EMPOWERING PATIENTS FOR CHRONIC DISEASE SELF-MANAGEMENT THROUGH ACCESS TO HEALTH INFORMATION IN NIGERIA: OVERVIEW OF STRATEGIES

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Abstract
In Nigeria fast moving urbanization and its attendant changes in life style and in diet, have led to increase in chronic diseases. The paper is a review on the role of health information in patients’ self-management of chronic diseases. It noted that the most important role of health information is patient empowerment which supports patients in taking good decisions on their care. The paper noted the lack of organized patient health information disseminating structures in Nigerian health institutions. This has created limited access to health information for patients who might need it in the care process. The paper reviewed various methods and strategies that can be adopted for health information dissemination. In conclusion, it stated that the Federal Government of Nigeria, health care institutions and organizations have a duty to ensure that patients have access to health information through development of appropriate policies and strategies to support its dissemination.

Keywords: Patient information; Health information access; Consumer health information services; Chronic disease care; Medical library.

Introduction
Health is an essential prerequisite for individual and national development. Citizens who will contribute meaningfully to constructive national development are those who are physically and mentally healthy. Ginman (2000) notes that in most countries, the population of today lives much longer than before, but the length of life becomes an improvement in life quality only if accompanied by good health. The issue of good health is of growing importance because there is concern about the health of nations following general increase in the incidence and mortality from chronic diseases such as hypertension, heart diseases, diabetes, cancer and HIV/AIDS. These diseases are typically incurable and long lasting. Adelekan (2007) posits that “non – communicable chronic diseases (NCD) are by far the leading cause of death and disability in the world and their impact is steadily growing.

The total number of people dying from chronic diseases is double that of infectious diseases (including Tuberculosis malaria, maternal and prenatal conditions and nutritional deficiencies put together.” WHO (2011) noted that of the 57 million deaths that occurred globally in 2008, 36 million – almost two thirds – were due to NCDs, comprising mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases.

In Nigeria fast moving urbanization and its attendant changes in life style and in diet, have led to increase in chronic diseases (Mike 2006; Iyaniwa 2004; Ujunmadu, 2008). Death from chronic non-communicable diseases in Nigeria was estimated to be 478, 000 representing 24% of the estimated 2,014,000 deaths in the year 2005. By the year 2015, WHO projects that over 5 million Nigerians will die of chronic non-communicable diseases (WHO 2005). Also of concern is the burden of communicable
diseases, which are also chronic. Statistics on HIV, a highly preventable communicable chronic disease shows that in Nigeria, by the end of 2009, there were an estimated 2.98 million people infected with HIV.

Several factors have been identified as contributing to this high morbidity and mortality from chronic diseases. Lack of health information is one of such factors. According to Institute of Medicine (2001), patients with chronic diseases are at high risk of developing serious and costly complications if not well informed on how to manage their conditions on a daily basis. The purpose of the paper is therefore, to draw attention to the need to develop an organized information intervention structures in the chronic disease management process in Nigeria.

The Concept of Health Information
Health information is defined as any information that enables individuals to understand their health and make health-related decisions for themselves or their families (Patrick & Koss 1995; Deering & Harris 1996). Department of health and children (nd) gave a broad definition of health information as any information used to help make an informed health-related decision or to inform oneself of health-related issues, whether at the personal, professional, managerial or political level. The type and complexity of the information will vary depending greatly on the purpose it is meant to serve; whether to be used by a patient deciding where to go for advice or a health professional weighing up the pros and cons of a particular intervention. Dahlen (1993) noted that health information is of two types: information needed to make informed decisions related to disease prognosis (patient information), and information needed to support a healthy lifestyle (consumer health information).

Empowering Patients through Access to Health Information
Chronic diseases are long term conditions that are associated with great deal of physical and emotional stress. Their management becomes part of everyday life. For this reason, majority of patients with chronic diseases require self-care to survive the day to day challenges of living with the diseases. Patients need access to health information to help them understand the disease, clear any misconceptions that might deter them from taking appropriate treatment, and take good decisions on their care process so as to forestall undue development of complications. This is quite important in a setting like the Nigerian environment where patients are bombarded with various treatment options and opinions, both orthodox and non orthodox.

