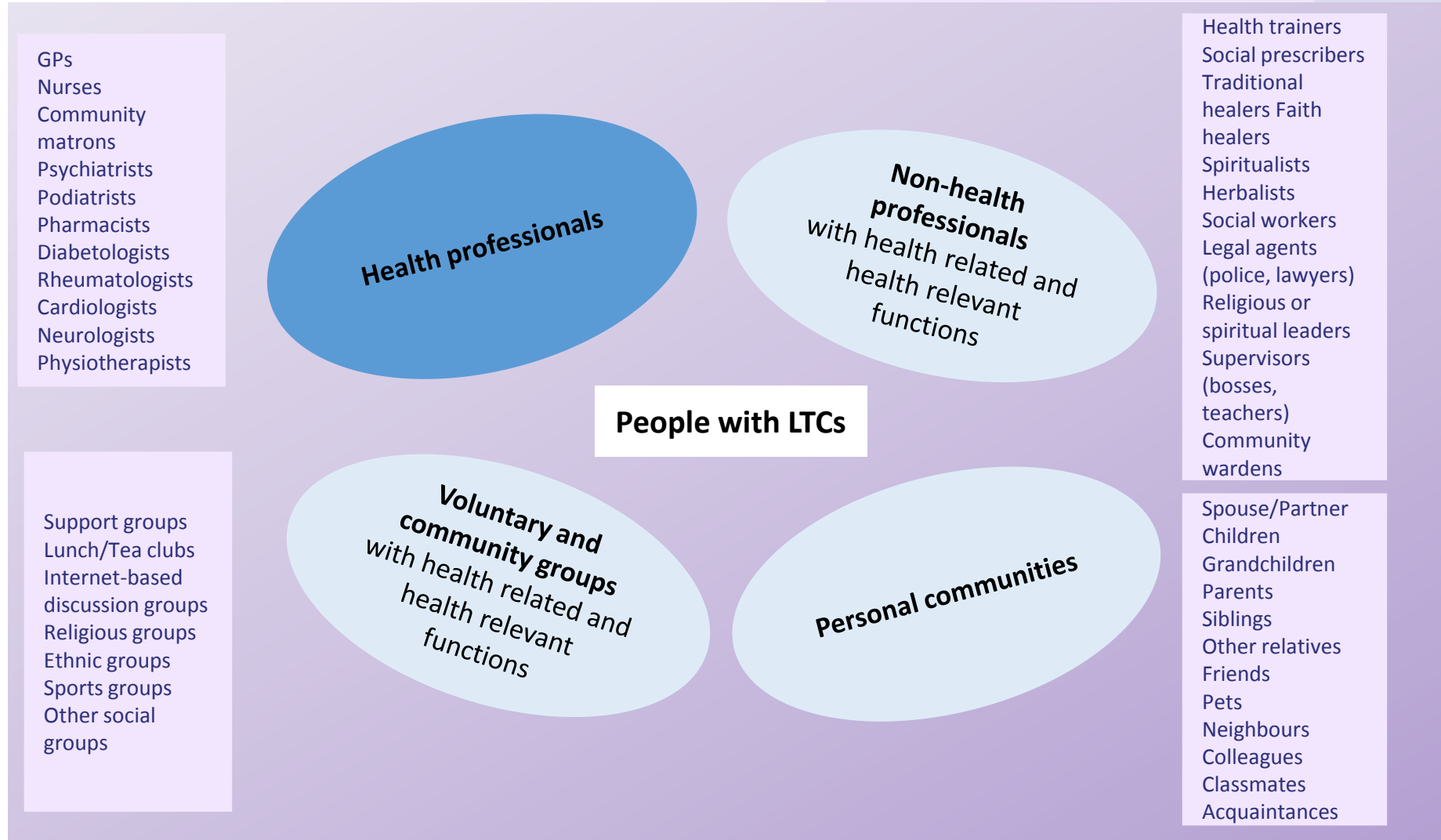
The need for a networked approach

- An exclusive focus on individual self-management support doesn't tackle isolation and ignores **reciprocity**.

