

Framework_Matrix

Participant	Lifestyle change		
	Patient education	Supporting behaviour change	Lack of a burning platform
Healthcare professionals			
Louise	<p><i>No, and that is the problem in the municipal offer, which is in the municipality, which is now passed on to teaching to be interdisciplinary in all the patient groups, because for example, diet is not the same diet that a cancer patient should have as to a heart citizen or a diabetes citizen, and there ehhe there big forum there is going to be on maybe if we are lucky 20 citizens who show up. too big and too extraneous, so they dare, they do not open themselves up in the same way as if they are sitting in their small training teams, where they have the opportunity to ask directly. It becomes more individualized in the small teams rather than if it is an entire municipality that gathers.</i></p>		
Katia		<p><i>Well, I would like to say that as a physiotherapist, eh one of the tasks concerning diabetes patients is to eh make them understand that physical activity is therefore one of the 3 legs they should walk on. Food and exercise and medicine and that they like a likened the 3 legs. So absolutely it's important. Often, diabetics are most interested, they just need some dietary guidance and then they may be surprised that you should not just, there are some other things you should also know. (1-303-308) on the</i></p>	

		<p><i>other hand, I sometimes meet that if citizens first get started with the physical activity, that's when they fastest experience getting something back, whereas diet change, it's just sour ass all the way. (Others laugh) but they experience some energy from that physical activity and then maybe it can better lead to - then I will also eat some decent food. So I go that way sometimes.</i></p>	
Hjalte		<p><i>So as far as I'm concerned, it's very much about ehhh to give them some strategy on how to be more physically active in everyday life, it can be something as simple as saying if you're taking the bus home, then getting off a stop before and going the rest of the way or inviting your wife out and going for a walk so you can share it. So it's like that very much along the way. It's like setting an objective together and then we're training towards that goal. It's like the way I make sure we're being individualized to the citizen because that's when he wants, or she wants, and end up with, and then what we're training for it.</i></p>	
Maria		<p><i>They usually get 12 weeks of training ehmm and then constantly have the dialogue about what is their goal is, what is they want to achieve and where would they like to move and try to ehmm adapt for example their individual training program all the time so we eh we achieve that they like to come all the</i></p>	

		<p>way around and that we make sure they get the right treatment if you can call it that.</p>	
<p>Julie</p>	<p>We often have them in group courses, both in training and in patient education, so there is a natural community because you are typically there for the same reason or that you want something of the same ehm, so I think there is something of that completely natural reflection, but it is also about working with them in terms of that when you can't be with us anymore. you are already in the process of getting out and greeting some or visiting some training places or being in contact with some, or can I help you with it so that you get in an environment that just supports that you would like to continue to be, for example, physically active</p>	<p>Then it is about being able to create competence, that is, to be able to support the citizen's understanding that they actually have the opportunity to change the way they feel or the way they live their lives. That they are not trapped in boxes and boxes, but that, whatever it be diet or exercise or whatever I know they have the opportunity to affect their own lives.) So, the fact that I'm more physically active, it could do something for me that's something that matters to me. Most of us know ehh what kind of food is healthier than anything else, we choose to eat anyway the way we do because that's what we feel good about and that we have a hard time breaking a habit and typically you have to have some support and be in a community if you really have to break some habits and you also have to try out some things And find out that it actually makes me feel better ehh because if the change doesn't make you feel better then you are not motivated to keep that change either.</p>	
<p>Emma</p>	<p>But I also think it's also important to show those who are maybe a little hard to motivate for training that it doesn't have to be a sour duty that you have to be out and be active, that you can find any</p>	<p>I have also had a good experience in setting small milestones along the way after relatively short to say, now you have achieved this goal so that it can be a motivator also to get started so that</p>	

	<p>alternative ways so you can move without it feeling like it's that it's - now we have to train, because sometimes the word training or physical activity can also well scare some of these things away, who have these diagnoses and comorbidities ehmm I experience at least a lot that when I say training, then they think now it has to be hard, then it has to be really hard and then they're almost already over.</p>	<p>you can see, well I can actually do well and something actually happens here. Ehmm at least set some small milestones so that one could immediately see what could be possible to achieve along the way.</p>	
<p>Patient advocates</p>			
<p>David</p>	<p>Well, you could say, our ehmm so we have many who also have all sorts of other things and also rheumatic disease and pulmonary disease ehmm lung disease and diabetes is almost the chicken or the egg concerning cardiovascular disease, so yes we have a lot of mixed people. Obviously, we're not experts in the field of arthritis, we're not experts in the lung field, so it's purely professional and the things it is, we can't answer that we can only refer, but I think the people coming in with more diseases that we just need to be ready.</p>		<p>Yes, but I just thought to ehmm, i.e. i.e. that stigma, whether we experience it the same way in the heart association. And it may be that just concerning these patient associations we are represented here, we may be the sexy ehmm it might be great if you are to put it this way to have heart disease versus depression or COPD or rheumatic disease I should not be able to say, but of course, we also experience the social downside and things like that.</p>
<p>Frederik</p>	<p>Another thing is that we also have, if I have to say it honestly, we actually have trouble hitting this group which you could say has a lack of disease understanding and that's because COPD comes creeping over so many years, so typically they are the ones we find over 65 and have lost over half of their lung function before they actually come and find us.</p>		<p>We just have trouble getting the health professionals to refer to us, as it's not something that's in a package or anything. That is one of the inequalities that also lies between the diseases. We don't have the package for lung diseases there. Then we have no place to send them. Ehmm also a little what Christian mentions, the thing about that then you get a little lost and then</p>

