Self-Care

Self-care was a frequent topic of discussion in the Conversation on Health. The importance of addressing issues related to self-care costs, education and awareness and specific self-care tools like the NurseLine and the BC Health Guide, were highlighted in many discussions and submissions. Here is a selection of what British Columbians had to say on the subject of Self-Care.

Costs

In the face of rising health care costs, many believe we have to reduce reliance on professionals and increase the promotion of self-care. In order to change behaviour, participants believe that we need knowledge and a sense of urgency with regards to the state of the health care system. In looking at the barriers to self-management and self-care, participants suggested that although a lack of knowledge is the primary barrier, it is important to consider accessibility and financial barriers as well.

Reduce costs by encouraging health self-management. We know that each of us is responsible for our own health and yet at times the system behaves as if it were the doctors who were responsible for our health, depriving us of full-information, making decisions for us and promising to solve all our medical problems

- Email, Richmond

Education and Awareness

Participants discussed the fact there is no type of reward or incentive in the system for self-education and self-discipline. Despite an increased focus on self-care, patients still receive little education or encouragement to care for themselves when they have minor ailments. Many suggested providing education in schools to support the recognition of basic symptoms to avoid unnecessary emergency room visits or producing and promoting government-sponsored information packages. The majority discussed the benefits of using the internet and the media as a public education tool. However, there was recognition that some rural communities may not have internet access, and that others do not own computers and cannot access health information websites. Starting a public information campaign on self-care, providing translations of materials, and getting education to rural communities through mobile facilities, were among the recommendations to increase the accessibility of self-care resources.
It would help if people were better educated to look after some of their health problems themselves. We don't need to be bundling our children off to the doctor at the first sign of a sniffle or a mild fever

- Online Dialogue, Kamloops

Self-Care Tools

Many participants discussed the change in self-care since the advent of the internet and web-based health information. A reputable web-based health application's purpose is to develop support, while increasing the knowledge level of users which in turn ensures that they will not access services incorrectly and those who do need services will use them more often. Examples of effective websites brought up by participants included the Canadian Virtual Hospice website, and the interactive website of the Alberta Cancer Board. Many described ActNow BC as being on the right track, while others emphasized that not everyone knows about it. Participants focused on the importance of getting the media involved in the promotion of self care resources.

About ten years ago, what happened is patients started coming in. They loaded down what they had taken off the net, and the most fundamental thing changed. Their question changed. They stopped saying, 'Tell me what to do,' and they started saying, 'Help me understand what this information means for me.' [This was] a fundamental change... a fundamental change in rules. It's the biggest change in health care in 500 years

- International Symposium, Vancouver

The NurseLine, the Canada Food Guide and the BC Health Guide were frequent topics of discussion. While many see the NurseLine as a valuable resource, some voiced concern that it tends to move people to emergency rooms and that nurses are not able to effectively diagnose over the phone. Several people suggested staffing the NurseLine with doctors and commended having pharmacists available on the line. Some suggested placing a direct line to the NurseLine in emergency rooms to allow patients waiting for treatment to determine if they are waiting in the right place.

Similarly, the BC Health Guide and the Canada Food Guide were valuable resources for some, while others suggested they are underutilized and do not always contain the best information. Making changes to the Canada Food Guide, taking cultural choices and portion sizes into account, using the Health Guide as a textbook for health education classes, and adding a symptom to decision flow-chart to the BC Health Guide were among the recommendations suggested to make these resources more useful.
Above all, participants agreed that these self-care resources all need to be publicised, emphasizing that it is the lack of knowledge of existing resources that is currently the primary barrier to their use. Participants suggested sending the BC Health Guide home with students, advertising the NurseLine in the media and through campaigns (for example, fridge magnets) as well as adding the NurseLine number to the back of CareCards to publicise existing self-care resources.

