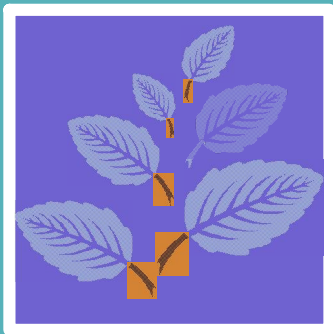
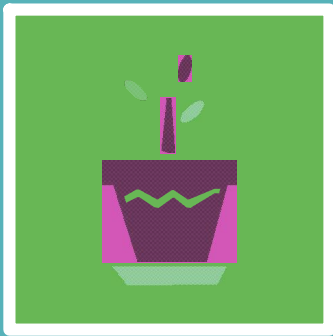
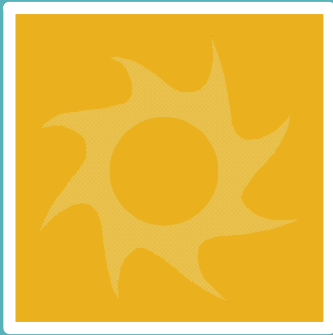




- This product was developed by the Robert Wood Johnson Foundation Diabetes Initiative. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

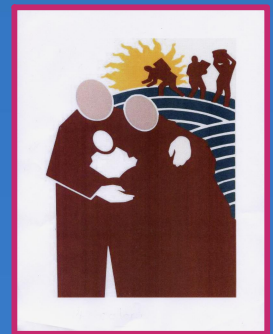


The Role of Lay Health Workers in Managing Depression and Diabetes

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CDC Diabetes Translation Conference
May 5, 2005



The Robert Wood Johnson Foundation Diabetes Initiative

*Enhancing access to
and promoting self management
as part of quality diabetes care
through primary care and community settings*

