



AUSTRALIAN PRIMARY HEALTH
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THE CONTRIBUTION OF CONSUMER HEALTH ORGANISATIONS TO CHRONIC DISEASE SELF MANAGEMENT IN THE CONTEXT OF PRIMARY CARE

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POLICY CONTEXT

As Australia's health system confronts the challenge of chronic disease, self management has gained health policy prominence. Initiatives to enable people to engage in active self management hold much promise, but must include community-based resources. Within this context it seems timely to consider an argument for better integration of consumer health organisations (CHOs), an existing and relatively low-cost community resource, into the primary health care system. Our research investigates the potential contribution of CHOs to self management support in chronic disease: could more people with chronic disease use and benefit from CHOs? If so, how might contact with CHOs be increased?

KEY FINDINGS

CHOs are a health system resource that people with chronic disease access for information, services and support. CHOs are very well-regarded by those who do make contact, and CHO users report engaging in key health behaviours following contact. The potential contribution of CHOs must be seen in the context of current health system constraints; GPs have limited opportunity to provide all the information, support and skills management that patients require.

Integration of CHOs in the health system, as seen in Diabetes Australia, appears to have helped establish referral pathways between primary health care and CHO settings. People with diabetes contacted the CHO sooner after diagnosis and were more often referred by a GP. The diabetes CHO also had a higher representation of men and people from lower socioeconomic backgrounds. Strategies to embed other CHOs in the health system are required if the benefits associated with contact are to be extended to other chronic disease groups.

A print based intervention package to refer patients with chronic disease from GP settings to CHOs has potential. This strategy is likely to be most efficacious for those with chronic diseases for which there is normally little routine referral from general practice to CHOs.

Strategies to embed CHOs in the health system should be cognisant of widely held perceptions that health is something that takes place mainly in the doctor's consultation room; while CHOs are only for the very sick. This pinpoints an underlying disparity between the current policy agenda supporting the use of community resources in self management initiatives and community attitudes regarding chronic disease management.

For more details, go to the [three page report](#).

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