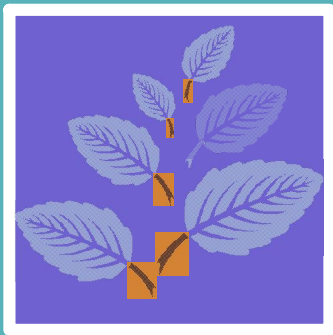
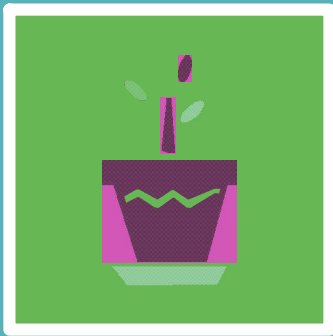




- This product was developed by the Robert Wood Johnson Foundation Diabetes Initiative. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.



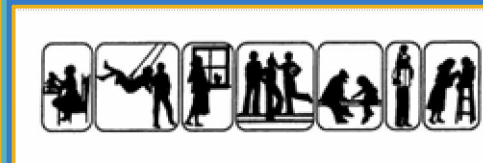
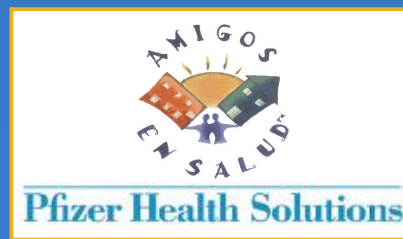
# The Role of Community Health Workers in Self-Management of Emotional Health and Diabetes

**Angela Camilleri, MPH, MA**  
Community Health Initiatives  
Pfizer Health Solutions

**Carol Brownson, MSPH**  
Robert Wood Johnson Foundation  
Diabetes Initiative  
Washington University School of Medicine

**Sally Hurst, BA**  
New River Health Association

Unity Conference  
March 31, 2005





# *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

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- 3.** Understand why and how CHWs are uniquely positioned to address emotional health

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- 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.*

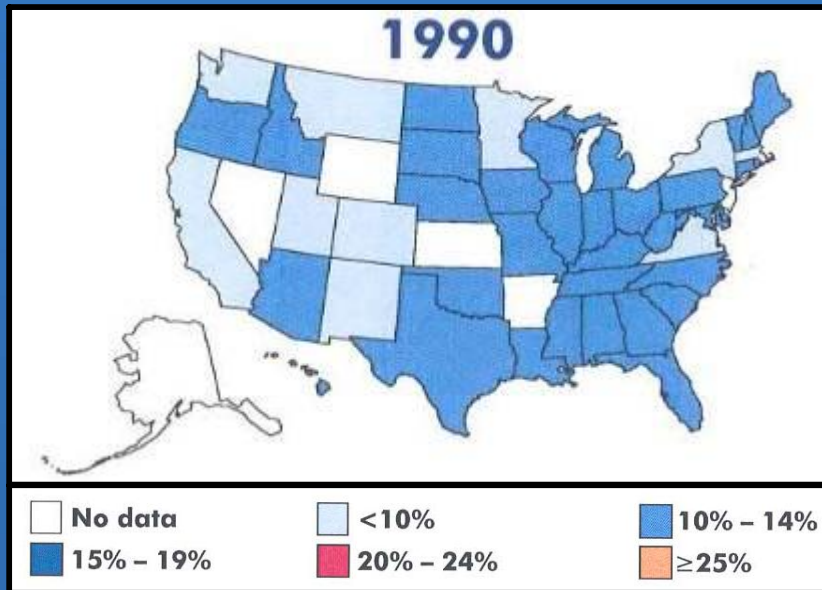
- Affects about 6.3% of the U.S. population<sup>1</sup>
- High utilization and large economic burden:
  - \$132 Billion Total<sup>2</sup>
- Health disparities<sup>1</sup>
  - Mexican-Americans are 2x more likely to have diabetes
  - American Indians and Alaska Natives are 2.2x more likely
  - Non-Hispanic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



