

Presenting *SONRISA*:
A Curriculum Toolbox for *Promotores*/CHWs to
Address Mental/Emotional Health
Associated with Diabetes

Kerstin M. Reinschmidt, PhD, MPH

Jenny Chong, PhD



Mel and Enid Zuckerman
College of Public Health

PRESENTATION OUTLINE

☺ Background

☺ The *SONRISA* Project

☺ The *SONRISA* Curriculum Toolbox

☺ Discussion

BACKGROUND

Need for *SONRISA*

- ☺ *Promotoras* working with the BHSÍ program reported that depression is affecting the health status and the outlook of many of their clients with diabetes, and that the *promotoras* need to prevent stress, depression and burnout among themselves.
- ☺ The regional Community Action Board members of the SWCCHP (2002) suggested that the Center address depression along with diabetes.

Depression & Chronic Diseases

☹ Depression, stress and psychological distress are closely linked with chronic diseases

- Each increases the risk of developing the other;
- Each has negative effects on the other.¹⁻¹²

☹ Depression negatively impacts daily activities

Funding Sources:

- ☺ 2004 Healthy *Gente*/Healthy Border Mini Grant (ADHS/USMBHC)
- ☺ Southwest Center for Community Health Promotion (SWCCHP), a community-based participatory intervention and research program funded by the CDC

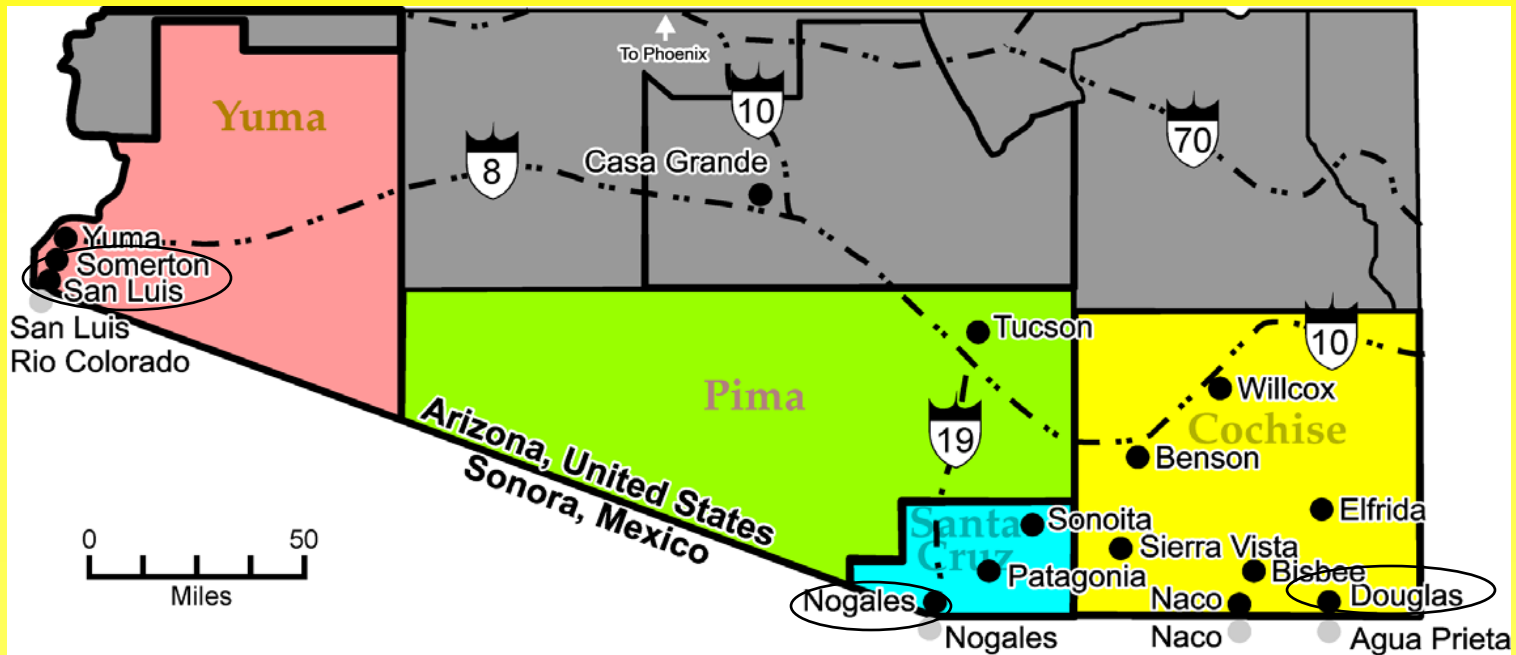
THE
SONRISA
PROJECT



Objective

- ☺ To develop a depression curriculum toolbox for *promotores*/CHWs to use in their work with clients to prevent or manage diabetes and its complications

THE ARIZONA U.S.-MEXICO BORDER



- Three multi-ethnic counties:
 - Cochise, Santa Cruz and Yuma

☺ **How *SONRISA* was developed**

- Review 4 existing curricula (2004)
- Conduct 8 focus groups with stakeholders (2004/2005)
- Pilot test the 1st version: *SONRISA* training/feedback workshop (May 26, 2005)
- Revise *SONRISA* curriculum (2nd version)

**THE *SONRISA*
CURRICULUM
TOOLBOX**



Type of Information Presented

- ☺ Basic and cultural information on depression
- ☺ Information on stress and anxiety
- ☺ Information addressing the specific needs of persons with diabetes, their families and community members
- ☺ Information addressing the specific needs of *promotores*/CHWs working with individuals and groups on diabetes/depression prevention and management

