Healing through Health Education:
Assessment and Interventions for
Patients with Depressive Symptoms

Presented by:

Ornella Razetto, LCSW
Social Services Manager

Adelle White, BS
Health Education Manager

IAFCC
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.

******************************************************************************

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

******************************************************************************
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)

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by any of the following problems? (use &quot;*&quot; to indicate your answer)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>1. Little interest or pleasure in doing things</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
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<tr>
<td>4. Feeling tired or having little energy</td>
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<td>5. Poor appetite or overeating</td>
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<tr>
<td>6. Feeling sad about yourself...or that you are a failure or have let yourself or your family down</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
</tr>
</tbody>
</table>

Add columns: ___________  +  ___________  +  ___________  +  ___________  =  TOTAL: ___________

PHQ-9 Rating Scale

<table>
<thead>
<tr>
<th>Depressive symptom severity</th>
<th>PHQ-9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>0-4</td>
</tr>
<tr>
<td>Mild Depression</td>
<td>5-9</td>
</tr>
<tr>
<td>Moderate Depression</td>
<td>10-14</td>
</tr>
<tr>
<td>Moderately Severe Depression</td>
<td>15-19</td>
</tr>
<tr>
<td>Severe Depression</td>
<td>20-27</td>
</tr>
</tbody>
</table>

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A2663B 10-04-2005
* 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

- **Diabetic Female**
  - Arabic
  - English
  - Polish
  - Spanish

- **Diabetic Male**
  - Arabic
  - English
  - Polish
  - Spanish

- **Nondiabetic Female**
  - Arabic
  - English
  - Polish
  - Spanish

- **Nondiabetic Male**
  - Arabic
  - English
  - Polish
  - Spanish
Average PHQ-9 Scores

With Diabetes

Without Diabetes
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 **focus** 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...

Adelle White  773-969-5919
awhite@communityhealth.org

Ornella Razetto  773-969-5929
orazetto@communityhealth.org