# Increasing Prevalence of Obesity and Diabetes: 1990

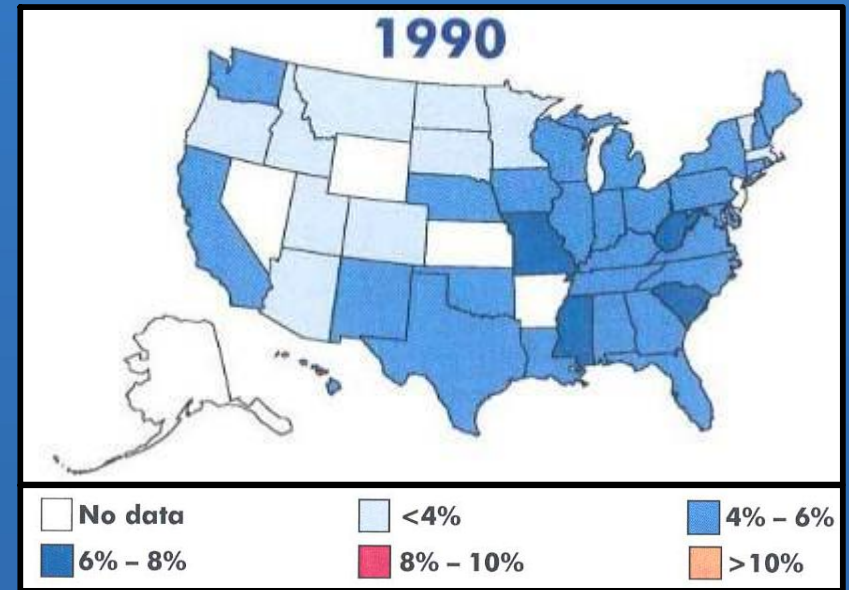
## Prevalence of Obesity Among Adults in the U.S.

(BMI  $\geq$  30, or approximately 30 lbs overweight)



## Prevalence of Diabetes Among Adults in the U.S.

(Includes Gestational Diabetes)

