- 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 ROBERT WOOD JOHNSON FOUNDATION

DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation

Models for Healthy Coping in Diabetes Self Management

AADE Annual Meeting

Los Angeles, CA - August 12, 2006

Mary L. O'Toole, Ph.D.

Diabetes Initiative of the Robert Wood Johnson Foundation

Real world demonstration of self management as part of high quality diabetes care in primary care and community settings

The 14 Sites of the Diabetes Initiative

Providence St. Peter Family Practice Residency
Olympia, WA

Richland County Health Dept.
Sidney, MT

MaineGeneral Health
Waterville, ME

Minneapolis American Indian Center
Minneapolis, MN

Holyoke Health Center, Inc.
Holyoke, MA

Montana-Wyoming Tribal Leaders Council
Billings, MT

Community Health Center, Inc.
Middletown, CT

Metro Denver Black Church Initiative
Denver, CO

Dept. of Family & Community Health, Marshall University
Huntington, WV

La Clinica de La Raza
Oakland, CA

The Robert Wood Johnson Foundation
Princeton, NJ

University of North Carolina
Chapel Hill, NC

Diabetes Initiative National Program Office
St. Louis, Mo

RTI Interntional
Research Triangle Park, NC

Campesinos Sin Fronteras
Somerton, AZ

Gateway Community Health Center, Inc.
Laredo, TX

Galveston County Health District
Texas City, TX

Open Door Health Center
Homestead, FL

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 central to successful management of diabetes
- ***Self management enhances emotional health, and healthy coping enhances self management***

Negative Emotion

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

From Negative Emotion to Healthy Coping

For Clinical

- Medications
- Psychotherapy
- Combination therapy

For Subclinical

- Training in self-management
- Stress management
- Coping skills
- Assertive communications
- Social support

Our Presenters:

- Joan Christison-Lagay, Program Coordinator
  Community Health Center, Middletown, CT
  Coping Without Medication

- Floribella Redondo, Programs Director
  Campesinos Sin Fronteras, Somerton, AZ
  Promoting Healthy Coping Skills in Migrant Farmworker Communities

- Devin Sawyer, Project Director
  Shari Gioimo, Medical Assistant
  St Peter Family Medicine Residency, Olympia, WA
  Primary Care: Redefined

THE ROBERT WOOD JOHNSON FOUNDATION

Washington University in St. Louis
SCHOOL OF MEDICINE

DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation

Coping Without Medication

Healthy Coping Programs
Community Health Center, Inc
Joan Christison-Lagay, MAT, MPH

AADE Annual Meeting – August 12, 2006

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 or future**
- **Denial and anger about having diabetes**
- **Feeling deprived of foods**
- **Aversion to needles**
- **Anxiety about changes in blood sugar**
- **Fear of becoming insulin dependent**
- **Feeling unsupported by family/friends**
- **Provider/health insurance issues**
- **Challenging peer and social situations**

Community Health Center, Inc

- Community Health Center (CHC), Inc is a federally qualified health center with six primary care locations in CT. It is the largest provider of health care for the uninsured and underinsured in the state.
- CHC provides primary care services to approximately 27,500 individuals yearly.
- Diabetes related care accounts for the second greatest number of medical visits to CHC each year

The Need for Healthy Coping Programs

- **CHC serves over 2000 individuals with DM2. 450 of these people are enrolled in the RWJ Advancing Self Management Goal Setting Program (ADSM)**
- **In 2005, the ADSM program began assessing people with DM2 for depression**
- **142 patients with no previous diagnosis of depression have been screened. Of these, 83 (58.4%) have PHQ 9 scores in the moderate or severely depressed range**

Two Healthy Coping Options at CHC

- The Stress Reduction Program
- Solution Focused Brief Therapy

The Stress Reduction Program: a Non Clinical Intervention

"Living your life, one breath at a time. One moment at a time"