Conclusion

In working towards making British Columbia’s health care system more sustainable, there is widespread recognition that people will have to take more responsibility for their health. An important part of this equation also involves increasing the focus on self-care, and its ability to decrease waste in and demands on the system.
Self-Care

This chapter includes the following topics:

**Delivery of Services and Costs**
**Education and Access to Information**
**The Nurse Line and Phone-Based Health Services**
**The Canada Food Guide**
**The BC Health Guide**

**Related Electronic Written Submissions**

<table>
<thead>
<tr>
<th>Submission to the Conversation on Health</th>
<th>Submitted by the BC Cancer Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research on Child Health Quantitative Research</td>
<td>Submitted by the BC Children’s Hospital Foundation</td>
</tr>
<tr>
<td>2020 The Future Without Breast Cancer</td>
<td>Submitted by the Canadian Breast Cancer Foundation</td>
</tr>
</tbody>
</table>

**Related Chapters**

Many of the topics discussed by participants in the Conversation on Health overlap; additional feedback related to this theme may be found in other chapters including: **Lifestyle and Personal Responsibility**.

**Delivery of Services and Costs**

**Comments and Concerns**

- People should be able to monitor their own cholesterol without having to pay for it. To go to your doctor and check your cholesterol involves two office visits, which is costly to our medical system.

- Look at the barriers to self management and self care. A lack of knowledge is the primary barrier to self care, but it is important to consider accessibility and financial barriers as well. I spoke to the arthritis support group yesterday and one of the
women said that she would use less narcotic pain medication if she had a scooter instead of having to walk everywhere.

- Self care should be encouraged through taxes.
- In order to change behaviour, people need knowledge and a sense of urgency with regards to the state of the health care system.

**Ideas and Suggestions**

- The challenge is conveying the virtue of increased self-care within British Columbia’s health care system.

- Look at managing health for a population. I think we have to reduce reliance on professionals and be really specific about what the role of a health professional is. Do not do for people what they can do for themselves.

- Self management can help manage costs. What resources can we draw on in communities at low/no cost in terms of increasing access? There is a need for infrastructure to support, monitor and measure the benefits of self care.

- Nurses spend a lot of time giving out medication. I realize that there are some people who are admitted to hospital who are too sick or too confused or whatever to look after their own medication, but what would you do to nursing workloads if you acknowledged the fact that if a patient was managing their own medication at home, they may be able to manage it in the hospital?

- Have doctors suggest a complete annual physical exam once a year for anyone over 50. This of course should not require any payment by patients. Also give people over 50 free flu shots if they want them.
Education and Access to Information

Comments and Concerns

Use of the Internet
Education and Resources

• Comments on the use of the Internet to access health information and promote self care:
  • There is no section on the British Columbia health website for chronic illness recovery options. There is only information on how to live with increasingly degraded quality of life.
  • Health websites are overwhelming.
  • There are no well known, reliable websites that contain medical information.
  • There is no information on the government website about how much water should you drink each day.
  • Information on support groups should be available on health web sites.
  • Some rural communities do not have internet (broadband) and cannot access health information websites that help people to self-diagnose.

• Comments on education and resources:
  • There is a lack of public knowledge on how to access services.
  • There is a lack of public education or encouragement to care for yourself when you have minor ailments.
  • There is a lack of understanding about how the health care system works and how to manage self care.
  • Seniors are not getting enough information to make informed decisions with regards to their health.
  • There needs to be more information available on the body and mouth connection
  • Delivering information to patients while they are still in trauma may not be ideal and may be more efficiently done during follow up care.
  • There is absolutely no reward in the system for self-education and self-discipline.
  • The Act Now British Columbia program is on the right track but not everyone knows that it is out there. Ads are effective but there are no follow-up resources, and the infrastructure is not there. Not everyone has a computer to access sites.
• The current philosophy of health care tends to favour the conversion of normal life experiences (for example, pregnancy, cranky children) into illnesses, which must be treated with pharmaceuticals and/or hospitalization.

• I look back to when I grew up and we did not go to the doctor unless we had to and most of the time our mothers looked after us. Now there is more fragmentation, a lot of parents are not living in the same communities as their extended families and have no one to turn to for advice. The reaction to any ailment is to go to the emergency, rather than deal with these issues at home.

• Power relations between staff and patients can result in patients not being given information on their own health.

