Healing through Health Education:

Assessment and Interventions for Patients with Depressive Symptoms

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IAFCC
ILLINOIS ASSOCIATION OF FREE & CHARITABLE CLINICS

6th Annual Conference

- Overview of Health Education & Social Services
- What we've learned
- Health Education Interventions
- Social Services Assessment
- What we've noticed
- Making the Connections Happen

CommunityHealth in a nutshell...

- Where are we
- Who are we
- Who we serve
- What we provide

Health Education Greatness!!!

Social Services Greatness!!!

When the *Worlds of Wellness* collide...

...communities are created.

"Community-within-group model"

"Community-as-group model"

*****Creating Community Creates Care*****

Clinical changes from non-clinical interventions

- Our support groups
- Our educational classes
- Peer-to-peer support networks
- Developing group identity
- Leaders in communities

Which learning model is best for the population of patients we are trying to engage?

Classroom style

Group discussion style

In schools, most children come into the classroom at the beginning of the year having mastered or at least been exposed to a certain set of concepts from the previous grade. They are also all of relatively the same age and reading ability level.

None of this holds true with the patient population we (free clinics) are working with for our health education classes, so it doesn't make sense to use the kind of model that is used in schools.

Why is group discussion style learning the most effective?

Widely differing

- **Ages**
- **Time spent dealing with issue/condition**
- **Health literacy levels**
- **Confidence levels**

Group discussion format creates an environment in which:

- There's a sense of equality (no top-down model)
- Everyone has an equal voice
- Participants feel they are part of a TEAM, and have ownership over group
- Easier to have discussions, creates sense of community
- Promotes listening and sharing among peers
- Not "like school" (i.e. boring)
- Participants feel more comfortable asking questions of the facilitator & others

Lemme get a word in...

Participants were asked to complete questionnaires with the following statements:

- **I participate in this group because…**
- **This group has helped me to…**
- **What I have learned is…**
- **The reason why I continue to participate is…**

Patient Groups

Bienestar para Mujeres (Spanish speaking women's wellness group)

Started as a weight loss group, morphed into more broad wellness group because of direction the women in attendance wanted to take it (increased sense of ownership in group discussion style classes).

Paso A Paso (Spanish speaking women's manual arts group)

Began as a depression support group is run by Pilar, a member of the same communities our patients come from. The ladies of Paso a Paso came up with the name for their group.

Promotores de Salud

A group in which patients who want to learn more about teaching their peers and other patients about health topics. Classes are offered in Spanish and have been extremely successful from the beginning (5 years so far). The Promotores de Salud class is facilitated by volunteer medical students, and also patients who graduated from the past years Promotores de Salud class.

Patient Groups

Healthy Cooking and Nutrition
(Spanish, English, and Polish)

Patients who have taken the class in the past, or who have graduated from our **Promotores/Patient Health Leaders** class can help to lead these classes. We have had 4 patients help lead the cooking so far and they have been a huge asset! They provide information to the new patients taking the course about how they actually used the information and recipes at home!

These classes are 6 weeks in length, and patients enjoy them. Patients who attend this course continue to attend health education events and classes.

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100% of graduates report feeling more confident about being able to create healthy meals for themselves and their families.

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Graduates report:

- 98% make at least one healthy lifestyle change, and most make more
- 100% report increased confidence in diabetic self-management
- 93% of graduates experience a lower A1C within 3 months of their class graduation. *(Avg. A1C reduction is .9-1.4)*

Diabetes Education and Self-Management

(all languages, includes diabetics and pre-diabetics)

These courses run for 5 weeks, and patients build a great sense of community during the length of the course. Patients share their stories and experiences with one another about their own life with diabetes, or the life of a family member they know.