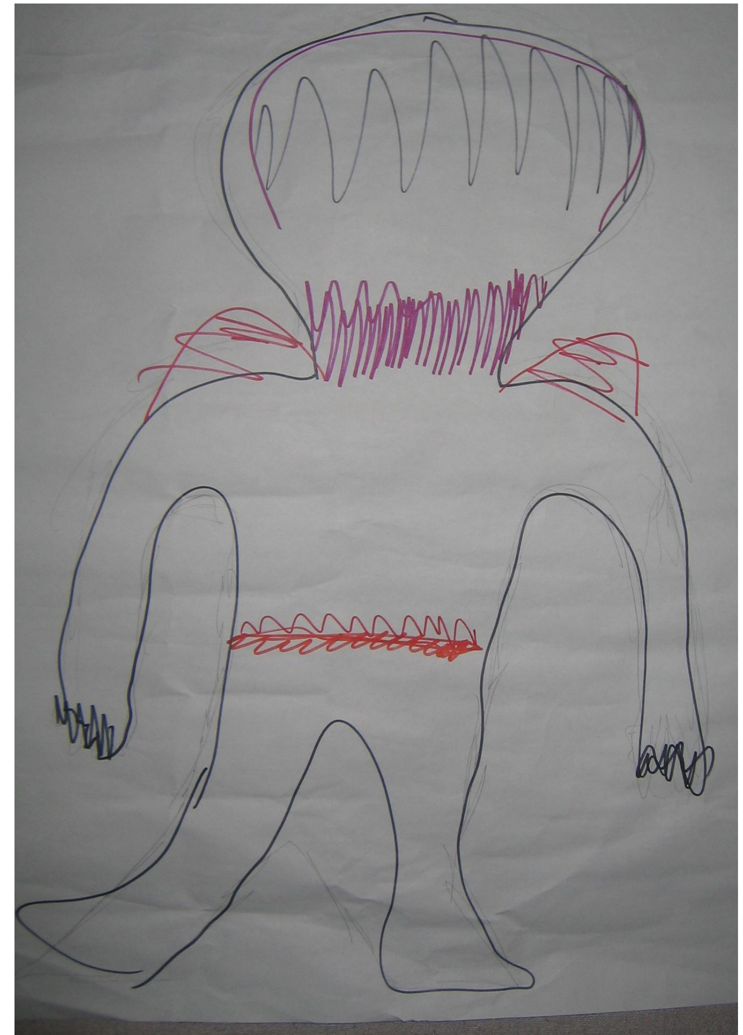
- 8 week course of 2 hours/week
- Patients learn a variety of relaxation and meditation techniques including awareness of breathing, guided relaxation, gentle stretching and walking meditation
- Patients are given CDs for home meditation practice

The Stress Reduction Program

- Open to anyone. Is marketed to those living with stress, pain and/or illness
- Paid by Medicaid, Title XIX and most insurance companies. The uninsured pay a sliding scale fee based on income. Scholarship funds are available.

A Session

Feeling the Effects of Stress



Maria's Story

- Maria is a 37 year old immigrant from Mexico. During her pregnancy with her 3rd child her husband abandoned her. The child was born with cystic fibrosis
- Maria reports crying for much of her pregnancy and for the first few months after her baby was born
- A poster about the stress reduction program caught her attention

Maria's Story Continued

- Maria attended all eight sessions. Session six, dealing with anger, was particularly important to her
- Maria now works in a restaurant which she enjoys and for which she receives praise from her bosses
- She listens to the tapes every non-work day and reports having integrated the theories of stress and mindfulness into her daily life

Maria's Story Continued

- Maria reports that she no longer cries and that she now views the world "through the lens of what was learned in class."
- Friends have commented on the transformation in her mood and have asked if she is in love. To this she replies, **"Yes, but not with a new man. I am in love with life."**

Anecdotal Information

- The nurse who conducts the SRP is a bi-lingual MSN trained under Jon Kabat-Zinn at the Stress Reduction Clinic at the University of Massachusetts.

- She reports that many people with diabetes have told her that their A1Cs have dropped after completing the course. She would like to conduct a study on this.

Solution Focused Brief Therapy: A Clinical Model

- No large study has shown improved diabetic outcomes despite effective treatment for depression. The depression gets better but the A1C doesn't

- CHC is studying the efficacy of Solution Focused Brief Therapy with people with the co-morbidities of DM2 and Depression

How is it different from other therapy?

There are subtle shifts away from past, problem-oriented pathology toward a

1) strengths-based

2) solution-focused

3) goal-oriented

perspective.