**Ideas and Suggestions**

**Use of the Internet**

**Education and Resources**

• Ideas about the use of the Internet to access health information and promote self care:

  • About ten years ago, patients started coming in with information taken off the net, and everything changed. Their question changed. They stopped saying, 'Tell me what to do,' and they started saying, 'Help me understand what this information means for me.' The internet has been the biggest change to health care in 500 years.

  • I got lots of information from the internet, prostate support groups and the entire home care system served me well.

  • The Act Now British Columbia program is a start in the right direction, their website is very comprehensive.

  • A web-based vetted health information site could support the family physician because they would know who to link a patient with. A section of the site could have self care tips including: diet, medication and signs to watch for. You could also have the Nurse Line hyperlinked in.

  • A reputable web-based health application’s purpose is to develop support, while increasing the knowledge level of people which means that they will not use services incorrectly and those who do need services will use the services more often. The Canadian Virtual Hospice website provides an excellent example of this type of expert-patient model. If you are working in end-of-life care, it will walk you through all these things. There are chat rooms set up so that if you want to
talk to someone with the same problems, you can. They could not get the funding for a clinical nurse specialist who could actually field some of the calls that came through but you can press a 'do you need to talk to somebody', that connects you to the Nurse Line.

- Use the internet as education tool and use the media.

- In talking about the use of the web, what the Alberta Cancer Board has done is they have set up an interactive website where people can go to get answers to questions. What they are finding is that 90 per cent of their nutritional questions and needs are being met by the interactive website. This means they can actually free up the nutritionists to do education in the community. There is a cost in some of the technology, but some of it is already there and we just have to be tap into it.

- Use the web to access available information on alternative medicines.

- Provide virtual support for self care, taking a multi-faceted approach (provide education and access to information as well as health provider integration over the next five years).

- Open an online library of health resources, accessible to the entire population.

- I think there is already a book out there called the Red Book that lists all social services and health organizations, categorized by type. So, if I had arthritis, I could go to that book and everyone knows about the Arthritis Society but the book will list who I should go to in my region, not just the main number. Why are we not using this more widely, why are we not putting it on the web?

- Work is being done to implement the first Canadian Caregiver Portal. The Canada Caregiver Portal will be a virtual space where all caregivers can get the information, resources and supports they need to provide better quality care to their families and friends. It will also be a space where caregivers can seek respite for themselves. The portal will provide up-to-date, accessible, community specific and professionally vetted information that will improve their access to important health information. The Government of British Columbia could take advantage of the work that has already begun. This innovative resource should be included in the next edition of the British Columbia Health Guide to encourage and support British Columbians in taking responsibility for their health and well-being.

- Have a web-based Nurse Line.

- Ideas about education and resources:

  - Provide education and facilities to ensure personal hygiene can be adequately maintained.
• Develop pamphlets for clear instructions related to after-care for common surgeries, is would take strain off the medical system.

• Doctor’s offices should have health related books for sale. Patients would be more likely to do the research and take more responsibility for their health if medical information was more accessible.

• The government should identify credible information sources.

• Produce and promote government-sponsored information packages that provide information relating to the treatment of minor injuries and ailments in order to attempt to limit the overcrowding in emergency rooms and clinics.

• In order complete the recovery process of the patient, education relating to common illness avoidance, recovery models and future prevention should be dispensed in the form of pamphlets.

• Health Canada needs to better inform Canadians about the characteristics of various mental illnesses so we can start the process of being responsible and knowledgeable about our own health.

• Provide basic first aid education to allow people to cope with day to day health issues.

• Provide education in schools to support the recognition of basic symptoms to avoid unnecessary emergency room visits.

• Use co-operatives to teach people how to take care of themselves. This eliminates hospital visits and increases understanding of diseases.

• Educate seniors on their health.

• Start a public information campaign on self-care.

• Provide unbiased, reliable information to the public.

• When people are discharged from hospital they are not given discharge sheets or follow-up idea for self care after surgery. Orthopaedic surgery should have generic discharge notes to give patients.

• Patients need to be educated on how to take care of themselves.

• There should be mandatory emergency preparedness training, at least every six months.

• It is important to have individualized information available to the public.
When someone is at risk for stroke or heart attack supply them with medical equipment they can use daily at home. It would be a lot cheaper to teach someone to take their own blood pressure, pulse and oxygen saturations daily, than to admit them to hospital for a stay in ICU, vascular surgery and rehabilitation for a month or more.