Cultural dynamics of Mental Health Treatment, by language, at CommunityHealth

- **English**
  - **Most *consistent* use**
  - **Cultural understanding**
- **Spanish**
  - **Largest % of patients served**
  - **Cultural taboos**
- **Polish**
  - **Even more cultural taboos**
  - **Medication is often first/only choice, prior to CH**

THE Project

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ DATE: _____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

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PHQ-9 Rating Scale	
Depressive symptom severity	**PHQ-9 Score**
None	0-4
Mild Depression	5-9
Moderate Depression	10-14
Moderately Severe Depression	15-19
Severe Depression	20-27

- All patients
- All diabetic patients
- All non-diabetic patients

- All diabetic Female patients
- All diabetic Spanish-speaking female patients
- All diabetic Polish-speaking female patients
- All diabetic English-speaking female patients

- All diabetic Male patients
- All diabetic Spanish-speaking male patients
- All diabetic Polish-speaking male patients
- All diabetic English-speaking male patients

- All non-diabetic Female patients
- All non-diabetic Spanish-speaking female patients
- All non-diabetic Polish-speaking female patients
- All non-diabetic English-speaking female patients
-
- All non-diabetic Male patients
- All non-diabetic Spanish-speaking male patients
- All non-diabetic Polish-speaking male patients
- All non-diabetic English-speaking male patients