Session Questions Might Include

- Can you tell me about a time when things were going right for you? What were you doing to make that happen?
- If I had a year to know you, what would I come to admire most about you?
- What would your friends and family say are your best attributes?

The Alliance: Incorporated into Solution Focused Brief Therapy

Research shows that patient "engagement" is the strongest determinant of outcome with any MH therapy. Building an "alliance" is crucial. Alliance factors are:

- **Agreement on goals**
- **Agreement on tasks/means/methods**
- **Patient's view of the relationship**

Here's What We Do

Structural Aspects

- Duration 6-10 sessions, 30 minutes each
- Standardized note taking

Intervention Foci

- Establish and nurture the Alliance
- Guide goals and behavioral action
- Stimulate self-efficacy

The Ultimate SMG, a Provider Report Card. (not for the insecure mental health provider or CDE)!

- The Alliance allows the patient to tell the provider how helpful the session was
- In the last 5 minutes of each session, the client rates the session
- If the session has not been helpful, this is briefly discussed and is the jumping off point for the next session.

Carmen's Story

- Carmen is a Latina woman with DM2 who had suffered from depression and struggled with overall self-care for years.

- After entering into SFBT with the MH provider, she stated that she wanted to take English classes and meet new friends. Her goal was to enroll in a class that met four times a week. Weight loss was not a goal but to get to class she had to walk one mile.

Carmen's Story

In 3 ½ months, Carmen had

- lost 32 pounds and reduced her A1C
- changed her hairstyle
- dramatically improved her mood.

	Wt	A1C	Choles
Sept 2003	**304**	**12.2**	**227**
Oct 2004	**319**	**10.6**	
early Dec 2004 SFBT & the Alliance began			
Jan 2005	**311**	**7.5**	
Feb 2006	**287**	**7.1**	**153**

To the Audience

- Research is needed to determine the effects of various healthy coping strategies on chronic disease including diabetes. CHC is currently conducting such research.

- Try to align with a University to conduct the research using basic operating costs. This will ensure that research can be done in the "real world." It will also prove that interventions not reliant on grants can be implemented.

Questions?

Thank You!

THE ROBERT WOOD JOHNSON FOUNDATION

DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation

Promoting Healthy Coping Skills in Migrant Farmworker Communities

Campesinos Sin Fronteras

Floribella Redondo, Programs Director

AADE Annual Meeting
Los Angeles, California
August 12, 2006

Campesinos Sin Fronteras

- **Campesinos Sin Fronteras (CSF) is a community based organization serving the US-Mexico border communities of South Yuma County, Arizona (Yuma, San Luis, Somerton, Wellton, Dateland)**

What a Promotor/a Program is..

- A Promotor/a Program is one that recruits and employs community members as Community Health Workers/"Promotoras de Salud" to integrate information about health and health care systems into the community's culture, language, and value systems, thus reducing barriers to health care.

Promotores/as are Referred to by Numerous Terms:

- Lay Health Workers
- Camp Health Aides
- Resource Mothers
- Peer Health Educators
- Comadres/Consejeras
- Community Health Workers

Who is a Promotor/a

- Promotores are members of the community who function as natural helpers to address some of their communities' unmet health/human service needs.

- They are trained individuals who can improve the health of their communities by linking their neighbors to health care and social services, and educating their peers about disease and injury prevention.

Who Is A Promotor/a Cont.

- A Promotor/a is someone who represents the ethnic, socio/economic and educational traits of the population he/she serves.
- Promotores are respected and recognized by their peers
- Promotores have the pulse of the community's needs.
- They have high work ethics, confidentiality, honesty, are respectful and non- judgmental

Promotora Roles/Formal and Informal

- Link between communities and health and human services
- Provide informal counseling and support
- Provide culturally appropriate health education
- Advocate for better services
- Build trust and become almost part of the family
- Often have to take the role of a mother, daughter, sister, or trusted friend.
- Provide capacity building on individual and community levels

Promotora Capacity Building Training and Certification

- Types of certification and cross training
  - Topic-specific curriculum, public speaking, documentation, work ethics, organizational and leadership skills

- Importance of personal and professional development training
  - ESL/GED/College

Campesinos Diabetes Management Program (CDMP)