Spend more resources and promote awareness on men's health so that men can start being more proactive about taking care of themselves.

Educate individuals on self-assessment.

Provide education to rural communities through mobile facilities.

Support the education of youth through student help lines, student peer counseling and educational brochures, posters and websites.

Market existing tools like the Nurses Help Line, the British Columbia Health Guide and the Canada Food Guide.

Provide more translations of material.

Change the culture so that patients are encouraged to coordinate their own health care.

Appreciate pain as one's guidance system to doing what is appropriate for oneself.

The Nurse Line and Phone-Based Health Resources

Comments and Concerns

Promoting the Nurse Line
Staffing the Nurse Line
Other Phone-Based Resources
Information and Accessibility

Comments on promoting the Nurse Line:

The health guide and the British Columbia's Nurse Line are not easily accessible and not advertised enough.

We already have invested a lot of money in the Nurse Line, but lots of people do not know about it and we have not marketed it very well. There is a core structure there, but there is a lot of capacity that I do not think is being utilized.

I have never heard of the Nurse Line.
• **Comments on staffing and resources for the Nurse Line**

  - People manning the lines are not knowledgeable enough and cannot be specific enough for specific needs. The information that is available is too general.
  
  - I believe it was Ontario, that said that there was a very low level of satisfaction with the Nurse Line from the public because what they could say over the phone was so prescribed that it almost always it amounted to, 'You should go to the emergency room,'. It sounds like, you know, if you give them enough real scope to actually provide assistance, you could keep people out of emergency rooms, but there are a lot of liability issues associated with giving advice.
  
  - Telephoning the health line can be frustrating because of long wait times.
  
  - The 1-800 number has language issues.
  
  - The helpline cannot diagnose over the phone.

• **Comments on other phone-based health resources:**

  - Dial-a-Dietician is okay, but they are not into using food as medicine. We should have a line for information on nutrition.
  
  - British Columbia’s Dial-a-Dietitian number provides support to schools and teachers.
  
  - The majority of poison exposures can be managed with simple first aid at home. If the poison control line was not there to provide advice about poison exposures patients would have no choice but to visit an emergency department or medical clinic for help.

• **Comments about the information available and accessibility of the Nurse Line:**

  - I called the British Columbia Nurse Line, and they could not tell me whether I should go to see a doctor or not for my condition. After calling all agencies involved including my doctor's office, I ended up in the doctor's office with him saying that there was nothing he could do and that I was already doing everything I could. The British Columbia Nurse Line was of little use.
  
  - The Nurse Line tends to move people to emergency.
  
  - The Nurse Line is good if you are unsure whether to call an ambulance.
  
  - The Nurse Line is excellent.
Ideas and Suggestions

Promoting the Nurse Line
Staffing and Resources
Other Phone-Based Services
Information and Accessibility

• Ideas about promoting the Nurse Line:
  • British Columbia’s Nurse Line needs better marketing and publicity.
  • There is a need for better promotion of British Columbia’s Nurse Line and it needs to become more user friendly (staffed by a real person from the start).
  • Promote the Nurse Line with posters and list it in the phone book.
  • Put the NurseLine number on the back of care cards to increase its profile and ensure that the public knows that it exists.
  • Most people I speak to do not know about the Nurse Line or how to get the telephone number. How about a mass-mailing of something to stick on the fridge.

• Ideas about staffing and resources for the Nurse Line
  • The Nurse Line needs better resources so that waiting times on the phone line don’t discourage use.
  • Have doctors available on the Nurses Hotline (along with pharmacists, as is now the case).
  • The Nurse Line needs resources to help with grief counseling.
  • I think the Nurse Line has done a lot for people, but ideally people would have one person that they could call. They might need somebody who they know, who they could trust. Calling can be very personal, and it can be very difficult, especially if it is related to mental health. I think in the end, you would save more time if you could just pick up a conversation with someone who already knows your health record.
  • What I am proposing is a call centre of doctors. Take the nurses off the help line and put them back in the hospitals, they are of little use on the phone. Have the call centre use a ticket tracking system for phone or internet inquiries.
In dentistry there is a concern regarding the classification of a dental emergency, because often dental emergencies are showing up in the emergency rooms. We are working with the Nurse Line to educate patients on what a dental emergency is, what they can self-manage and where they can go for treatment. I think that rather than having a doctors’ line, the existing Nurse Line has potential and just might need some fine tuning.