863 UNDUPLICATED questionnaires/patients

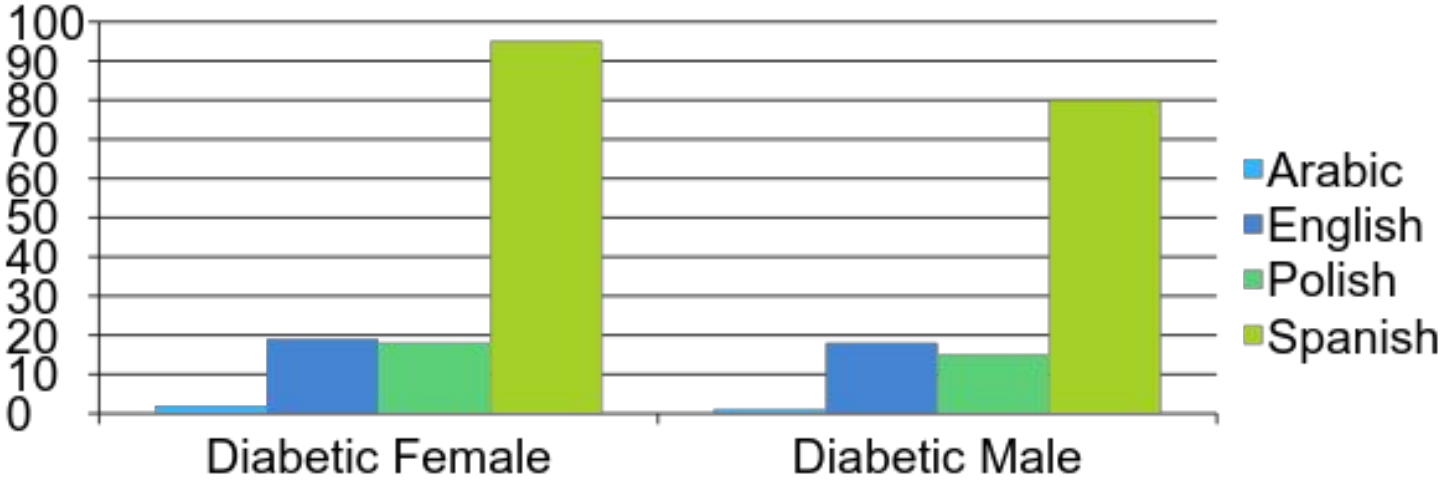
615 non-diabetic patients

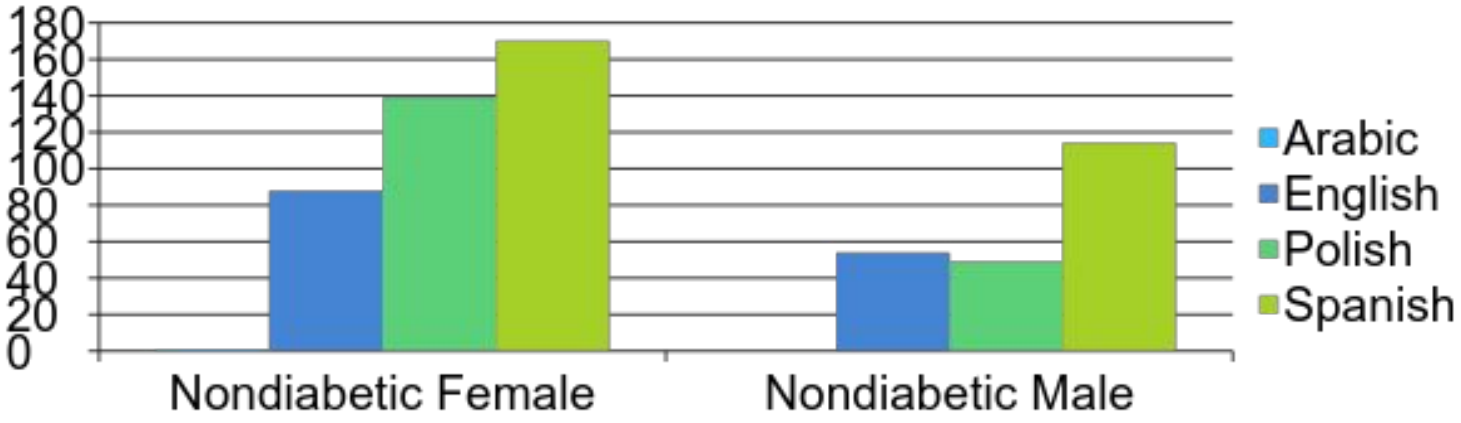
- 398 non-diabetic females
  - 1 Arabic-speaker
  - 170 Spanish-speakers
  - 88 English-speakers
  - 139 Polish-speakers
- 217 non-diabetic males
  - 114 Spanish-speakers
  - 54 English-speakers
  - 49 Polish-speakers

248 diabetic patients

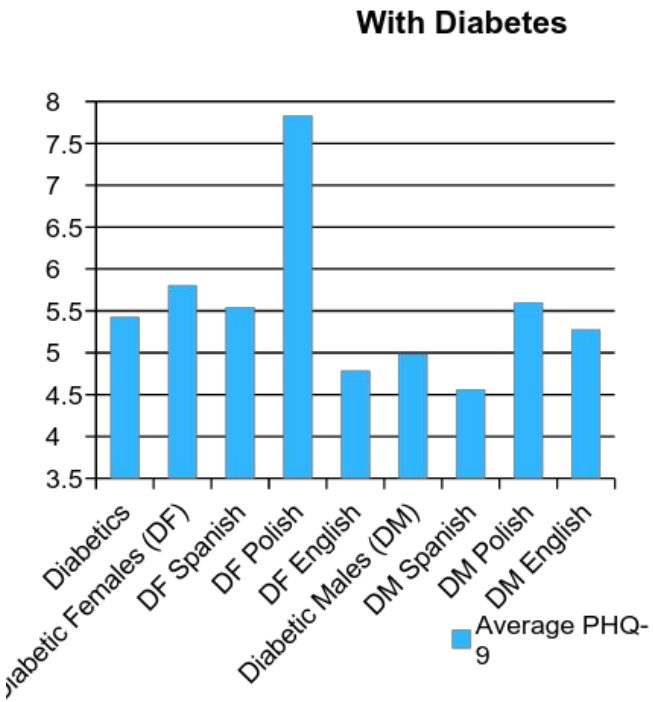
- 134 diabetic females
  - 2 Arabic-speakers
  - 95 Spanish-speakers
  - 19 English-speakers
  - 18 Polish-speakers
- 114 diabetic males
  - 1 Arabic-speaker
  - 80 Spanish-speakers
  - 18 English-speakers
  - 15 Polish-speakers