Equally, patients need information to develop the skills and emotional stability to cope with the physical and emotional discomforts associated with living with chronic diseases. Coulter, Entwistle, and Gilbert (1999) reported that making sense of what is happening, identifying and satisfying information needs play an important role in helping patients cope with the demands of their illnesses. Information therefore empowers patients to take control and improve their quality of life. Feste and Anderson, (1995) defined empowerment as “an educational process designed to help patients develop the knowledge, skills, attitude and degree of self-awareness necessary to effectively assume responsibility for their health related decisions.” According to Kreps (nd.) relevant health information is a critical resource that empowers people to make good decisions to enhance their health and well-being. Health information is essential in health care and health promotion because it provides both directions and rationale for guiding strategic health behaviours, treatments, and decisions. In chronic disease care, empowerment leads to successful self-management. This refers to the individual’s ability to manage the symptoms, treatment, psychosocial consequences and lifestyle changes inherent in living with a chronic condition (Barlow, Wright, Sheasby, Turner, & Hainsworth, 2002).

For health information to serve as a good platform for patient empowerment in chronic disease management, it must be accurate and
tailored to the needs of the individual patient. This means the systematic filtering and repackaging of health information and presenting them according to the needs, demographic, social and cultural environment that might determine the use of the information by the individual or patient group. Protheroe, Rogers, Kennedy, Macdonald and Lee (2008) noted that patient information has been viewed as a key component of self-management. However, little attention has been given to methods of dissemination or implementation of effective information strategies. Previous problems identified with the use and implementation of patient information point to the need to explore the way in which patients engage with and use information to support self-management for chronic conditions."

The Current State of Patients Access to Health Information in Nigeria

Despite the important role of information to successful self-management, it is noted that Nigeria is yet to establish an effective medium for gathering, storing and disseminating relevant data on health (HEFRON, 2007). For the patient also, there is limited access to health information. In the health institutions, there are no organized consumer information infrastructures like consumer health information centers, and no patient access to health libraries or the Internet. Patients especially in private owned hospital are passive recipients of care and are generally denied basic health information needed for understanding their diseases and treatment modalities. Reacting to this unacceptable situation, the National Food and Drug Agency of Nigeria (NAFDAC) once instituted a national health campaign through various news media against the practice of deliberately concealing important health information such as disease diagnosis, name of prescribed drugs and treatment process from the patients. In situations like this, it may be difficult for patients to receive the much needed health information that is very vital in self-care. The result of this poor information environment is observable in the health behaviour and attitude of the general populace. There is a general misconception and many misbelieves surrounding illness and disease prevalent in all parts of the nation. These influence the uptake and adherence to therapy (Esho, 2007). Many patients abandon vital treatment regime in the hospitals that would have saved them from unpleasant consequences of the disease because of these misconceptions (Njoku, 2008).

These challenges can be overcome if the Federal Government through the Ministry of health could develop a National consumer health information policy. Polices can be viewed as a plan of action, a statement of aims and objectives especially when made by government. When policies are properly articulated, they can lead to good governance and national development (Uhegbu, 2008). HIFA2015, (2008) proposes that Health information policies should be part of health policy in order to strengthen the use of information, knowledge, and evidence in decision-making. Health information policies will serve as a blue print in harnessing the benefits of health information for disease control and management in Nigeria. Health information policies will directly be of benefit to patients as the policy will ensure that information is used to help patients to receive the best possible care. Appropriate strategies are required to bring into fruition, information policies.

Health information disseminating strategy is a detailed plan and procedure to make information consistently available to patients. An effective strategy will take cognizance of method and formats to be used in the delivery of information. This is important because patients have different cultural and educational background as well as variant levels of health literacy. Detailed information might be appropriate for some readers, but not for others. An information disseminating strategy will take care of these diversities to reduce disparity in information access.
Overview of Strategies for Disseminating Health Information

The main methods of dissemination health information are patient education and health promotion. Other methods are visual communities and support groups interactions, workshops, and seminars. Patient education is an important part of chronic disease management (Jones, 2009). According to Consumer and Patient Health Information Section (CAPHISIMLA) (1996) Patient education is a planned activity, initiated by a health professional whose aim is to impart knowledge, attitudes, and skills, with the specific goal of changing behaviour, increasing compliance with therapy and, thereby, improving health. Patient education can take the form of formal education in group setting or individualized person to person education on the disease conditions. Okechukwu and Okonkwo, (2007) defined health promotion as the science and art of helping people change their life style to move toward a state of optimum health. Health promotion is critical to improving outcomes in the prevention and control of both communicable and non-communicable diseases. Health promotion will enable individuals acquire information, knowledge, attitudes and skills as well as change their attitudes and behaviour to facilitate the making of healthy choices (Lambo, 2005).