- Support for self-management which achieves desirable policy outcomes should be seen less as an individualised behaviour and more as a social network phenomenon

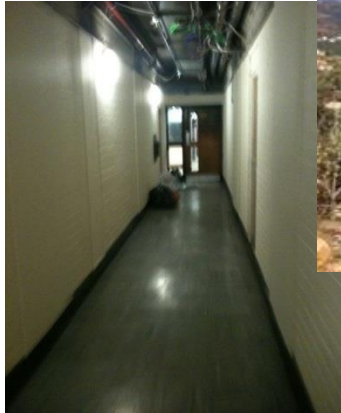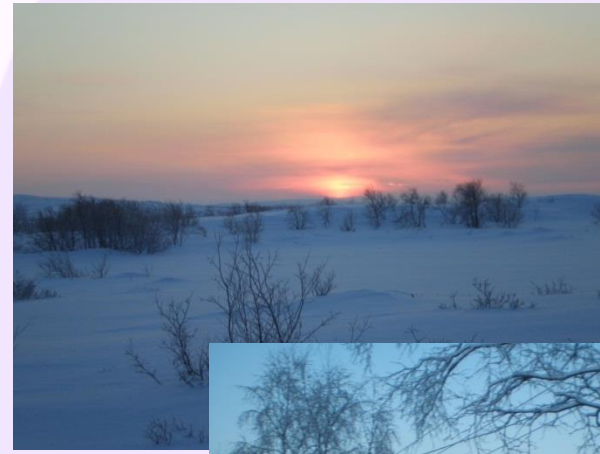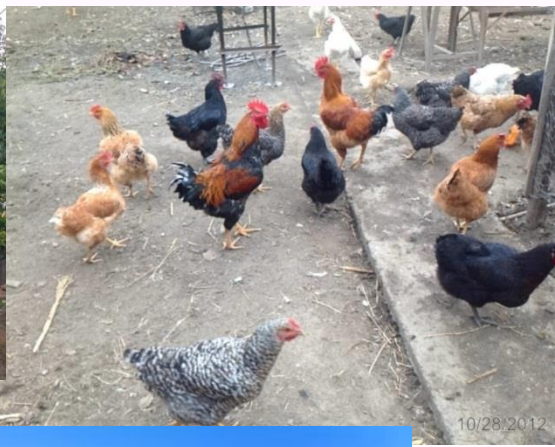- Replace vision of activated individuals with activated networks

The surprising power of networks....

- Behaviour a collective phenomena in adopting health and unhealthy behaviour
- Nicolas Christakis John Fowler - weight gain in one person is associated with weight gain in others in networks.
- Smoking behavior spreads through close and distant social ties, groups of interconnected people stop smoking in concert
- CONTAGION The spread of ideas, attitudes, or behaviour patterns in a group through imitation and conformity.
- Apply to genesis of chronic illness but also *management* and public health interventions

"Self-help! Self-help!"

Personal Communities of Support

People with LTCs

Health professionals

Non-health professionals with health related and health relevant functions

Voluntary and community groups with health related and health relevant functions

Personal communities

GPs
Nurses
Community matrons
Psychiatrists
Podiatrists
Pharmacists
Diabetologists
Rheumatologists
Cardiologists
Neurologists
Physiotherapists

Health trainers
Social prescribers
Traditional healers Faith healers
Spiritualists
Herbalists
Social workers
Legal agents (police, lawyers)
Religious or spiritual leaders
Supervisors (bosses, teachers)
Community wardens

Support groups
Lunch/Tea clubs
Internet-based discussion groups
Religious groups
Ethnic groups
Sports groups
Other social groups

Spouse/Partner
Children
Grandchildren
Parents
Siblings
Other relatives
Friends
Pets
Neighbours
Colleagues
Classmates
Acquaintances

Personal Communities & Outcomes

1. Social involvement with a wider variety of people and groups supports personal self-management physical & mental well-being.

2. Support work undertaken by personal networks expands in accordance with health needs, helping people to cope with their condition.

3. Network support substitutes for formal care and can produce substantial saving in traditional health service utilisation costs. Health service costs significantly (p<0.01) reduced for patients receiving greater levels of illness work through their networks.

Reeves D, Blickem C, Vassilev I, Brooks H, Kennedy A, Richardson G, et al. (2014) The Contribution of Social Networks to the Health and Self-Management of Patients with Long-Term Conditions: A Longitudinal Study. PLoS ONE 9(6): e98340. doi:10.1371/journal.pone.0098340http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0098340

The resources of networks that matter

- Who are the members: partners, family, professionals, weak ties (friends & neighbours) groups, pets.
- The diversity of groups, activities things and activities you value in your network
- Accessibility, place and proximity
- Navigation, Negotiation and Collective Efficacy
- Community & Voluntary groups

Community & Voluntary Organisations

- Participation in community organizations associated with better physical and mental health and, in patients with low income, with more physical activity.

