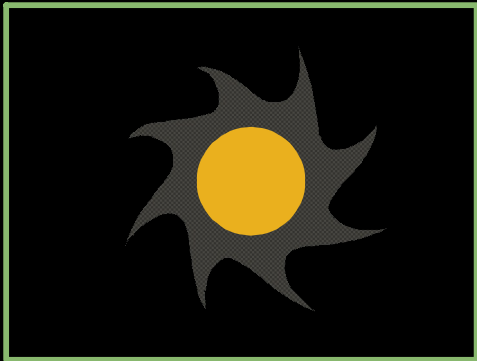




- This product was developed by the Robert Wood Johnson Foundation Diabetes Initiative. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

Community Health Worker Roles in the Management of Diabetes and Emotional Health



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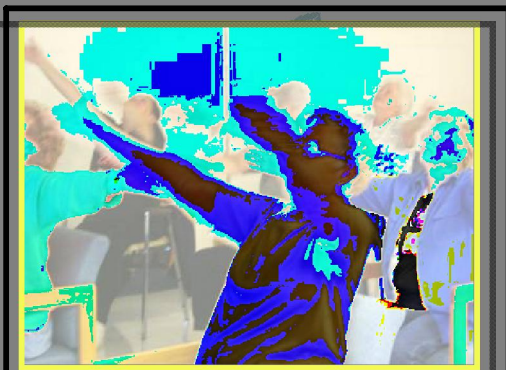
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APHA 2005



Learning Objectives

- Increase awareness of the link between emotional health and diabetes
- Describe CHW contact with clients in 5 sites of the Robert Wood Johnson Foundation Diabetes Initiative
- Understand the roles of CHWs in dealing with clients' emotional health



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



Depression is Common among those with Chronic Conditions

	Prevalence
General Population	10%
Coronary Artery Disease	18%
Myocardial Infarction	16%
Cancer	20%-25%
Diabetes	25%
HIV	36%
Alzheimer's Disease	17%-31%
Migraine	22%-32%
Multiple Sclerosis	Up to 50%



Causes of Distress/ Negative Emotions

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



Impact of Depression and Negative Emotionality on Diabetes

Affects mental and physical health

▪ **Direct effects:**

Physiological and biological effects

- Poorer glycemic control
- Increased physical symptoms
- Increased functional impairment
- More likely to develop diabetes complications