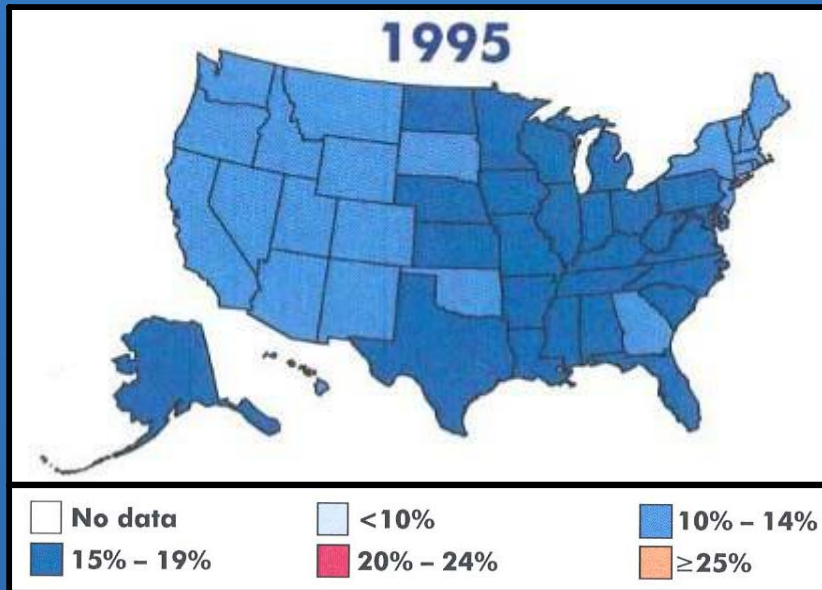




# Increasing Prevalence of Obesity and Diabetes: 1995

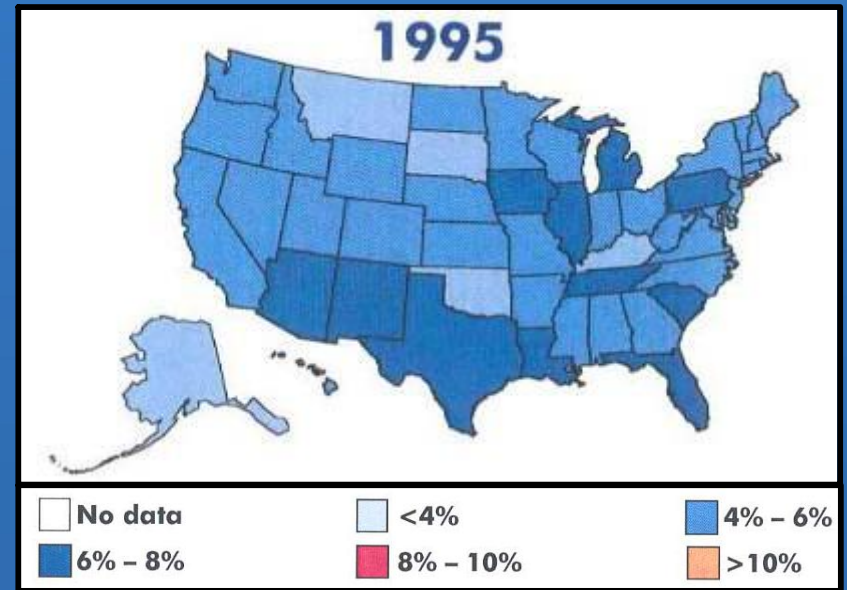
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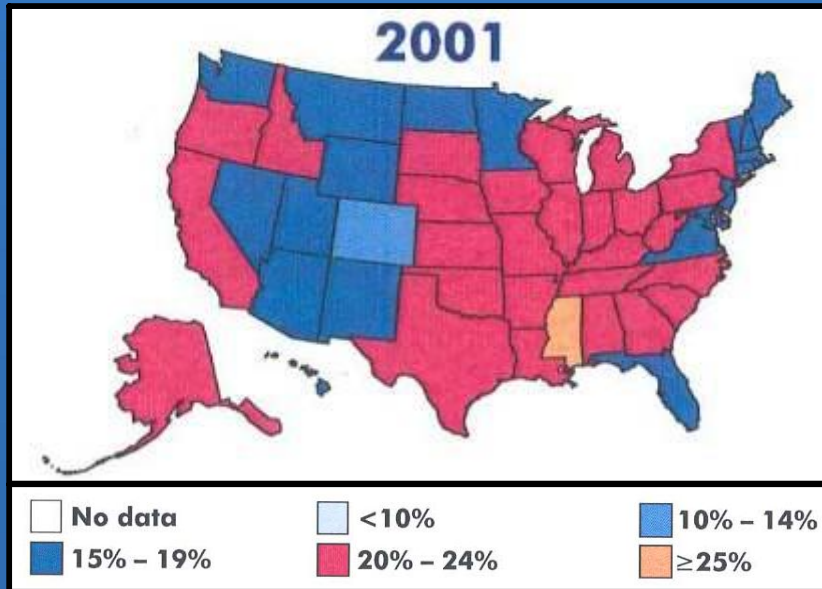