Format represents the form by which information is presented to patients. Peters, Dieckmann, Dixon, Hibbard, and Mertz (2007) indicated that overall evidence suggests that how information is presented can be as influential as what information is presented when attempting to inform health care choices. There are human strategies like interpersonal face – to – face communication or verbal presentation usually between patients and health professionals, among patients in support group meetings or during workshop or seminars organized by health organizations. Use of written information such as leaflets, pamphlet and manuals; multimedia presentation, and video are also forms of presentation of health information. According to Jusko Friedman, Cosby, Boyko, Hatton-Bauer and Turnbull (2009), the provision of written materials, and, especially, tailored print materials, can also be an effective patient education teaching strategy. All written information should be prepared at a reading level appropriate for the general population. Verbal instruction should only be used in conjunction with another teaching method. Demonstrations, if appropriate for the situation, can be a very effective teaching strategy too. The use of multiple teaching strategies is a good option for patient education. Visual aids should be appropriately used. Pictures and illustrations are useful for enhancing printed materials especially with those who have low literacy skills.

Recent developments in information and communication technologies have created additional channels of access to health information. Mobile communication technology devices and the Internet are increasingly being harnessed as sources of health information for health consumers. The Internet contains lots of valuable websites for health consumers maintained by Government health agencies, Health Professional Associations and institutions and as well as patient support groups. Jusko Friedman, Cosby, Boyko, Hatton-Bauer and Turnbull, (2009) stressed that computers could be an effective patient education teaching strategy, especially when patients are given information specific to their own situations rather than general information. Videotapes (or more modern formats such as CDs and DVDs) can be an effective teaching strategy in delivering patient education.

Mass Media like television, radio, newspapers and magazines are good instruments for health promotion activities. Mass media have the advantage of being widely available and easy to access. Tones and Tilford (1994) observed that mass media are a very popular and effective mode of communication, which can influence or motivate people to change. However, they are often unsuccessful in producing long-term health behaviour changes when utilized alone and without other supporting mechanisms. Therefore, it is suggested that a combination of
several different methodologies be used in order to achieve more desirable results. Due to the problem of recall oral presentation is deemed less effective than other strategies (Peters et al, 2007).

Appropriate policies can entrench patient education and health promotion using these media in the disease care process in Nigerian health institutions. Health care organizations can also set up Consumer health information centers or Kiosks (Jones, 2009) in the hospital premises to provide information to patients. These centres can be manned by health professionals such as nurses or by librarians. Resources to be provided in the centre will include education materials, audiovisual aids, computers, and internet resources. Also, the existing medical libraries can be repositioned to cater to the information needs of patients with chronic diseases in Nigeria Teaching Hospitals.

Repositioning Medical Libraries in Nigeria to Serve as Channel of Access for Patient Information.

There are medical libraries in virtually all tertiary health institutions in Nigeria. Currently, these libraries focused on serving the information needs of health professionals and students. However, medical libraries are strategically situated to serve the dual role of providing information for health professionals and serving as consumer health information centre that serves the information needs of patients. The medical library as an information resource has potentials to provide access to quality, reliable, and up-to-date health information to patients with chronic diseases (Gathoni, 2012). Smith and Duman (2009) explained that libraries have an emerging and potentially significant role to play as providers, and potentially producers, of health information. They have the advantage of being capable of offering a wide range of information, not just that ‘prescribed’ by health professionals, and as a result they can offer less biased information.

Medical Libraries in Nigeria need to extend their services to consumers like their counterparts in developed countries. The United States National Library of Medicine for instance maintains some health information websites such as MedlinePlus, and ClinicalTrials.gov which serve both health professionals and health consumers (Pullen, Jones & Timm, 2011).

To design and offer such patient-centered information services to the populace, medical libraries in Nigeria need to be repositioned and supported by health authorities. According to Eakin, Jackson, and Hannigan (1980) remarked that the extent to which hospital libraries become involved in patient information depends largely on emphasis placed by the hospital staff and administration on patient education. The librarian will be able to support these programmes of patient education department by acquiring specific printed or audiovisual materials requested by the educator and by providing facilities for consultation and viewing. They will also broaden the program by gathering information and reviews of other materials, obtaining publications on specific topics for distribution, and organizing materials to meet particular needs. If this is done, medical libraries in Nigeria are capable of serving as avenue for consumer health information for the teeming population of people who may need information to manage their diseases or effect lifestyle changes. Setting up consumer health information resources or repositioning medical libraries by hospital administrators can therefore be part of effective strategies for providing health information to patients.

Conclusion

Health information has been noted to be important in ameliorating the burden of chronic disease on the individual. There is therefore need to develop policies and appropriate strategies to support information dissemination in the clinical setting between health professionals and patients. Strategies may also involve developing resources such as consumer health information centres or medical libraries that will function to ensure equitable access for all patients. These may help reduce the burden of chronic diseases on the populace. Federal
Government agencies concerned with health management in Nigeria, health care institutions and organizations have the duty to ensure that patients as well as other health consumers are provided with quality and tailored health information at the point of need and at the right time.

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