Greater healthcare costs

▪ **Indirect effects:**

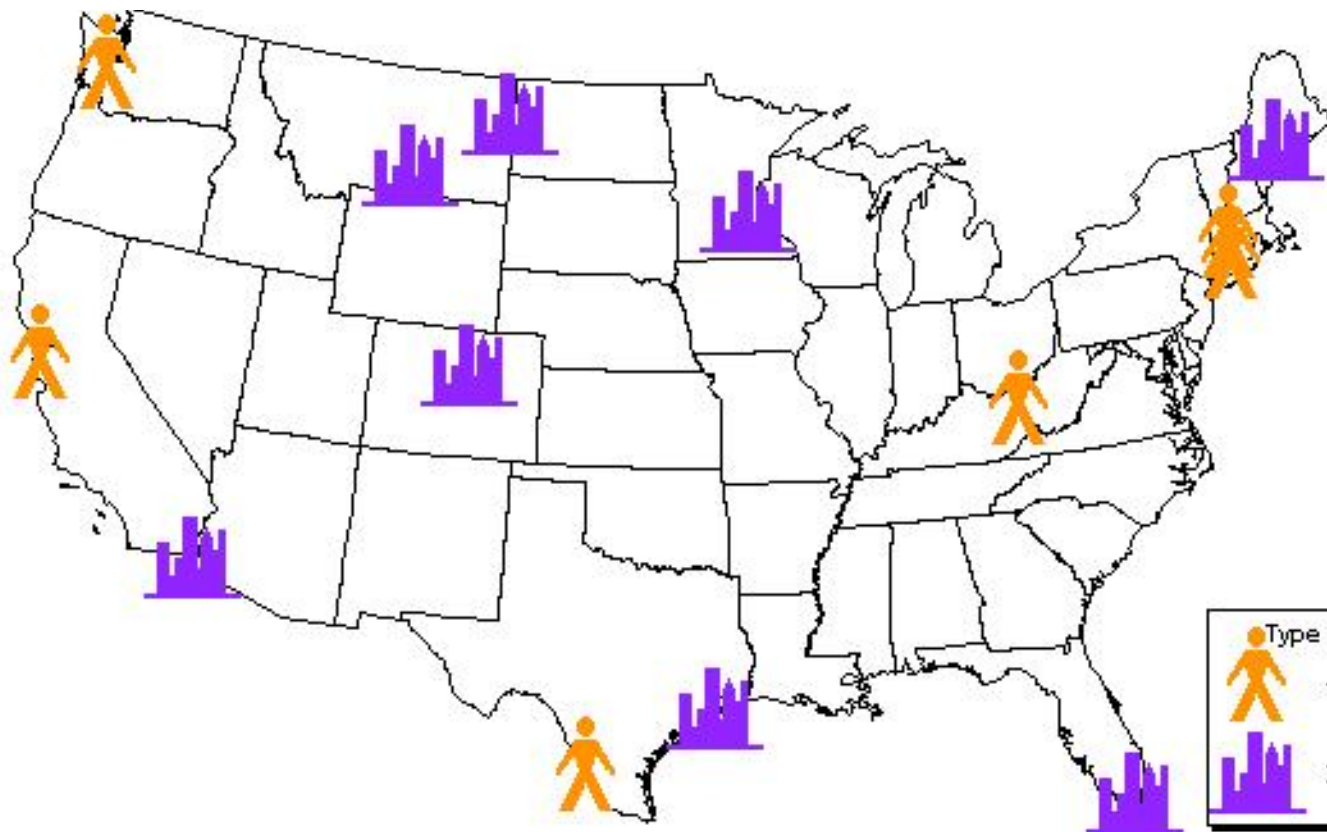
Influences in behavioral changes, coping resources, and interpersonal relationships

- Poorer self-care/ management of treatment plan



Robert Wood Johnson Diabetes Initiative

*Promoting self management
in quality diabetes care
through primary care and community settings*





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



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
- Community resources
- Continuity of care
- Access to high quality clinical care



Lessons Learned from the Diabetes Initiative

- Assessment of risk factors for people with diabetes should include assessment of emotional health
- Healthy coping is as important to DSM as physical activity and healthy eating
- Roles are distinct and complementary: Only clinicians can diagnose mental disorders. CHWs have a unique relationship with the client that supports addressing emotional health
- CHWs serve as role models for healthy coping by taking care of themselves
- A team approach (clinicians and CHWs) to developing protocols is key to program success
- It is essential to establish clear roles and procedures for emergencies (e.g., threats of suicide)
- Educational materials and activities need to be culturally and linguistically appropriate