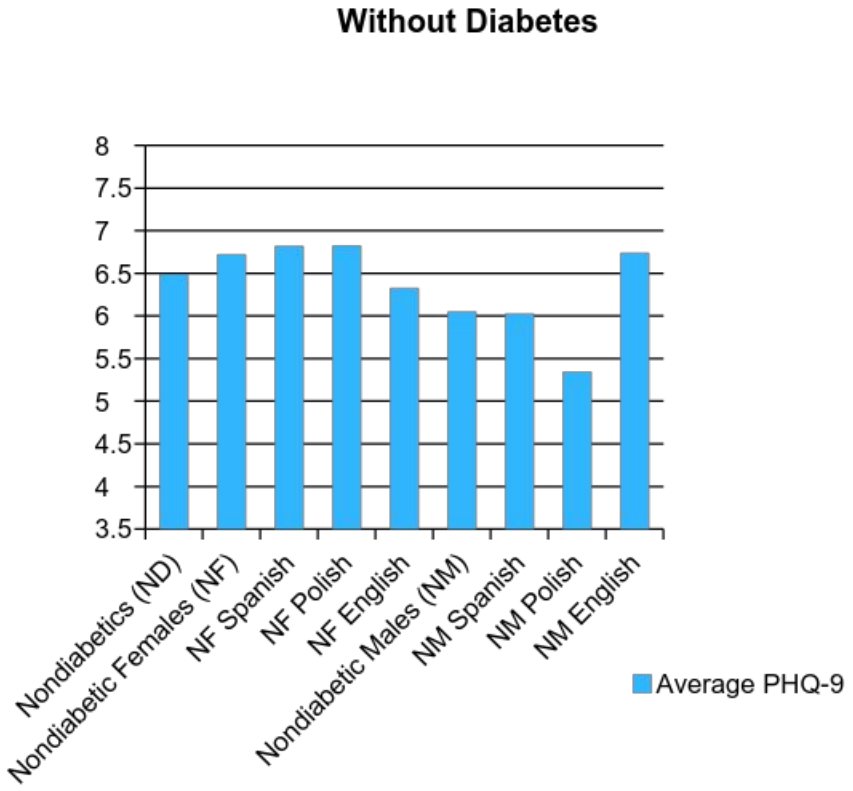
Number of [unduplicated] questionnaires by gender





Average PHQ-9 Scores





Interpretations…

- Close to 50% (give or take a few % points) of ALL patients score within the 0-4 range
- Close to 25% (give or take a few % points) of ALL patients score within the 5-9 range
- Close to 15% (give or take a % point) of ALL patients score within the 10-14 range

With the exception of 'English-speaking diabetic males' ***nondiabetic patients report more depressive symptoms than their diabetic counterparts***, on the PHQ-9.

How can this be?!

Given the complexity of managing a chronic condition (diabetes), on top of the financial/legal difficulties most of our patients face, one would expect depressive and anxiety-based symptoms to be much higher.

What could account for this?

* Patients with diabetes assume their symptoms are specific to diabetes and thus don't interpret this to be 'depressive' related
* Patients with diabetes require continued care at the clinic and so with more frequent appointments and care, have more opportunities to share their concerns with doctors, which could cause for early intervention
* Patients with diabetes may be concerned that if they report more severity, their doctor will recommend medication(s)…in addition to those they are already taking…and so report less severity
* Patients who are managing their diabetes [having been uncontrolled] may be so relieved that it is being managed properly- that this in turn also allows for less severity to be reported

The reality of what we're working with...

Transportation

Volunteers

Recruitment

Scheduling

Outcomes

Paperwork

Staff

Money

Space

Supplies

Grants

Weather

...but the <u>focus</u> of what we're working on:

Let's make it possible to create that community!

- **How can we all continue to tailor interventions with bare-bones resources?**
- **What is the best way to recruit for or create opportunities for a community-within-group?**
- **What other non-clinical methods currently being used that also help to manage mental health symptoms?**

Holla at me...

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