			<i>you go a little here and don't feel your needs and then you finish after 8 weeks and then no one can pick up.</i>
Benedicte			<i>This is, for example, when they meet a caseworker at the municipality. That's where they bump into it. It's also by their GP if he doesn't understand what kind of disease they have. Ehhh if they have difficulty accessing a specialist for example because they cannot get a referral from their doctor.</i>
People living with multiple chronic conditions			
Anker		<i>So it's two hours a day, right? And uh [sighs] running 4-day-week, sometimes it's long days, right? And changing working hours. And, there's simply no energy to follow the recommendations [laughter] like the gym and things and things, not, and then this corona on top of that, and, well, it just made things impossible, not that too.</i>	
Anne	<i>I always seek background knowledge if it's something I don't know anything about.</i>	<i>To go for walks, you could say, I could do that, but I can't tolerate the cold air into my lungs, and I'm going to lose my breath. And if it just blows a little bit, then it's all wrong.</i>	
Leah		<i>Well, but my daughter calls me every day to say "Mom, what are you doing today?" Then I tell her I'm sitting there</i>	

		<p>reading, "well that's not what you were supposed to do" (both laughs) so my kids are nice too, also just say when they're here "now we're going for a little walk". So I live where there is such a small path system around the dwelling and then they say "now we go for a walk together. Then you have nothing to be afraid of that you can't make it home." And then we take some trips like that and it's half an hour, I guess.</p>	
Per		<p>I am the chairman of a pensioners' group or a pensioners' association. At the one day centre where I am a volunteer, they also have a gym which we can use in the afternoon when not they use it and it is free. It's a great advantage to be able to go out there and cycle and use the instruments there are. I'd think others need to have such a sanctuary, rather than having to spend a lot of money on it. [...] Yes, through your gym or your doctor? Your doctor can report you, e.g. I'm on diabetes 2. We're going to set up a team and show up and train together. It works, there are just too few of them.</p>	
Dorte		<p>So, uh, and then number five, could be the economy, not because that I can't afford it, but it takes a little extra erm, sometimes I have, I have, so, extra treatment with the physiotherapist and things like that to be able to handle things as well as possible. So that way</p>	

		<i>it's going to hurt the economy, but uh, I can afford it then. [...] Pain makes me have a lack of self-motivation to and, and train.</i>	
William	<i>That's the big problem with the... Some of the diseases we have here, it is also that they work against each other somewhere. [...] That's what makes it hard, because if we had... If it had only been the individual thing, you might have been better able to process it. But as soon as you have more of them. So, it's starting and getting heavier, right? [...] Well, when you have both COPD and you type 2, then, uh, it's the one thing you come for or it's the other thing because they can only handle one thing at a time.</i>		
Torben	<i>...you can read dietary recommendations in the heart association such-and-such, the diabetes association says something completely different if they otherwise can agree on what they think.</i>	<i>But then I number 3! It is access to training facilities. Uh, I know I know that K. Municipality they have opened all their uh, training facilities around the nursing homes and other places. The municipality, where all those who go home, like us, who need to get out and get-get-get trained and things like that you can go in.</i>	
Christine		<i>Well, obviously there has to be a routine because otherwise, I won't be going. And uh, good, there must be good training facilities uh, there must be other people present, because it must also be like a little cosy, there must be such a little city gossip down from town H. in, also, right? And, uh, I'd love to</i>	

		<p><i>train with my partner, I just don't have to -- he doesn't know yet. [...] Well, it's pain. I haven't been able to train for a year, so uh it's just pain. So, uh, I don't actually have much else to say about it. I can neither walk nor stand for very long more than a few minutes at a time [pause].</i></p>	
Relatives			
Paul	<p><i>Since I have attended meetings in the hospital and received a lot of written material, I feel well informed.</i></p>		
Clara	<p><i>it's good that people get to talk to someone who has similar problems.</i></p>	<p><i>'Well, I take on the tasks at home with the practicalities of housekeeping and cooking and shopping and all this, but it was,) it was something I just did for that I've been used to all my life, so there was no extra work in it.'</i></p>	
Karen	<p><i>...you could say, I could have gotten a little more conversation about it, how do you do it best, how do you support your husband best and so on. It's like well, you have to figure it out along the way.</i></p>	<p><i>my husband has gone to the health centre, along with some others, and the that it ran so well then they also started, it's years back That they could see that they started to race, and there they had such a nice trainer, so even though they could only run 200 meters, it was to run, the fact that they could get to it, and it was really good for the lungs</i></p>	