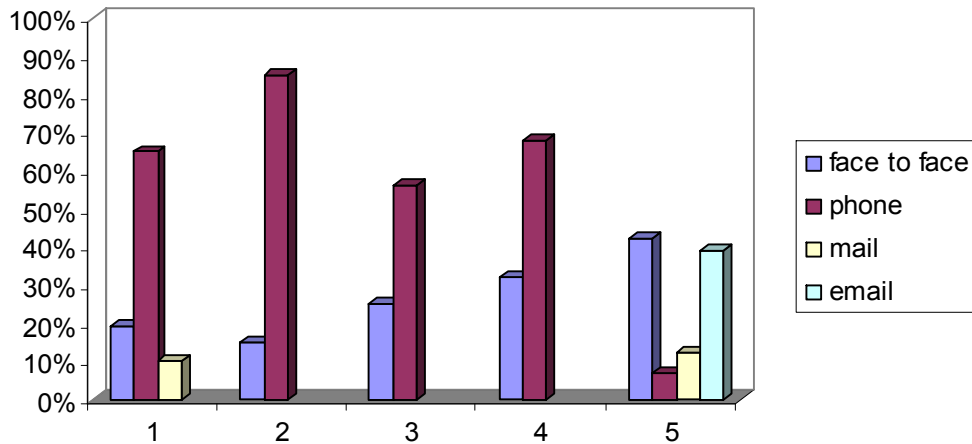
CHW sites

- CHWs are key to the interventions in 9 of the 14 sites
- 4 are community based; 5 clinic based
- 5 sites are participating in a year-long assessment of CHW activities
- Log sheet developed by workgroup
- Quarterly logs over a one year period: July 2005- June 2006 that capture
 1. Mode of contact (face to face, phone, etc)
 2. Place (home, community, clinic)
 3. Type of contact
 4. Duration of contact
 5. Focus of contact

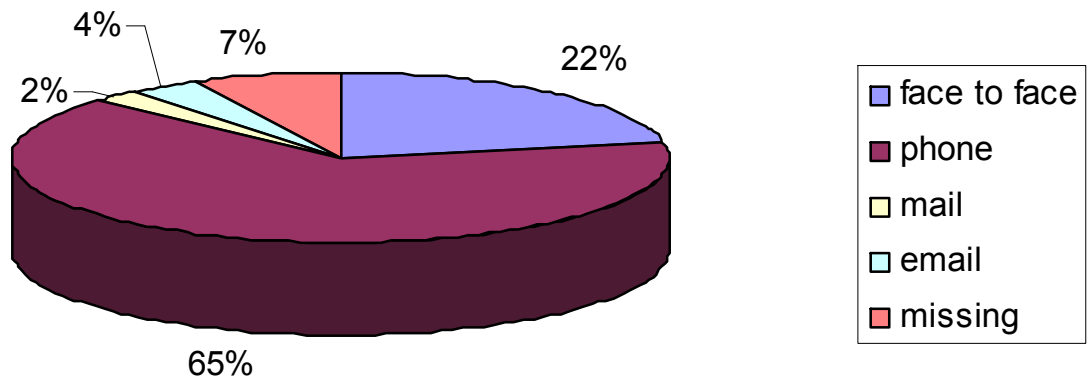


1. Mode of Contact

Mode of Interaction by Site



Mode of Interaction (n= 453 contacts)