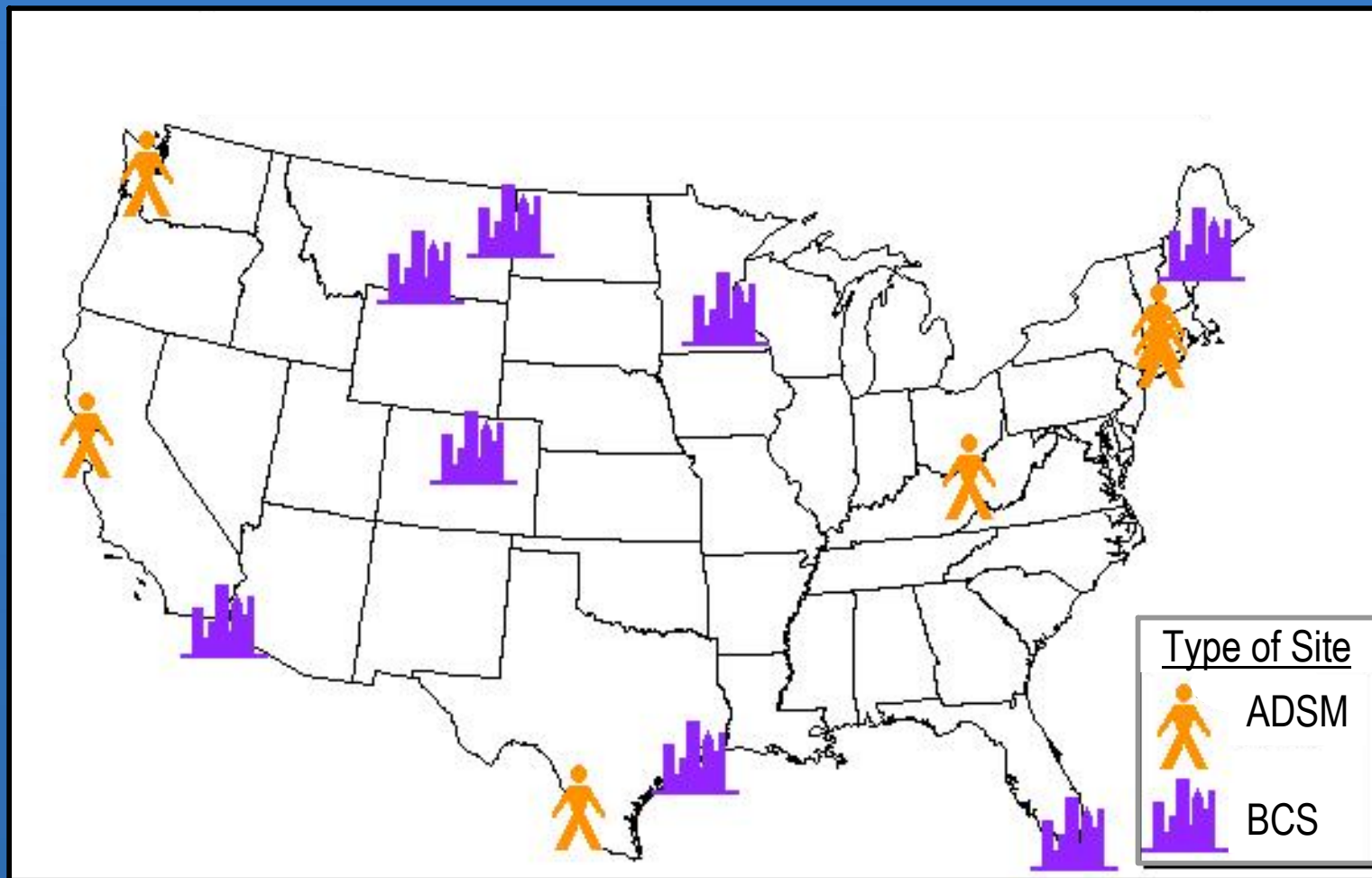


**Advancing
Diabetes
Self Management**



**Building
Community Supports
for Diabetes Care**

RWJF Diabetes Initiative Sites





Resources and Supports for Self-Management

- Individualized assessment
- Collaborative goal setting
- Assistance in learning self-management skills, including healthy coping
- Follow-up and support
- Access to resources for healthy lifestyles
- Access to high quality clinical care
- Continuity of care



Where we started: We have to treat depression and emotional disorders before can address self management

- Prevalence of depression is doubled among persons with diabetes
- Depression is associated with worse glycemic control, more severe diabetes symptoms, disability, added complications, and higher health care use
- Self-management is less adequate among diabetes patients with depression (e.g., non-adherence to diabetes medications, physical inactivity, poor nutrition, and smoking are correlated with depression)
- 40% of patients with diabetes have anxiety symptoms; generalized anxiety disorder (GAD) is present in 14%
- Independent of depression, panic is associated with higher HbA1c values, more diabetic complications, greater disability, and lower social functioning



Next step in our evolving model: Addressing depression is part of self-management

Self Management is the Use of Skills to:

- Deal with your illness
- Continue your normal daily activities
- Manage the changing emotions brought about by dealing with a chronic condition

The goal of self-management is to achieve the highest possible functioning and quality of life....no matter where along the path a person starts.



Types of Emotional Disorders

Examples of Clinical and Subclinical Emotional Disorders

Clinical

- Mood Disorders
 - Major depression
 - Dysthymia
 - Bipolar
- Anxiety disorders
 - Panic disorder
 - Phobia
 - Trauma related
- Substance abuse

Subclinical

- Anger
- Fear
- Frustration
- Anxiety
- Stress
- Guilt
- Worry
- Irritability



Where we are now: Normalizing attention to negative emotionality and promoting healthy coping

- No one is immune to negative emotions!
- Like other risk factors, mental health can be viewed along a continuum of risk. Consider a “stepped care” approach in intervention, beginning with healthy coping and moving to therapy and medications as needed
- Skills for healthy coping can be taught, and should be included in routine health promotion interventions as well as diabetes self management skills training
- Of note: The American Association of Diabetes Educators has included "Healthy Coping" among its AADE7 Self Care Behaviors™



Emotional Health - Defined

The successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope with adversity.



Addressing These Issues...

Self Management is
the key to good
control of diabetes
and emotional health



And CHWs play an
important role...