# *Increasing Prevalence of Obesity and Diabetes: 2001*

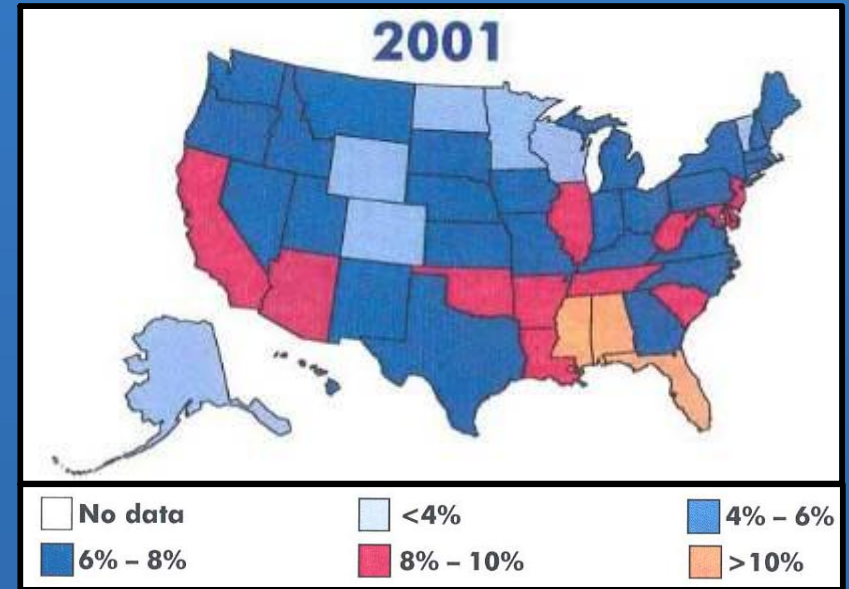
## **Prevalence of Obesity Among Adults in the U.S.**

(BMI  $\geq$  30, or approximately 30 lbs overweight)



## **Prevalence of Diabetes Among Adults in the U.S.**

(Includes Gestational Diabetes)







# *Depression is Common with Chronic Conditions*

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



# *Depression in U.S.*

- Yearly, about 10% experience depression<sup>1</sup>
- 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<sup>2</sup>
- Affects twice as many women as men<sup>3</sup>
- Economic Burden: \$44 Billion Total<sup>4</sup>
- Leading cause of disability<sup>5</sup>



