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The Role of Community Health Workers in Self-Management of Emotional Health and Diabetes

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Learning Objectives

Participants will be able to:

1. Recognize the link between diabetes and depression/negative emotions
2. Understand the role of emotional health in diabetes self-management
3. Understand why and how CHWs are uniquely positioned to address emotional health
4. Describe various approaches to implementing and organizing interventions that address emotional health among people with diabetes
Overview of Diabetes and Emotional Health
Diabetes in the U.S.

- Affects about 6.3% of the U.S. population\(^1\)
- High utilization and large economic burden:
  - $132 Billion Total\(^2\)
- Health disparities\(^1\):
  - Mexican-Americans are 2x more likely to have diabetes
  - American Indians and Alaska Natives are 2.2x more likely
  - Non-Hispanic blacks are 1.6 times more likely
- Strongly linked with obesity, inactivity, family hx of diabetes for type 2 diabetes\(^1\)
- Increasing in population\(^3\)

(1) National Diabetes Fact Sheet, ADA, 2002 (2) Diabetes Care 26:917-932, 2003
(3) BRFSS, CDC 1990-2001
Increasing Prevalence of Obesity and Diabetes: 1990

Prevalence of Obesity
Among Adults in the U.S.
(BMI ≥ 30, or approximately 30 lbs overweight)

Prevalence of Diabetes
Among Adults in the U.S.
(Includes Gestational Diabetes)
Increasing Prevalence of Obesity and Diabetes: 1995

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Among Adults in the U.S.
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BRFSS, CDC 1995
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BRFSS, CDC 2001
Depression is Common with Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Population</td>
<td>10%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>18%</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>16%</td>
</tr>
<tr>
<td>Cancer</td>
<td>20%-25%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25%</td>
</tr>
<tr>
<td>HIV</td>
<td>36%</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>17%-31%</td>
</tr>
<tr>
<td>Migraine</td>
<td>22%-32%</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Up to 50%</td>
</tr>
</tbody>
</table>

Depression in U.S.

- Yearly, about 10% experience depression
- Under recognition by patients and providers
- Depression affects all ages, backgrounds, lifestyles and race
- Nearly 1 out of 6 American adults experience depression at some time in their lives
- Affects twice as many women as men
- Economic Burden: $44 Billion Total
- Leading cause of disability

Impact of Depression on Diabetes

- Poorer glycemic control
- Poorer self-care/adherence to treatment plan
- Increased physical symptoms
- Increased functional impairment
- More likely to develop diabetes complications
- Greater healthcare costs in primary care

Ciechanowski PS et al. Arch Internal Med, 2000
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.
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
Solutions to Address Emotional Disorders

**For Clinical**
- Medications
- Psychotherapy
- Combination therapy

**For Subclinical**
- Training in self-management
- Stress management
- Coping skills
- Assertive communications
- Social support
Emotional Health and Chronic Conditions

- Affects mental and physical health
  - **Direct effects:**
    - Physiological and biological effects
  - **Indirect effects:**
    - Influences in behavioral changes, coping resources, and interpersonal relationships

- Consider the direction of the effect
  - Cause or Consequence
Causes of Distress

General Life Events
- Family
- Jobs
- Relationships
- Finances
- Caregiving
- Other health issues

Diabetes-Related
- Challenging and complex regimen
- Changes in lifestyle
- Fear of complications/Fear of the future
- Denial and anger about having diabetes
- Feeling deprived of foods
- Aversion to needles
- Anxiety about changes in blood sugar
- Fear of becoming insulin dependant
- Feeling unsupported by family/friends
- Provider/health insurance issues
- Challenging peer and social situations
Barriers to appropriate recognition and treatment for negative emotions

- Cultural beliefs
- Lack of access to care
- Denial due to stigma of mental illness
- Misunderstanding of disease
- Language issues
- Spiritual beliefs
- Masked by somatic complaints
- Lack of cultural competency by providers
- Lack of recognition of depression by primary care providers to recognize and treat depression
Diabetes Self-Management
Diabetes Initiative Funded Sites