- Confirms: Greater involvement significantly related to better self-management ability & well-being a clear target for interventions and policies.
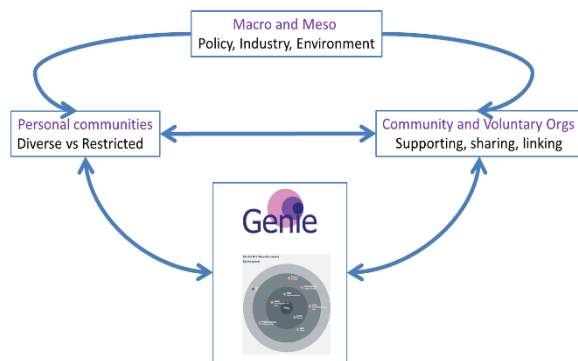
Koetsenruijter J et al (2015) Social Support and Health in Diabetes Patients: An Observational Study in Six European Countries in an Era of Austerity. PLoS ONE 10(8): e0135079.
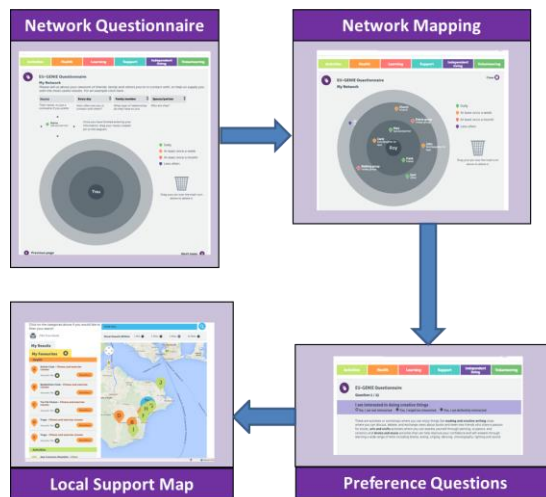
Background and Evidence

- Individualised models of self-management support do not work in primary care, are not sustainable, promote isolation and ignore reciprocity

- There are social and environmental influences policy makers are reluctant or unable to regulate

Network Approach [Ref1-3]

- Replace vision of activated individuals with activated networks

- Network approach shown to significantly improve health and reduce health service costs

- Social involvement with a wider variety of people and groups supports personal self-management and physical and mental well-being

Macro and Meso
Policy, Industry, Environment

Personal communities
Diverse vs Restricted

Community and Voluntary Orgs
Supporting, sharing, linking

GENIE – An Online Social Network Intervention

Network Questionnaire → Network Mapping → Preference Questions → Local Support Map

Steps	How it works
Map personal community of support in circle diagram	Positive Disruption of existing practice (Externalising away from self). Visualisation, Reconstruction, Mobilisation of network resources
Complete on-line preference questionnaire and select three activities of most interest	Engagement with new or renewed activities. Reduce choice and complexity
Link interests to database and Google map of local activities and resources	Visualisation. Diverse networks which include community organisations enhance health

Facilitation is part of the process

Wider Potential

Who is it for?
People with long-term conditions
Frail elderly
Isolated people – because of illness, social reasons or social stigma
People at transition points e.g. from child to adult health services, point of discharge from acute care, prisoners prior to release
Those wanting to form new support networks – e.g. people with alcohol dependency, new mothers

Who might use it as a tool?
Link workers e.g. health trainers, care navigators, community workers
Health and social care professionals
Hub organisations – e.g. social housing, community organisations, bigger charities
Information services – libraries
Academics studying social networks
Commissioning organisations – as intervention, to map local resources

References:
1 Rogers A, Vassilev I, Sanders C, Kirk S, Chew-Graham C, Kennedy A, et al. Social networks, work and network-based resources for the management of long-term conditions: a framework and study protocol for developing self-care support. Implementation Science. 2011;6(56).
2 Reeves D, Blickem C, Vassilev I, Brooks H, Kennedy A, Richardson G, et al. The Contribution of Social Networks to the Health and Self-Management of Patients with Long-Term Conditions: A Longitudinal Study. PLOS one. 2014;9(6):e0098340.
3 Vassilev I, Rogers A, Kennedy A, Koetsenruijter J. The influence of social networks on self-management support: a metasynthesis. BMC Public Health. 2014;14(1):719.
4 Blakeman T, Blickem C, Kennedy A, Reeves D, Bower P, Gaffney H, et al. Effect of information and telephone-guided access to community support for people with chronic kidney disease: randomised controlled trial. PLOS one. 2014;9(10):e109135-e.

Knit and natter

Community choir

Walking group

Genie: How does it work?

- Positive Disruption of existing practice (externalising away from self).
- Visualisation, Reconstruction, Mobilisation of network resources.
- Engagement with new or renewed activities.
- Mediation (facilitation/web).