# *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



# *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





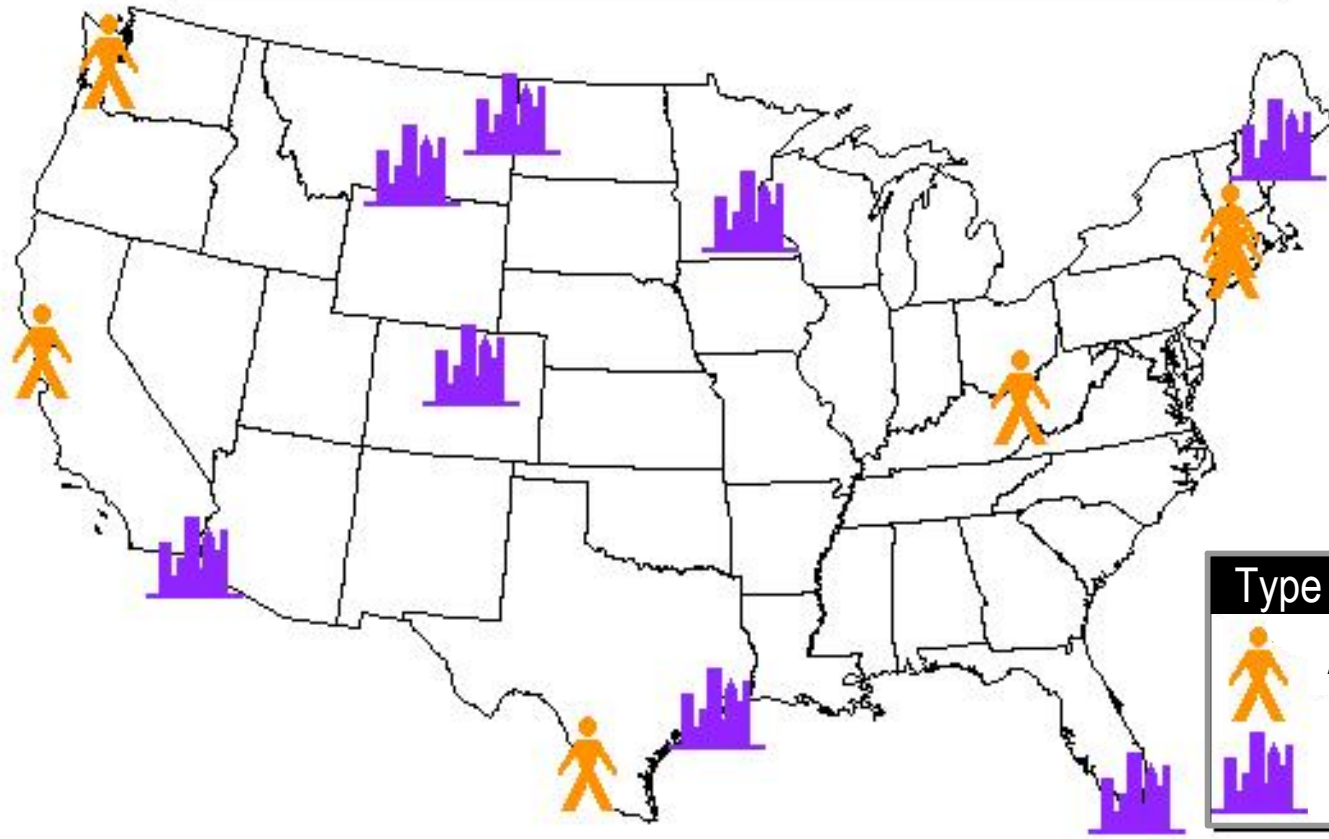
# *Barriers*

- 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





# *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

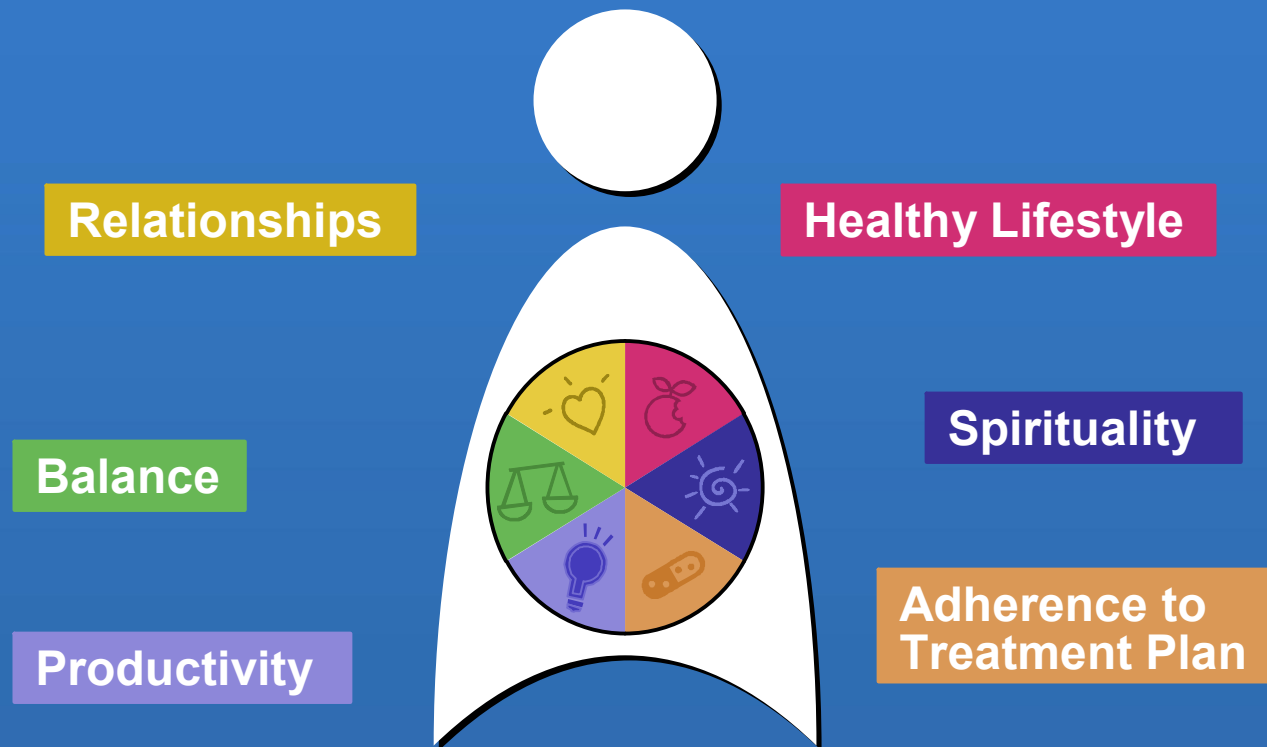


# *Key Concepts for Diabetes Self-Management*

- 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*