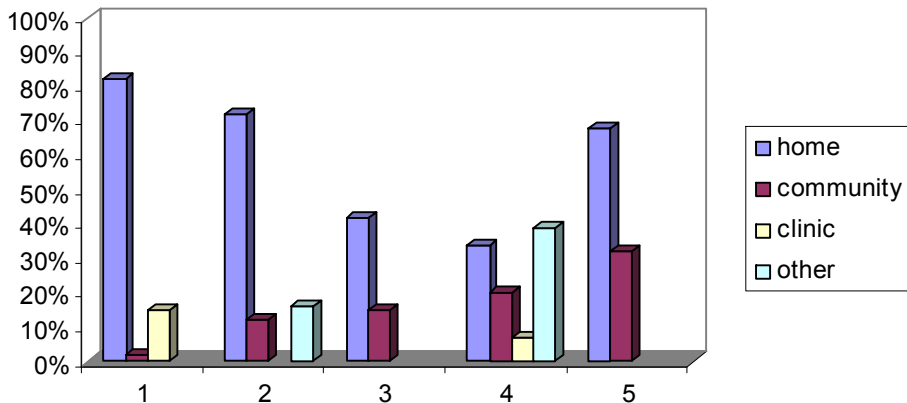


1. HHC
2. CSF
3. LC
4. ME
5. WV

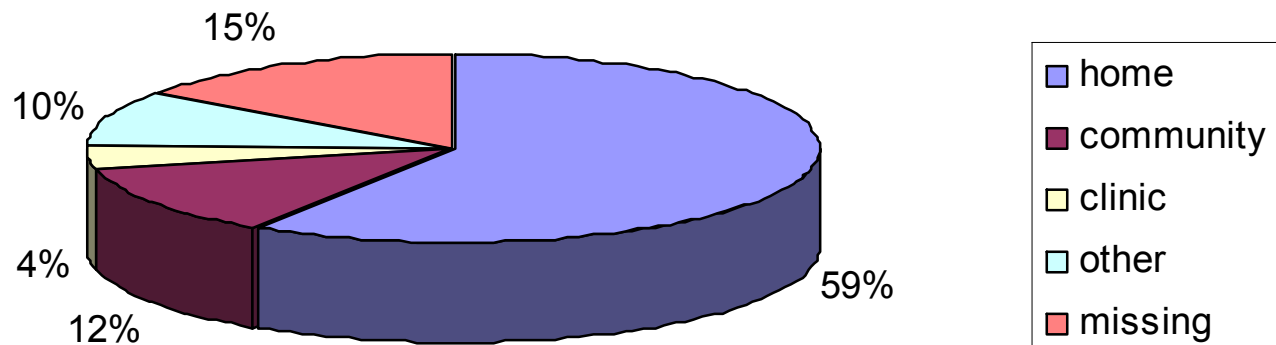


2. Place of Contact

Place of Contact by Site



Place of Contact

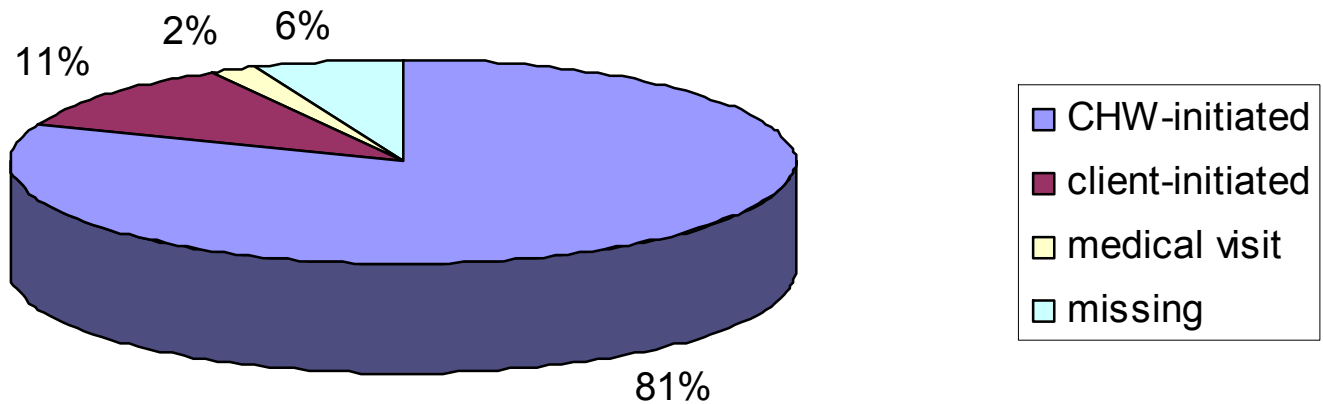


1. HHC
2. CSF
3. LC
4. ME
5. WV



3. *Type of Contact*

Who Initiated Contact





4. *Duration of Contact by Site*

- Site 1 13 min (1min - 3 hrs)
- Site 2 12 min (1min - 45 min)
- Site 3 55 min (1min - 90 min)
- Site 4 18 min (5min - 60 min)
- Site 5 10min (1min - 30min)