Barriers Faced by CDMP Participants

- Low Social Economic Status/low wages and High Unemployment rates
- Uninsured and lack of resources to buy medication
- Lack of culturally appropriate Behavioral Health Providers
- Lack of Registered Dietitians/Diabetes Educators in South Yuma County
- Legal Status
- Limited public transportation
- Language and cultural Issues
- Many live alone or are isolated from family members

CDMP Services

- Diabetes education and self management classes, cooking classes
- Support groups addressing goal setting and problem solving
- Home Visits and follow-up
- Collaboration with local medical providers, referral, and advocacy within the health care system
- Workshops on: Nutrition, physical activity, Self-Esteem, Communication, Stress, Depression, and Emotional Issues

Promotoras Offer Support Through…

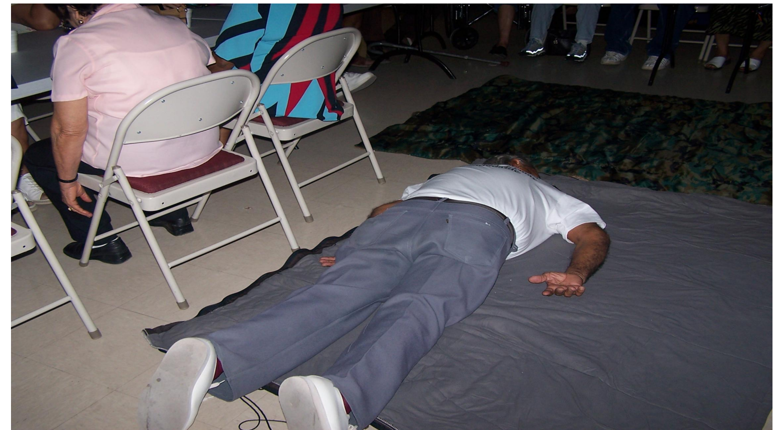
- Home visits, Phone calls and hospital visits
- Support groups and walking clubs
- Basic Diabetes Education
- Healthy Coping skills

Diabetes, Then Why Depression?

Workshop/Training

Muscle Relaxation Therapy

- Promotoras implement Chronic Disease Self-Management depression relaxation therapy exercises, with diabetes support groups.
- 90% of group participants reported feeling relaxed after the Muscle Relaxation exercise
- 40% of participants reported falling asleep while listening to the Muscle Relaxation tape



Physical Activity During Support Group

"Lupita's" Story

Program Results

- 300 participants in ongoing support groups
- 288 have attended at least once with an average of 19 groups
- Some have attended 100 groups
- Participants report that being part of the program has helped them feel comfortable talking about their diabetes with their family and friends
- CDMP clinical data demonstrates that a decrease in HbA1C, HB pressure, lipids, and triglycerides have occurred in most diabetic participants. Thus reducing their risks for complications and increasing their years of quality of life.

Results Cont.

- Participants who suffered from depression have been able to reduce/control it either by the education obtained, sharing in the support groups or by the mental health referrals/assistance obtained.

- High risk participants (HbA1C>6.9) lowered their HbA1C an average of 1% in a program year.

- Both participation in support groups and advocacy from promotoras are correlated with decreases in HbA1C

THE ROBERT WOOD JOHNSON FOUNDATION®

DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation

Promoting Healthy Coping Skills in Migrant Farmworker Communities

Thank You!

THE ROBERT WOOD JOHNSON FOUNDATION

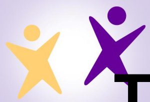
DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation

Primary Care: Redefined

Devin Sawyer, MD, Family Physician
Shari Gioimo, CMA, Medical Assistant
St Peter Family Medicine Residency Program
AADE Annual Meeting - August 12st, 2006