Key Roles of CHWs in Addressing Emotional Health

- Provide education and address myths and stigmas
- Teach coping skills
- Conduct assessments/ screen
- Encourage and assist with problem solving and goal setting
- Connect clients with resources/ encourage access to care
- Provide informal counseling and support
- Support treatment plan
- Monitor and follow up
- Prepare for dealing with emergencies
- Bridge cultural beliefs and language issues



Gateway Community Health Center Program Overview

Goal: To build a consistent infrastructure and methodology that will assist patients with diabetes to maintain their HbA1c below 7.5% over an extended period of time by implementing and integrating diabetes self-management activities in a culturally sensitive manner.

Gateway involved all stakeholders within the Center to integrate the implementation of the self management intervention into the Center's medical practice.

Stakeholders

- Patients
- Promotores
- Medical Providers
- Certified Diabetes Educator
- Medical Support Staff
- Administrators
- Board of Directors





Promotor(a) Roles and Responsibilities

- *Provide informal counseling, social support and culturally sensitive health education;*
- *Advocate for patient needs;*
- *Assure that patients receive the health services they need and provide referral and follow-up services.*
- *Assist and guide the patient in the management of their disease process.*

➤ The promotor(a) is considered part of the medical team and plays a key role on the delivery of Diabetes Self Management.



Gateway Diabetes Self Management Intervention Flow Chart

Medical Provider Refers Patient to Promotora

Intervention Begins

10-week Promotora-Led SM Course (2.5 hours/week)

- Baseline Behavior and Lab Assessment (knowledge, health beliefs, PHQ)
- Advise (Diet, Nutrition, Physical Activity)
- Advise (Prevention/Management DM Complications)
- Behavioral Goal-setting (individual) every week
- Buddy Support System (Choose and Support Buddy)
- Group Problem-solving Session Weekly (Barriers)
- Goal Follow-up weekly (revision/resetting of goals)
- Telephone call weekly (remind, answer questions, problem solve, support)

10-biweekly Support Group Sessions (2.5 hours each)

- Additional advise (diet, nutrition, physical activity)
- Additional advise (Prevention/Management DM Complications)
- Group Discussion to Problem-Solve Barriers
- Buddy Support System
- Individual Goal Follow-up
- Telephone call weekly (remind, answer questions, problem solve, support)