# *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.)

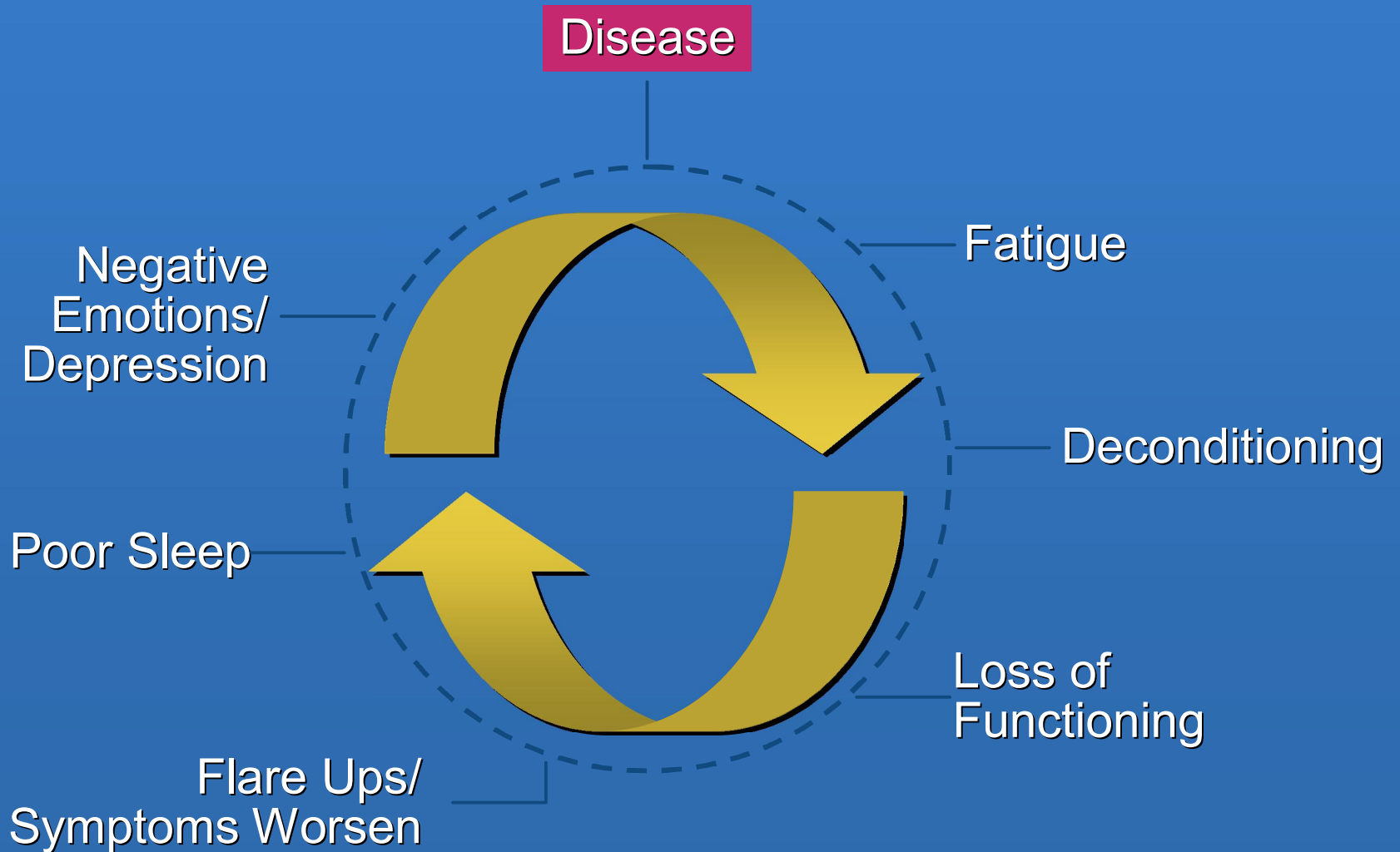


The **goal** of self-management is to achieve the highest possible functioning and quality of life....no matter where along the path a person starts.





# *The Chronic Disease Symptom Cycle*





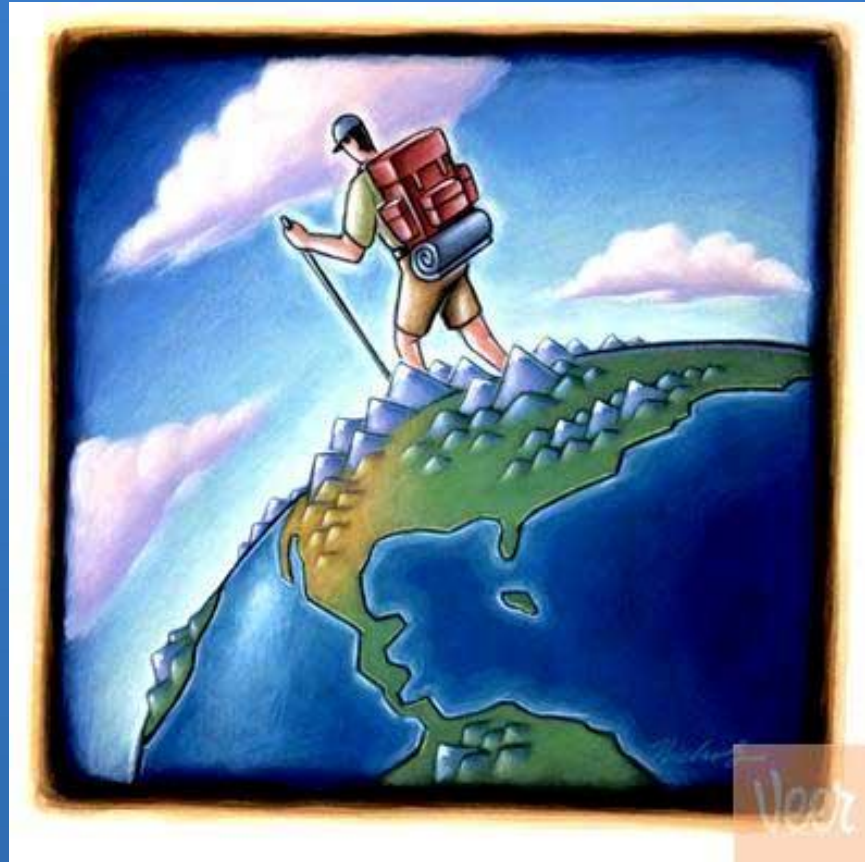
# *How to Develop Self-Management Skills*

**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*.”**



# *The Road to Mastering Self-Management Skills*





# *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\*

**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 iritated	

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?  
(Indique 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 solo para oficina:  
Puntos (solamente 1-9): \_\_\_\_\_

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

[www.depression-primarycare.org](http://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/Assessment Form