Type of Site
- ADSM
- BCS
Resources and Supports for Self-Management

- Individualized assessment
- Individualized, collaborative goal setting
- Assistance in learning self-management skills, including healthy coping
- Follow-up and support
- Access to resources
- Continuity of care
- Access to high quality clinical care
Key Concepts for Diabetes Self-Management

- Diabetes is “for the rest of your life”
- It affects all aspects of every day life
- Healthy behaviors are the key to successful management
- Self-management enhances emotional health, and healthy coping enhances self-management
Holistic Approach to Emotional Health

- Relationships
- Healthy Lifestyle
- Balance
- Spirituality
- Productivity
- Adherence to Treatment Plan
Self Management is the Use of Skills to...

- Deal with your illness
  (medication, physical activity, doctor visits, changing diet)

- Continue your normal daily activities
  (chores, employment, social life, etc.)

- Manage the changing emotions brought about by dealing with a chronic condition
  (stress, uncertainty about the future, worry, anxiety, resentment, changed goals and expectations, depression, etc.)
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.
The Chronic Disease Symptom Cycle

- Disease
- Fatigue
- Deconditioning
- Loss of Functioning
- Poor Sleep
- Negative Emotions/Depression
- Flare Ups/Symptoms Worsen
How to Develop Self-Management Skills

1. Repeated learning experiences (mastery experiences)
2. Observing others, particularly people like us (modeling or vicarious learning)
3. Verbal encouragement and support
4. Reinterpreting or reframing experiences
“A journey of a thousand miles begins with a single step.”
Self-Management Skills: Summary

- Goal setting and problem solving are skills we can all learn.

- Success is the goal! It is better to succeed at very small steps than to set bigger goals and only get part way there.

- Success builds confidence, which increases the likelihood of taking more steps.

- Applies to all self-management behaviors, including healthy coping.
Addressing These Issues...

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

And CHWs play an important role...
Role of CHW: Program Models
Campesinos Sin Fronteras

Community-based program

Key CHW roles:

- Screen for depression at home visit using PHQ-9
- Refer as needed to health care providers
- Follow up in person and via telephone for problem solving and goal setting
- Lead support groups
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*

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.
Clinic/Community-based program

Key CHW roles:

- Trained by mental health specialists to assess symptoms and negative emotions
- Refer to health care provider for PHQ-9 screening and diagnosis
- Recruit, encourage and retain support group participants
- Conduct weekly telephone follow up for support
Referral/Aassessment Form

Forma para referir pacientes del Programa de RWJF para ser evaluados para Depresión

Fecha: _____ / _____ / _______  La Clínica #: ____________________________

Nombre del Paciente: ____________________________
Patient’s Name

Nombre del Medico: ____________________________
Provider’s Name

Yo creo que este paciente puede beneficiarse de una evaluación para la depresión, basada en las siguientes observaciones:
I. think that this patient could benefit from a depression assessment, based on the following observations:

☐ Paciente con bajo nivel de participación en el tratamiento
  Patient with low level of participation in the Program

☐ Paciente presenta bajo nivel de energía y cansancio constante
  Patient presents low level of energy and constant fatigue

☐ Paciente llora con frecuencia y/o parece triste la mayoría de las veces
  Patient cries constantly and/or seems sad most part of the time

☐ Paciente ha expresado pensamientos negativos constantemente
  Patient has expressed negative thoughts constantly

☐ Paciente ha expresado deseo de no vivir
  Patient has expressed no desire to live

☐ Paciente ha sido diagnosticado con depresión en el pasado
  Patient has been diagnosed with depression in the past

☐ Paciente tiene problemas de sueño y/o apetito (aumento o disminución)
  Patient has problems sleeping or with appetite

☐ Paciente presenta una inusual pérdida de interés por la mayoría de actividades
  Patient presents unusual loss of interest in most activities