Intervention Ends

Voluntary Biweekly Support Group

Baseline Data

HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge & Health Belief, PHQ

3-month Data

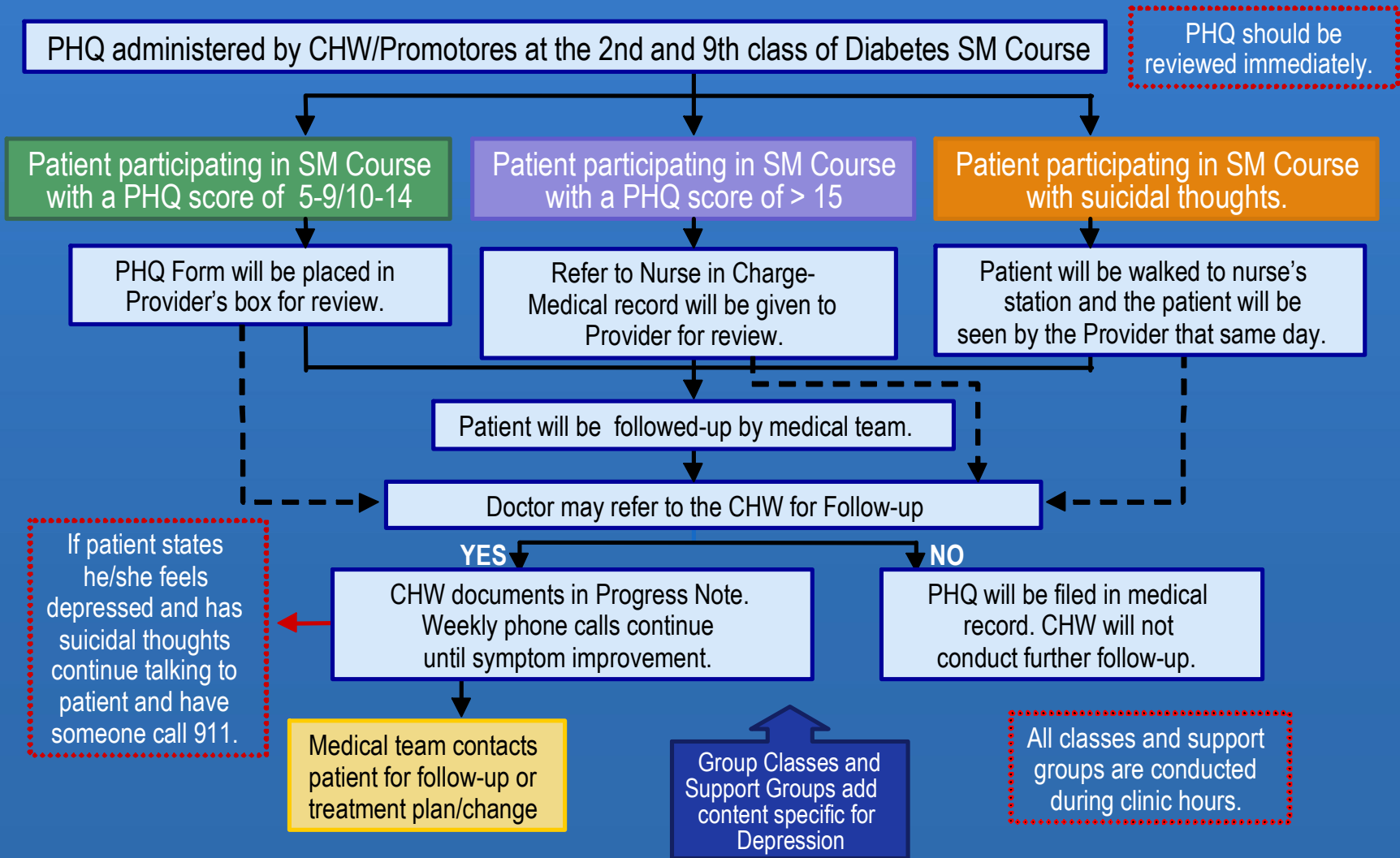
HbA1c, BP, BMI, Knowledge, Health Belief, Retention Rate, and Patient Satisfaction

6 & 12-month Data

HbA1c, Lipid Profile, BP, BMI, Foot Exam, Eye Exam, Flu vaccine, Pneumovax, Hospitalizations, ER visits, Knowledge and Health Belief PHQ



CHW Protocol for Depression – Gateway Community Health Center





Depression: Role of the Promotor(a)

Assists Medical Provider in the process of;

- *Screening*
- *Referral*
- *Education*
- *Support*





Depression Assessment Tool: Patient Health Questionnaire (PHQ-9)

- Screens for and assess depressive symptoms
- Brief, 9-item validated tool
- Provides a severity score and a preliminary diagnostic criteria
- Available in English and Spanish*

PATIENT HEALTH QUESTIONNAIRE

Name: _____ ID #: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Please check one box on each line. Circle symptom if indicated.)

SCORE:

1. Little interest or pleasure in doing things	
2. Feeling down, depressed, or hopeless	
3. Trouble falling or staying asleep, or sleeping too much	
4. Feeling tired or having little energy	
5. Poor appetite or overeating	
6. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	
7. Trouble concentrating on things, such as reading the newspaper or watching television	
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	
10. Feeling nervous, anxious, on edge, or worrying a lot about different things	
11. Becoming easily annoyed or irritable	

Office Use Only:
Score (1-9 only): _____

Source: Adapted from PHQ-9 (2002), Pfizer Inc.

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE

Nombre: _____ ID #: _____ Fecha: _____

Durante las últimas 2 semanas, ¿con qué frecuencia le han molestado los siguientes problemas?
(Verifique por favor una caja en cada línea. Circle el síntoma si está indicado.)

