The Role of Community Health Workers in Delivering Interventions Targeting Depression for Priority Populations

Julia Ward Bloomstine, Tracie E. Warren, Kimberly Smith-Steik, Jose Ramirez
Department of Psychology
Eastern Washington University (Bellevue)
3000 Landerholm Circle, SE
Bellevue, WA 98007, USA

Faculty Advisor: Dr. Sharon S. Laing

Abstract

Social and behavioral factors such as culturally-held beliefs about illnesses, discomfort disclosing health information, and language barriers can inhibit a person’s ability to receive or adhere to healthcare practices and lead to vulnerability among the target community. Community Health Workers (CHWs) are individuals who work with community members and healthcare providers to help deliver health services to their communities. CHWs are able to directly reach individuals who, due to cultural and language barriers, experience limitations in accessing healthcare services. CHWs serve their communities by providing health knowledge, translation services, and self-care training to promote health and wellness. Current research demonstrates effectiveness of CHWs in providing support through access to community health services, which leads to chronic physical disease management and prevention. However, few studies have sought to assess the role of CHWs in delivering mental health care interventions to priority populations. The purpose of this report is to review the literature on care delivery offered by CHW’s and provide commentary on the following: (1) impact of depression on priority communities and the role of CHWs in providing support; and (2) ways by which mobile devices might support the work of community health workers.

Keywords: Community Health Workers, Depression, Mobile Health Promotion

1. Introduction

1.1. Community Health Workers

Community health workers (CHWs) are individuals who work with community members and healthcare providers to help deliver health services to their communities. CHWs are able to directly reach individuals who experience limitations in accessing healthcare services caused by cultural and language barriers. CHWs serve their communities by providing health knowledge, translation services, and self-care training to promote health and wellness. The top three health-related concerns CHWs target are: chronic disease prevention (36%); chronic disease management (34%); and health service access (36%). The work of CHWs is significant because the communities targeted are most likely impacted by healthcare disparities, including new immigrants and communities of color. Studies evaluating the effectiveness of CHW interventions indicate that healthcare delivery championed by invested community members outreaching to their communities is positively correlated to improvements in healthcare outcomes for priority populations.
1.2. Priority Populations

The term ‘Priority Population’ is a designation used in the healthcare industry to describe groups of individuals who are not adequately served by our existing healthcare system. These individuals include Native American and Alaskan Native populations, Latino populations, women and youth between the ages of 18 and 24 years. As healthcare resources are determined by access, the priority population designation is also used to describe individuals who live in rural areas and densely populated cities, where healthcare resources are at a minimum.

A current focus among healthcare professionals who treat priority populations is the integration of depression care into the primary care setting. As major depression becomes an increasingly pertinent health concern for members of priority populations, providers are examining ways to incorporate interventions targeting depression into healthcare facilities more accessible to priority populations, such as community health centers.

1.3. Depression

Depression is a mental health diagnosis characterized by feelings of sadness, listlessness, and depressed affect, difficulty concentrating, changes in eating habits, insomnia and symptoms of physical illness and pain. Mental health professionals acknowledge several forms of depression including Major Depression, characterized by one or more episodes of severe symptoms which interfere with an individual’s ability to function in daily life, and Persistent Depressive Disorder, characterized by the persistence of symptoms for longer than 24 months. Research indicates that various factors play a role in the onset of depressive disorders, including genetic factors, biological influences, sociocultural factors and environmental factors.

1.4. mHealth

Mobile Health Promotion (mHealth) is the practice of using mobile technology such as smart phones, mobile sensors, Short Message Service (texting) and mobile applications to promote health and improve the health status of the patient user. Mobile technology can be an asset to CHWs treating depression, as the community health worker can offer patients broader access to resources and empower the individual to seek information to support healthcare interventions. mHealth can also be an integrative tool in addressing barriers to receiving care for depression. Patients who are struggling with barriers, such as social stigmas associated with physically entering a mental health facility, can be supported with mHealth, as mobile devices offer remote assessment and self-monitoring capabilities.

2. Literature Review Process

A systematic review of the literature was performed addressing community health workers, depression, and priority populations. The most pertinent resources included EBSCOHost, PubMed and Wiley Blackwell databases. Search terms included:

- Community health workers
- CHW
- Peer Educators
- Promotora de Salud
- Priority Populations
- Vulnerable Populations
- Minority Health
- Lady Health Workers
- Depression
- Major Depression
- MDD
- Seasonal Affective Disorder
- mHealth
- Mobile health promotion
• Healthcare delivery

The most relevant articles were selected for inclusion in the current analysis. Criteria for inclusion included peer reviewed articles published within the last 20 years, interventional studies, case studies, literature reviews and national health survey reports. Assessed studies originated in the United States, Canada, India and South Africa.