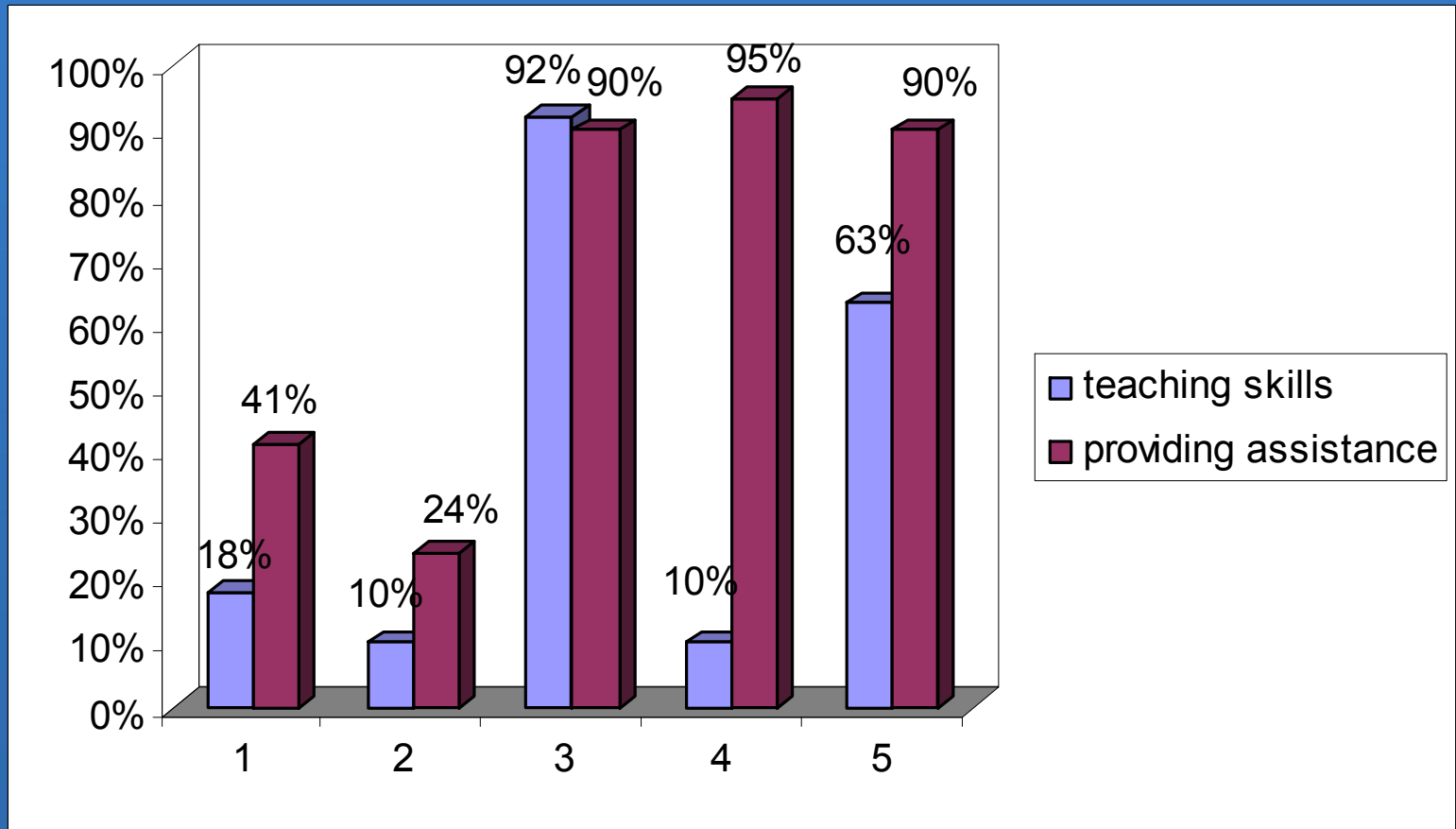


5. *Focus of Contact*

- Focus of Contact
 - a. Teaching or practicing skills
 - b. Providing Assistance
 - c. Making a referral
 - d. Recruiting participants, inviting participation
 - e. Monitoring and follow up
 - f. Advocacy: making client aware of rights, services
 - g. Other