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

*Referral Form for RWJF Patients Depression Assessment*

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Date*

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*

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Nombre de la Promotora

*Promotora's Name*

Firma de la Promotora

*Promotora's Signature*



# *New River Health Center*

## 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



# *Easy Does It Yoga*





## *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)



# *Gateway Community Health Center*

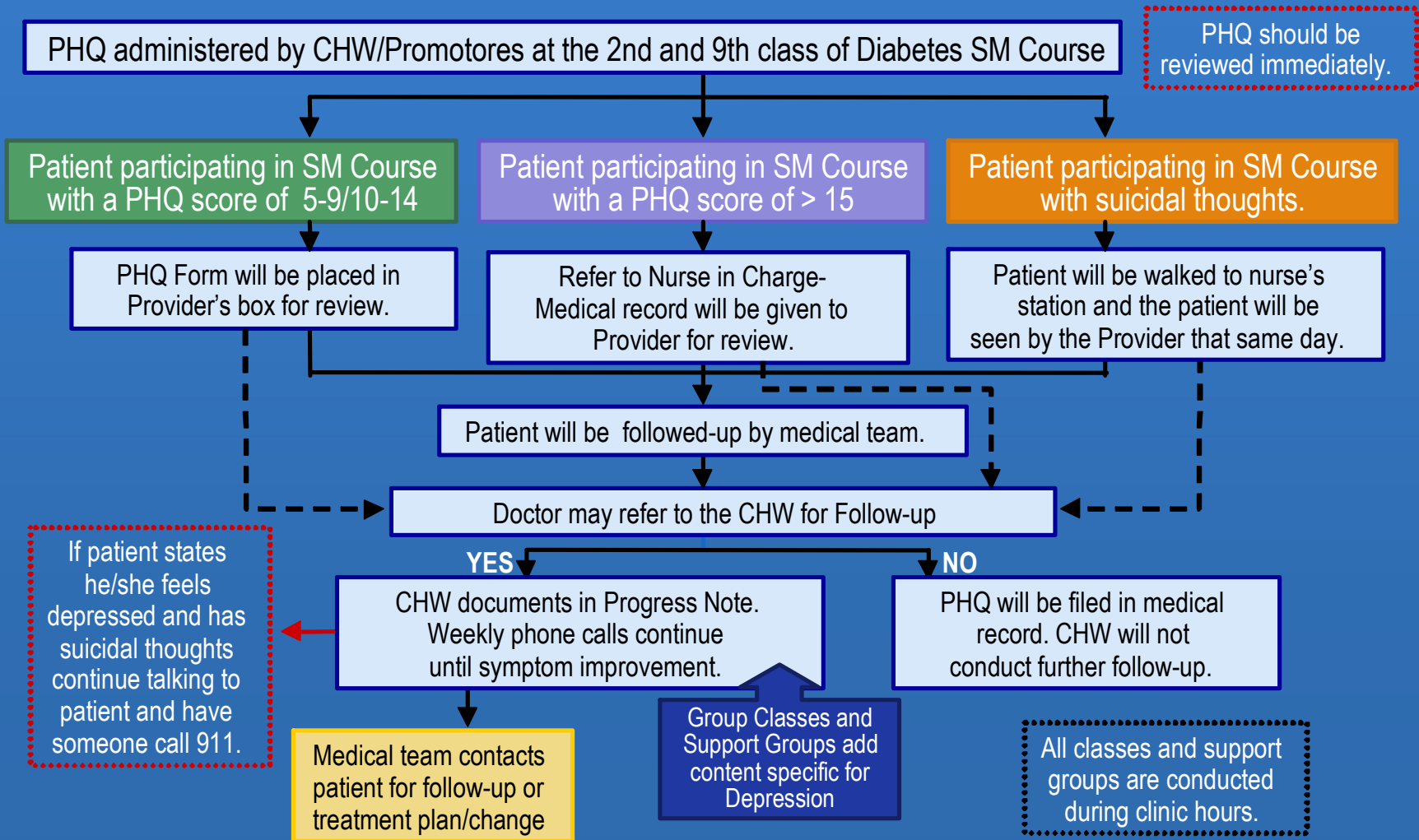
Clinic-based program (RWJF and Amigos en Salud)

■ 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







# 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

**Precontemplation/Contemplation**

**Preparation**

**Action/Maintenance**

**Medication**

**Talk Therapy**

**Remember to be patient. Changes take time and effort.**



# *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