Table 1. Included Studies

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Geography</th>
<th>Study Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference</td>
<td>Year</td>
<td>Geography</td>
<td>Study Type</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
<td>-----------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>US Department of Health and Human Services. Community health worker national workforce study. San Antonio: Regional Center for Health Workforce Studies of the University of Texas Health Science Center. 2007</td>
<td>2007</td>
<td>United States</td>
<td>Literature Review</td>
</tr>
<tr>
<td>Blewett LA, &amp; Owen RA. Accountable Care for the Poor and Underserved: Minnesota's Hennepin Health</td>
<td>2013</td>
<td>United States</td>
<td>Literature Review</td>
</tr>
<tr>
<td>---</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Year: 2015
Geography: United States
Study Type: Literature Review

Year: 2015
Geography: United States
Study Type: Literature Review

3. Community Health Workers and Healthcare Delivery

Community health workers (CHWs) are community members who have sought the knowledge and training to address the specific health and social concerns experienced by their peers.\(^1\) Their work supports clients managing chronic diseases; educate clients about disease prevention; and, assist clients with preventative testing.\(^3\) Working as liaisons, CHWs help to cultivate a mutual understanding between community members and their healthcare providers to promote service delivery attentive to community members’ cultural needs. Their methods often include providing translation services to clients in the healthcare setting, accommodating clients who are implementing lifestyle changes and offering informal culturally-sensitive peer counseling.\(^1\) CHWs support the work of the medical team by reaching individuals in their communities (Figure 1). The result is a community-specific healthcare environment in which adapted methods are used to address specific barriers to healthcare.

Figure 1. UNICEF, 2011, Frog Design Project Mawana

3.1. Why Are Community Health Workers Effective At Reaching Priority Populations?

Community health workers are effective in reaching priority populations because they are representative members of the communities they serve. CHWs typically share the same culture, race/ethnicity, language, and socioeconomic status as the community, and often see themselves as leaders in their settings.\(^2\) The 2014 National Community Health Worker Advocacy Survey (NCHWAS) indicates that four of five CHWs (83%) are representatives of their communities.\(^12\) CHWs are also available to their host community members as they often work in local healthcare settings; as many as 60% of CHWs are employed in community health-based organizations, including, federally qualified health centers, local health departments, and tribal health departments.\(^12\) For individuals who have previously been disenfranchised by the healthcare system, identifying with the CHW helps to establish trust and potentially improve the communication with the healthcare provider, thus providing opportunities for promoting health and wellness.
4. Depression among Priority Populations

Community health workers are now charged with helping to remediate depression among priority populations. The National Survey on Drug Use and Health: Mental Health Findings, indicates that 16 million adults in the U.S. have experienced a major depressive episode in the past year. Increasing instances of depression have a significant impact on our healthcare system, with 10.9 million individuals receiving treatment for depression through a medical professional, mental health professional, or with medications. Approximately, 16% of the US population experience depression and a diagnosis of major depressive disorder is now perceived to be the leading cause of disability in the U.S and worldwide.

Among individuals who experience a major depressive episode, 48% belong to a priority population (Figure 2), including minority and ethnically diverse populations, women and youth. Collectively, these individuals account for nearly one half of the U.S. population currently living with major depression.

Research indicates a need for increased access and adherence to mental healthcare. The Centers for Disease Control and Prevention reports that intentional self-harm is the tenth leading cause of death amongst U.S. adults with reports of 2.15% increase in suicide-related deaths each year. The CDC reports that 29% of suicide-related deaths in 2013 involved individuals belonging to priority populations.

4.1. Barriers To Treatment Of Depression In Priority Populations

For priority populations, treatment for depression is often discussed in terms of ‘barriers.’ Barriers are circumstances that prevent or deter an individual from pursuing or receiving healthcare services. A recent survey of care providers diagnosing depression in priority populations indicated that the most common barriers experienced when treating depression include perceptions of mental illness, social stigma associated with depression, and cultural factors that prevent treatment. Providers reported that patients believed depression to be the result of life circumstances, rather than a treatable medical condition that they could recover from. Providers also noted that their patients expressed concerns about the social stigmas associated with mental health treatment. Most notably, providers reported that patients were most likely to be open to discussing treatment if providers acknowledged the impact of cultural differences in the care environment; this was particularly effective for providers who spoke their patient’s preferred language.
4.1.1. how can community health workers address barriers to mental health care?