“Focus of contact” pertaining to emotional health



1.HHC 2.CSF 3.LC 4.ME 5.WV



Skills and Assistance Category Choices

A) Teaching/ practicing skills

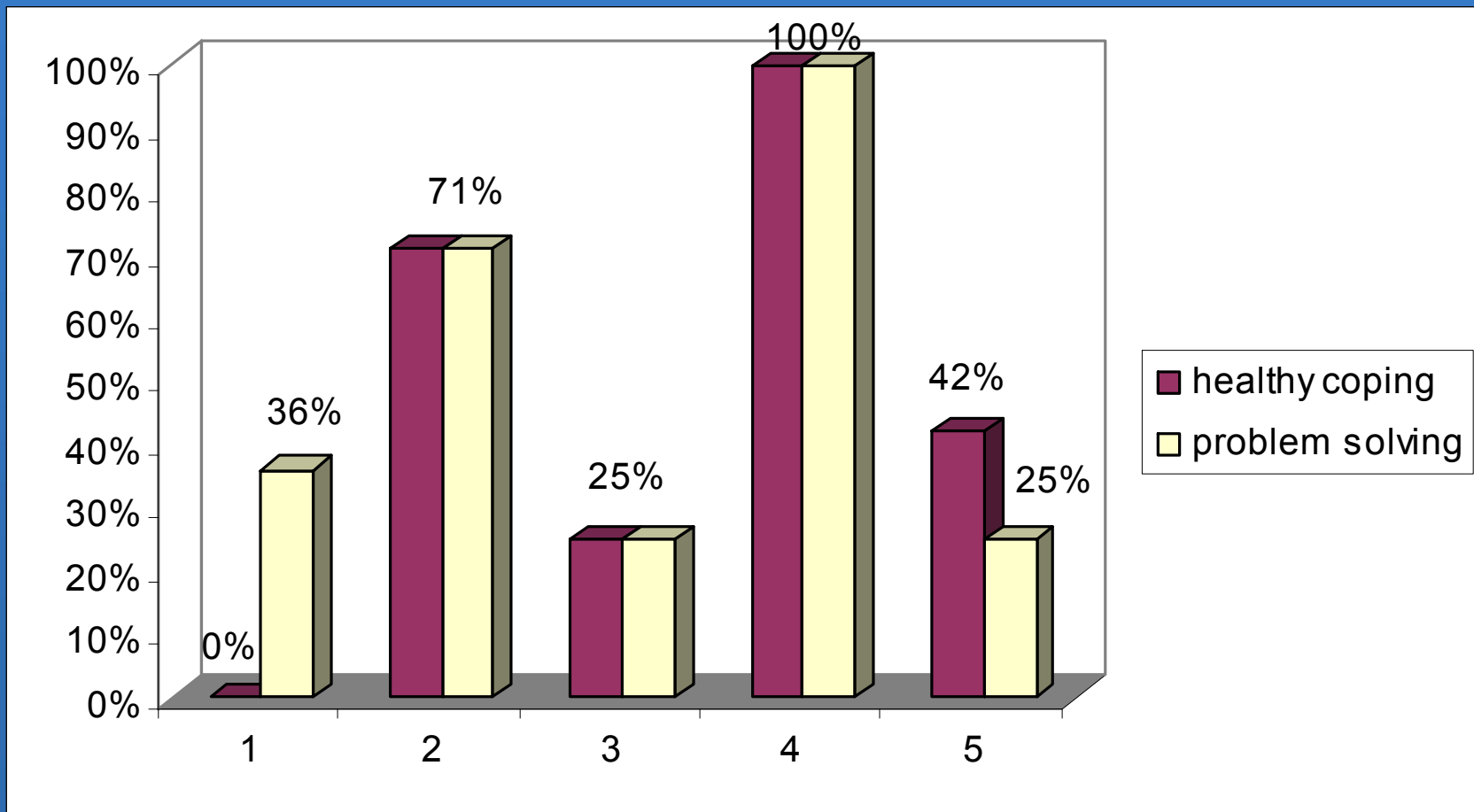
- Healthy eating
- Physical activity
- Glucose monitoring
- Taking medication
- Healthy coping
- Problem solving
- reducing risks

B) Providing Assistance

- Helping to set a goal
- Giving health information
- Emotional support
- Encouragement/ motivation
- Personal needs (e.g., transportation, translation, forms, etc.)