☐ Paciente no tiene apoyo de familiares o amigos y se encuentra constantemente aislado(a)
  Patient does not have support from his/her family or friends and is constantly isolated

☐ Paciente presenta problemas de memoria y dificultades concentrándose
  Patient presents memory problems and difficulty concentrating

Observaciones adicionales:
Additional observations:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_____________________________  ________________________________
Nombre de la Promotora   Firma de la Promotora
Promotora’s Name         Promotora’s Signature
Clinic/Community-based program

- Key CHOW roles:
  - Part of the mental health team with bi-directional referral
  - Trained in emergency protocol
  - Focus on group interventions:
    - Easy Does It Yoga
    - Walking groups
    - “Help Yourself” self-management classes
    - Diabetes support groups
  - Participate with patient in nurse led medical management group
  - Strengthen linkages to community resources
CHOWs Address Negative Emotions Through:

- Cognitive symptom management
  - Positive self-talk
  - Reframing
  - Relaxation and Visualization
- Better Breathing
- Exercise
- Incorporating emotional health into self-management goals
- Assertive communication skills (e.g., “I” messages)
Clinic-based program (RWJF and Amigos en Salud)

Key CHW roles:
- Teach self-management classes in clinic setting
- Screen for depression during class using PHQ-9
- Lead support groups
- Structured communication and feedback with health care team
**CHW Protocol for Depression – Gateway Community Health Center**

**PHQ administered by CHW/Promotores at the 2nd and 9th class of Diabetes SM Course**

**Patient participating in SM Course with a PHQ score of 5-9/10-14**
- PHQ Form will be placed in Provider’s box for review.

**Patient participating in SM Course with a PHQ score of > 15**
- Refer to Nurse in Charge - Medical record will be given to Provider for review.

**Patient participating in SM Course with suicidal thoughts.**
- Patient will be walked to nurse’s station and the patient will be seen by the Provider that same day.

**Patient will be followed-up by medical team.**

**Doctor may refer to the CHW for Follow-up**

**YES**
- CHW documents in Progress Note. Weekly phone calls continue until symptom improvement.
- Medical team contacts patient for follow-up or treatment plan/change
- Group Classes and Support Groups add content specific for Depression

**NO**
- PHQ will be filed in medical record. CHW will not conduct further follow-up.

If patient states he/she feels depressed and has suicidal thoughts continue talking to patient and have someone call 911.

All classes and support groups are conducted during clinic hours.
Depression Educational Materials

- Written at or below the 4th grade reading level
- Available in English and Spanish
- Input by patient focus groups and bilingual CHWs for cultural relevance
- Framework incorporates Prochaska’s stages of change model
- Education materials used in conjunction with trained CHWs

Source: PHS Inc Amigos en Salud Program
Key Roles of CHWs in Addressing Emotional Health

- Educate and address myths and stigmas
- Teach coping skills
- Assess and screen
- Encourage and assist with problem solving and goal setting
- Provide informal counseling and support
- Support treatment plan
- Monitor and follow up
- Prepare for dealing with emergencies
- Connect clients with resources
Summary
CHWs Address Barriers

- Bridge cultural beliefs and language issues
- Encourage access to care
- Minimize stigma of emotional problems
- Create understanding of disease
- Respect spiritual beliefs
- Break symptom cycle
- Improve relationship with providers
- Communicate emotional issues more clearly
Lessons Learned/Recommendations

- CHWs serve as role models for healthy coping by taking care of themselves
- Involving health care team in developing protocols is key to program success
- It is essential to establish clear roles and procedures for emergencies
- Only clinicians can diagnose mental disorders
- Provide education materials and activities that are culturally appropriate
- Recognize the importance of your unique relationship with the client in addressing emotional health
- Assessment of risk factors for people with diabetes should include assessment of emotional health
- Healthy coping is as important as physical activity and healthy eating