The Nurse Line also provides pharmacist advice.

**Ideas about other phone based resources:**

- I just heard about the Ontario system of TELE-Health. There, nurses man phone lines and give people advice for their ailment over the phone. If necessary the caller is referred to the Emergency Room or to a General Practitioner.

- I love the newborn hotline but it is not open 24 hours.

- Have a common phone number for seniors’ care providers or spouse to phone to get community and government assistance, staffed by real people instead of a touch menu.

**Ideas about available information and accessibility:**

- Use the Nurse Line for first assessment.

- The education of patients could be done on the phone or the internet.

- The Nurse Line needs to go into greater depth in certain circumstances.

- Have a three digit number for the Nurse Line (like 9-1-1).

- Well, you know how in Europe there is a phone you can pick up and you can talk to a taxi? They are thinking about putting in a similar phone line in Emergency Rooms, you pick it up and it takes you right to the Nurse Line.

- In addition to providing information about surgery to people via a hotline mechanism, those calling into the Nurse Line need to receive information about how to access supportive care during the wait period.

- Well, one of these meetings that I went to in the past two weeks, someone suggested putting a phone in every emergency room waiting room that is a direct link into the Nurse Line so that while you are sitting there, you could call and start asking some questions. 'Well, I'm waiting in the emergency room. This is what I'm feeling like. Should I really be here,' that kind of thing.
The Canada Food Guide

Comments and Concerns
- The Canada Food Guide is a lie promoted by stakeholder industries.
- The Canada Food Guide is a good example of misguided health information. It is pathetic compared to the sound knowledge that is available about eating for health.
- The Canada Food Guide is good and the education system is moving towards promoting healthy eating for all.
- The Canada Food Guide needs to be better.

Ideas and Suggestions
- Make changes to the Canada Food Guide, taking cultural choices and portion sizes into account.
- Have grocery stores post Canada's Food Guide, and recognize the produce sections with signs stating that these are part of the Food Guide.
- Follow the guidelines set out in the Canada Food Guide.
- We know that by meeting the recommendations of the Canada Food Guide, we can significantly reduce the number of deaths from heart attack and cancer.

The BC Health Guide

Comments and Concerns
- The British Columbia Health Guide information can be wrong or out-of-date.
- The Health Guide is underutilized.
- Information about health services is unclear in the guide, for example although stability bars are mentioned, where can you find them?
- The Health Guide is remiss in a number of ways. People do not always have the money needed to purchase items or follow directions in the book.
- The Health Guide is not as useful for people with multiple health problems.
- The wastefulness of producing the printed Health Guide that is distributed to libraries, pharmacies, and so on, confuses me. That information is available in many places. Why is the government doing this? Who is reading it? No one.
• Our new British Columbia Health Guide makes no mention of Parkinson’s or the Parkinson’s Society.

• Education and prevention sound really good, but how many people actually consult the Health Guide that was sent to every home before running to the doctor?

Ideas and Suggestions

• The Health Guide needs to provide more information.

• The Health Guide needs to be promoted more. Send it home with kids from schools. Doctors need to promote it too.

• The Health Guide could be used as a textbook for health education classes.

• Provide funding for the Health Guide.

• In the Health Guide provide examples of: a Representation Agreement, a Living Will, and organ donor and blood donor forms.

• In the health guide provide mentoring information for seniors.

• The Health Guide is excellent, we should expand on this, it needs better marketing.

• The Health Guide has been a very good resource. I have used it many times and I know many others have too.

• Add a symptom to decision flow chart to the British Columbia Health Guide.

• The Health Guide is a very valuable tool in guiding us as to when we need to see our doctor; perhaps we should be encouraged to use this guide more by having it in every household (I picked mine up at the local Government Office); perhaps they should be delivered to our homes.