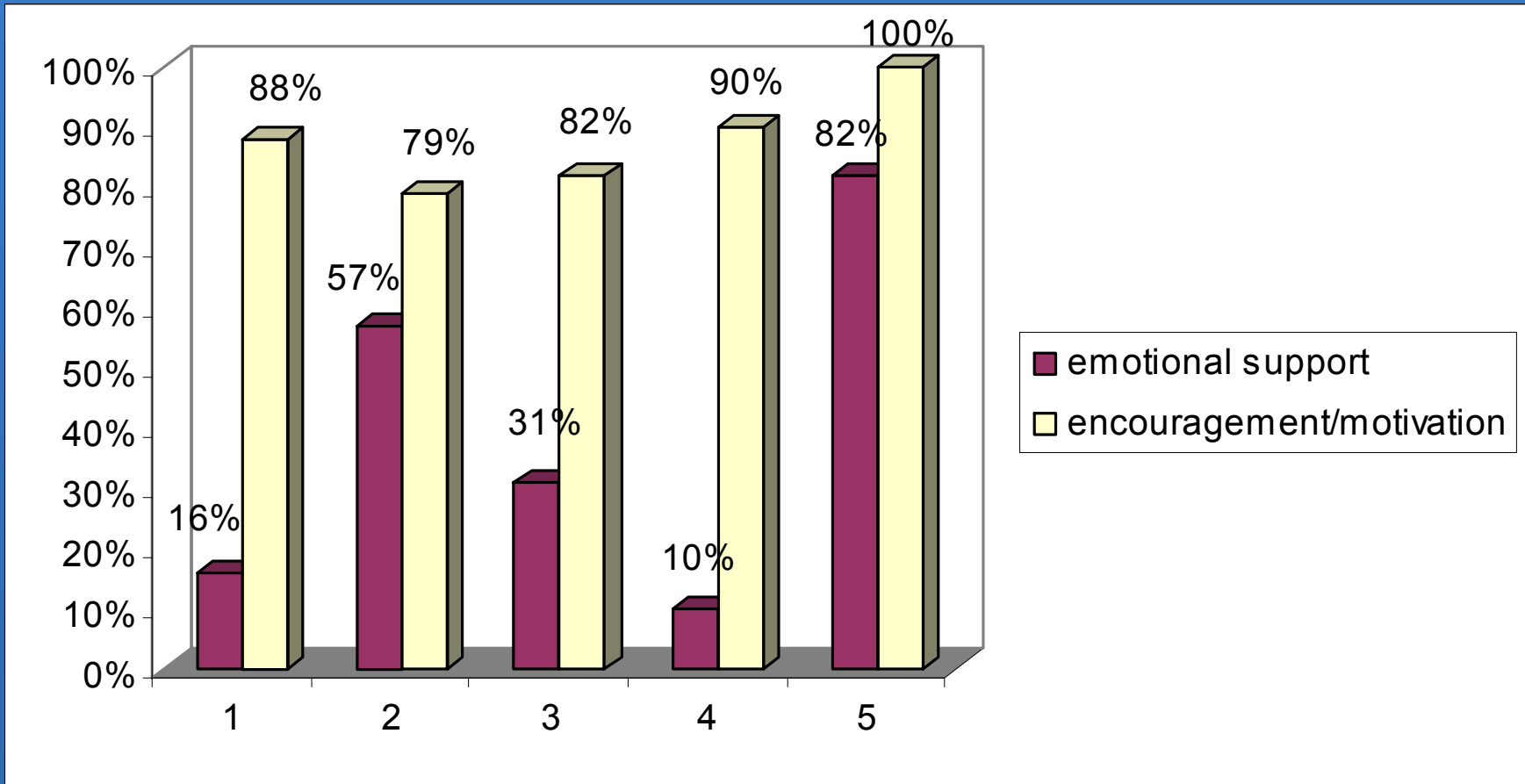
“Skills” pertaining to emotional health



1.HHC 2. CSF 3. LC 4. ME 5. WV



“Providing Assistance” areas pertaining to emotional health



1.HHC 2. CSF 3. LC 4. ME 5. WV



Key Roles of CHWs in Addressing Emotional Health

- Teach coping and problem solving skills
- Provide encouragement and motivation
- Provide emotional support

- Assess and/or screen for depressed mood
- Educate and address myths and stigmas
- Support treatment plans
- Monitor and follow up on treatment and self management goals
- Connect clients with resources/ appropriate care



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



And CHWs play an
important role