Presentation of Materials

- ☺ User-friendly and easy to understand
- ☺ Balance between ‘science’ and ‘community’
- ☺ Bilingual (English and Spanish)
- ☺ Structured, but allowing for flexibility
- ☺ Modules to work with individual, family and community interventions
- ☺ Relational approach

**What relational approaches
are you using
in your communities?**

Table of Contents (abbreviated)

1. Introduction
2. Roles of *promotores*/CHWs in helping clients prevent or manage emotional health issues while addressing diabetes.
3. Basics of mental/emotional health issues
 - 3.1. Why it is important to address mental/ emotional health
 - 3.2. Depression
 - 3.3. Stress
 - 3.4. Anxiety
4. *Promotores*/CHWs helping clients to cope
 - 4.1. Working with patients
 - 4.2. Working with patients, family members and friends
 - 4.3. Working with community members
5. Coping strategies and priority setting for *promotores*/CHWs
6. Resources for *promotores*/CHW trainings

Promotores/CHWs helping clients to cope

** Some of the materials used with patients **

Depression

- Ways out of depression: How you can help yourself
- Mobilizing the support of your family and friends
- Ways out of depression: Seeking professional help

Stress

- 18 ways of coping with stress
- Be good to yourself: Some ways to manage stress

Anxiety

- Coping with anxiety

A Living Toolbox

- ☺ *SONRISA* is a work in progress. It can be ...
 - Integrated into existing chronic disease prevention curricula.
 - Modified and revised based on further trainings, research and experience

- ☺ *SONRISA* can be used ...
 - To train the trainer (*promotores*/CHWs) regarding ways to prevent or manage depression in a disease prevention and intervention program
 - To help decrease work-related emotional burnout of the *promotores*/CHWs as a result of helping clients cope with chronic diseases and other daily issues.
 - As educational material in classes for patients, their families and community members.

Current Uses of SONRISA

- ☺ Some of the *SONRISA* materials on depression and stress have been incorporated into the SWCCHP family and community diabetes curricula and interventions.
- ☺ *SONRISA* is being disseminated to other agencies.

DISCUSSION



**What
symptoms of depression
have you encountered
in your communities?**

What focus group participants said about symptoms of depression:

- not eating / eating all the time
- sleeping all the time / not sleeping
- sadness without reason; not able to laugh like the others; not happy
- a big change of personality
- always in a bad mood
- *coraje* (irritable); *enojados* (angry); angry at the entire world; blame the father; get mad quickly
- tendency to quarrel with neighbors and family members who don't have diabetes

Continuation:

- not enjoying
- feeling abandoned / don't feel like talking to other people
- lock themselves in / remove themselves from the world
- especially men don't want to talk
- feeling not to be worth anything / feeling to be the ugliest / not liking anything about oneself / not feeling good
- feeling anxious
- wanting to kill themselves
- no visible symptoms

**How does depression affect
people with diabetes?**

SONRISA focus group participants said that:

- ☀ Providers in Cochise County, Arizona estimate that about 50% of their patients with chronic diseases also have depression. They think that there are probably more than they diagnose.
- ☀ Behaviors or moods can be misconstrued to be depression when they actually are the physiological effect of high sugar levels.

Continuation:

- ☀ Diabetes affects both female and male bodies. There is a relationship between diabetes, difficulties with sexuality and depression.
- ☀ Depression affects diabetes self-care. People who are depressed don't want to take good care of themselves and their diabetes.

**What can *promotores* /
CHWs do to help?**

***SONRISA focus group participants said that
promotores/CHWs can:***

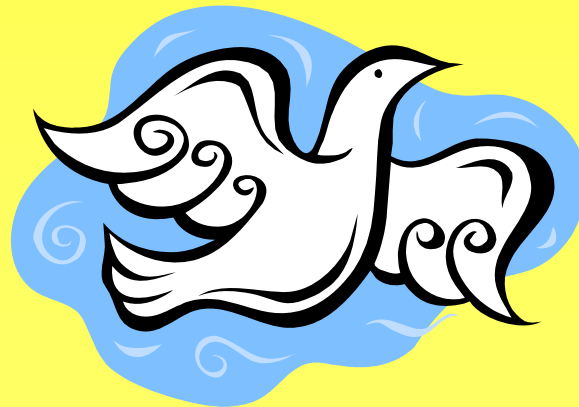
- ☀ ... help patients move beyond denial by sharing stories of how other Hispanic patients have controlled diabetes, thus helping patients to accept their diabetes.
- ☀ ... inform patients about depression associated with diabetes.
- ☀ ... give patients information about diet and exercise that are beneficial for both their diabetes and their mental / emotional well-being.
- ☀ ... help patients to set goals, solve problems, focus on the positive and to relax.

Continuation:

- ☀ ... build personal relationships with patients. In their home countries, Hispanics often have long-term personal relationships with their doctors, but in the U.S., doctors usually see patients by appointment only and don't have much time. *Promotores* / CHWs can offer personal relationships.
- ☀ ... refer patients to a behavioral health consultant at the clinic.
- ☀ ... organize or lead support groups for patients.



CONTROL DIABETES TO PREVENT DEPRESSION!



For more information or
an electronic copy of *SONRISA*,
contact:

Kerstin M. Reinschmidt, PhD, MPH

Email:

kerstin@u.arizona.edu



Jenny Chong, PhD

Email:

jchong@u.arizona.edu



THANK YOU!