	Nunca	Varias veces al día	Más de la mitad de los días	Casi todos los días
1. Tener poco interés o placer en hacer las cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sentirse desanimado, deprimido, o sin esperanza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Con problemas en dormir o en mantenerse dormido, o en dormir demasiado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sentirse cansado o tener poco energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tener poco apetito o comer en exceso	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sentir falta de amor propio - o que sea un fracaso o que decepcionara a sí mismo/a o a su familia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Tener dificultad para concentrarse en cosas tales como leer el periódico o mirar la televisión	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Se mueve o habla tan lentamente que otra gente se podría dar cuenta - o de lo contrario, está tan agitado/a o inquieto/a que se mueve mucho más de lo acostumbrado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Se le han ocurrido pensamientos de que sería mejor estar muerto/a o de que se haría daño de alguna manera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Sentirse nervioso/a, ansioso/a, con los nervios de punta, o muy preocupado/a por diferentes cosas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ponerse irritable o molesto/a fácilmente	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Use esto para oficina:
Puntos (solamente 1-9): _____

Encuentro de Promotor
 Administrador de el mismo

Source: Adapted from PHQ-9 (2002), Pfizer Inc.

www.depression-primarycare.org

*The PHQ-9 is adapted from PRIMEMDTODAY™, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. The names PRIME-MD® and PRIMEMDTODAY™ are trademarks of Pfizer Inc.



Demographics-Phase I

Gender

Male: 28% (55)

Female: 72% (148)

Age Categories

20-39: 7% (14)

40-59: 37% (75)

60-79: 35% (71)

80-100: 2% (4)

Spanish as Primary Language: 74% (150)

Household Income

<\$10,000: 52% (107)

\$11,000-\$20,000: 19% (39)

>\$20,000: 9% (12)

Work Status

Working: 24% (49)

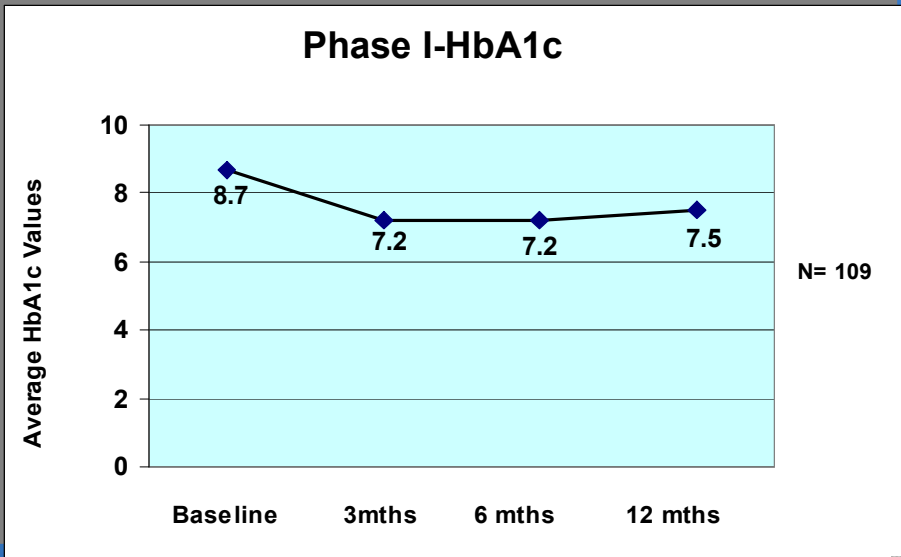
Not Working: 63% (128)

No Answer: 13% (26)