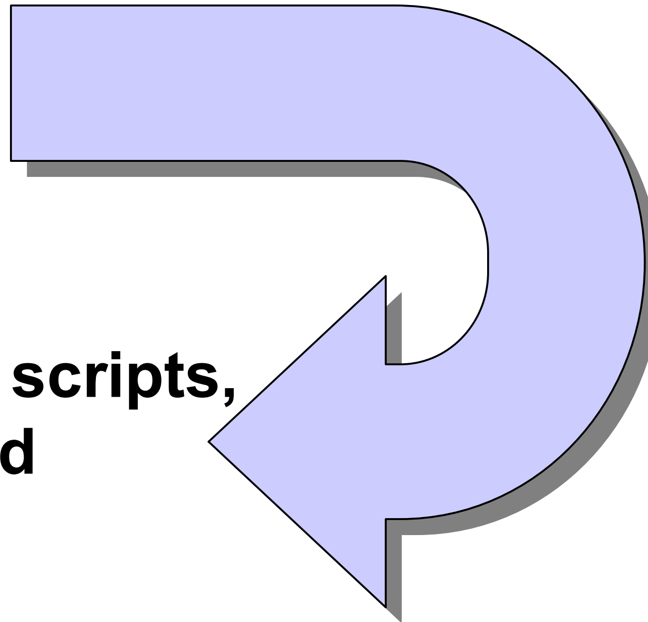
St Peter Family Medicine Residency



The Patient

The Medical Assistant

The Provider



Leaves with scripts, referrals, and instructions

The Provider

- Trained to identify disease & treat
- Good at acute care with motivated patients
- We SOAP every patient

- We apply this skill to asymptomatic patients with chronic disease

- When faced with chronic illnesses we "try to do it all"

The Patient

- Expect to be SOAP'ed
- Tend to be passive
- Wait for the "treatment plan"
- Offer minor symptoms at the chronic care visit
- The MA is the "health care host"
- Expect the doc to know and do "it all"

The Medical Assistant

- Room and 'vital' a patient first
- Respond to the PCP
- Relationship with patient typically not well developed
- Job performance measured by ability to perform tasks and *keep the provider moving*

There is a better way…

Four key services…

- MA planned visits, followed by…
- Provider visit
- Mini-group visits
- Open-Office group visits

And we have discovered we do better with depression management and healthy coping…patients feel better when empowered to participate and when able to problem solve

What is different? Four key services

1) MA Planned visit using CDEMS
   - Set up the PCP visit
   - Start the patient oriented SM *action plan*

What is different? Four key services

2) A prepared Provider visit- more time…

Negotiate a *medical plan* and integrate with a patient oriented self-management *action plan*

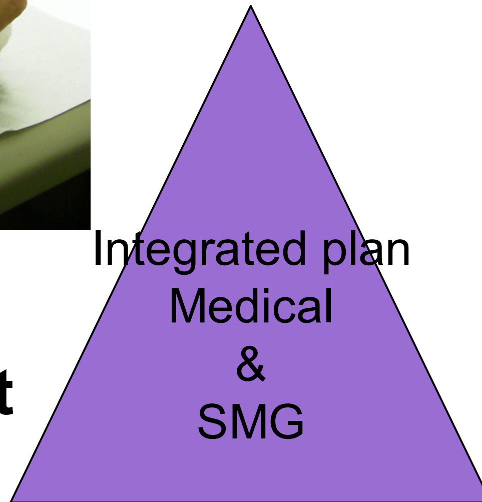
What is different? Four key services

3&4) Two types of group medical visits

- The MINI visit
- The Open-Office Group visit
- …both involve patient action planning

The Non-Clinical Staff

The Patient



The Provider

The Medical Assistant

Other Activated Patients

Self-Management Goal Cycle (SMG)

- CDEMS Registry
- Group Visit
- Follow-up Phone Call
- Data Entry
- Provider Visit
- Data Entry
- Planned Visit
- Phone Call

A Provider Approach to Quality Goals:

BBSWAR – Big Bad Sugar WAR

***B**ackground*
***B**arriers*
***S**uccess*
***W**illingness-To-Change*
***A**ction Plan*
***R**einforcement*

And we have discovered we do better with depression management and healthy coping…patients feel better when empowered to participate and when able to problem solve

Some of our stories…

Polly and her Dad, Allen- MA planned visit

Some of our stories…

Lillian and the Open Office group visit

Some of our stories…

Carol and the MINI visit

03 21 2005

Questions?

Thank You!

THE ROBERT WOOD JOHNSON FOUNDATION

DIABETES INITIATIVE

A National Program of The Robert Wood Johnson Foundation

Models for Healthy Coping in Diabetes Self Management

www.diabetesinitiative.org