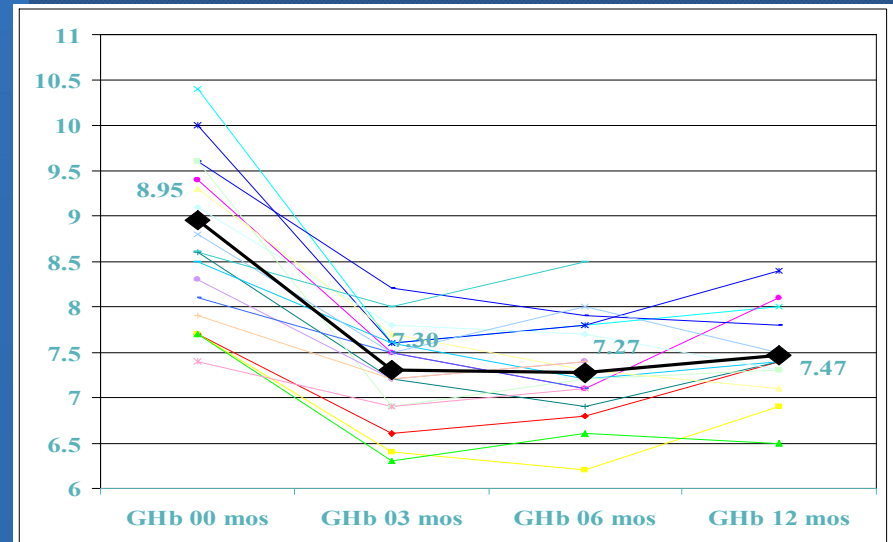


Results

Phase 1 HbA1c per Course

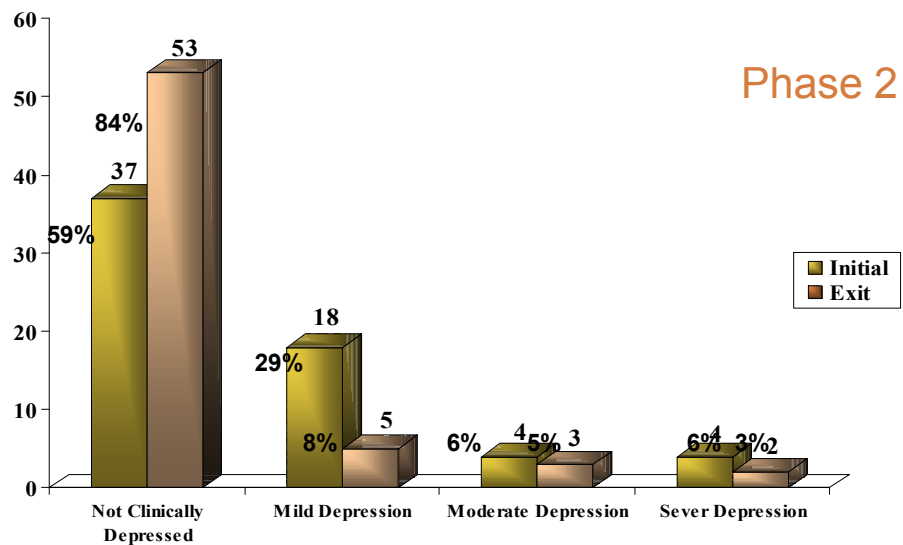
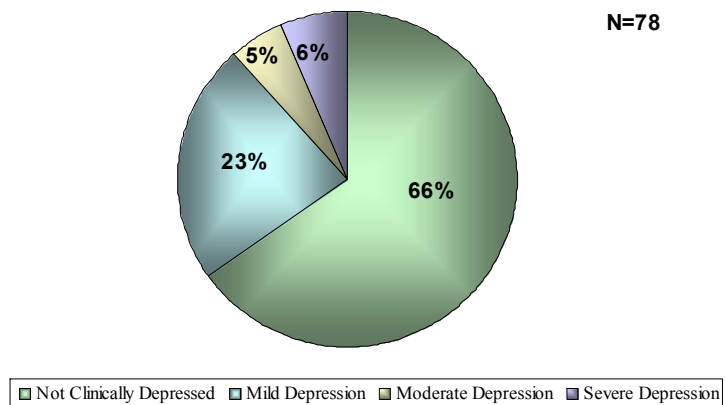


Phase I-HbA1c by Course



Results

Phase I





Summary



Fact: Out of 78 patients screened for Depression during phase I:

*6% severely depressed
5% moderately depressed
23% mildly depressed
66% not clinically depressed*

Fact: 77% of the patients that participated in SM courses in phase I had both diseases.

Benefits of integration:

**Maximizes Promotora's work time
*Removes barriers for patients
Depression information is introduced in more patient friendly environment



Lessons Learned to date...

- Involving the health care team in developing protocols/ roles for CHWs is key to program success (e.g., only clinicians can diagnose mental disorders)
- It is essential to establish clear roles and procedures for handling emergencies (e.g., suicidality)
- Educational materials and activities should be culturally and linguistically appropriate
- The unique relationship between the CHW and the client lends itself to addressing emotional health
- CHWs can serve as role models for healthy coping by taking care of themselves