Community health workers can provide patient advocacy by directly addressing barriers to care on an individual level. Advocacy may include providing patient education on depression and mental health care, or offering resources and treatment options for a client. Serving as patient advocate, the CHW can provide continuity of care between the physician’s office and the individual’s social environment. The fact that CHWs have the capacity to interact with an individual within his/her social environment, and with the person’s physician, means that they are well-suited to assist their clients with integrating the medical advice from the healthcare practitioner into daily lives and home environments. Community health workers can also intervene with community outreach activities, acting as a community educator and promoter of information about depression to the affected community member. Providing education at the community-level can help to address the social stigmas resulting from barriers to care and can help establish a dialogue for discussing mental health care. CHWs are also familiar with the nuances of their community’s needs, and therefore equipped to select and distribute educational materials that are relevant to the challenges experienced by members in the community. Finally, CHWs can intervene by coordinating culturally inclusive healthcare initiatives, or augmenting someone’s existing care with culturally inclusive practices. Interventions might include interpreting for a client in the healthcare setting, or working with a medical provider to establish common language to discuss mental healthcare with the client.

5. Mobile Health Promotion and Community Health Workers

5.1. Using mHealth To Support Healthcare Delivery

To assist with healthcare delivery to priority populations, community health workers are implementing mobile technology. A study examining the effectiveness of incorporating a lay support person into mHealth-based treatment for depression indicates that a patient’s health outcome will be improved with increased access to external resources that augment care. CHWs have the ability to support patient care through mobile devices by offering supplemental psycho-education resources, patient wearable devices permitting self-monitoring, and devices offering medication support.

A significant impact of mHealth is evident with the advent of electronic health records (EHR). Previously, community health workers who saw clients in home settings lacked access to detailed, accessible client records and health information. Electronic Health Records enable CHWs to keep records of their interactions with clients in the community, while still maintaining the ability to access records on a mobile device. Electronic Health Records are important to the formation of integrated healthcare teams and for permitting holistic client support. A platform for communicating with healthcare providers, facilitates quick and efficient delivery of patient health information to key health personnel.

A recent study that examined the impact of electronic health record platforms on the workload of community health workers indicated that when CHWs are equipped with an electronic record keeping system, providers perceive their workload to be streamlined and more manageable. In the study, researchers conducted a randomized controlled trial of 50 CHWs treating 15 matched pairs of medical cases, using either paper-based materials or phone-based Interactive Structured Rich-Medical guidelines (ISRMGs).

5.1.1. how can community health workers use mHealth to address barriers to mental healthcare?

In many underserved rural locations, community health workers strive to bridge gaps created when individuals live long distances from healthcare facilities. While their efforts do address client’s physical barriers to receiving care, the fact that CHWs travel long distances to reach clients, taxes the financial resources of CHWs and their community health partners. Mobile technology presents a unique opportunity to address physical and affective barriers that might inhibit mental healthcare. Community health workers can administer testing, offer patient support, and initiate self-management resources through mobile communication methods, thus alleviating geographic and financial conflicts that surmount physical restrictions. Research indicates that when CHWs support interventions targeting depression in rural communities, individuals report greater adherence to antidepressives and increased self-efficacy around seeking treatment.
To address barriers created by social stigmas associated with the diagnosis of a mental illness, mHealth creates a unique opportunity for patients to self-manage their health conditions. A study evaluating the feasibility of a self-management platform for individuals living with a chronic mental health condition, indicated that practitioners believed that clients could learn to use and benefit from a mobile platform supporting medication adherence, mood regulation, sleep, social functioning, and symptom management. Furthermore, community health workers can use mHealth interventions to address physical and affective barriers inhibiting mental healthcare for depression. In aiding efforts to reach rural populations, apps and other mHealth interventions may be able to act as a first line of contact for individuals contemplating care for depression. CHWs can outreach to rural populations, equipping them with self-monitoring applications and psycho-education to integrate depression awareness into their community systems. The capabilities of mHealth equip community leaders to communicate directly with CHWs, who can answer questions about depression care and provide training for interventions in the community.

6. Conclusion

A methodological review of the literature on the effectiveness of community health workers in reaching priority populations indicates that CHWs play a vital role in the healthcare team by extending the reach of the healthcare environment into an individual's social environment. The integrated status of the CHW in the community provides an opportunity for genuine interaction with community members. Within this interaction, CHWs can supplement the healthcare intervention with advocacy, community outreach and cultural inclusion, thus supporting an individual's positive health outcome. Depression is prevalent among the identified priority populations. A constellation of affective and physical barriers create a stonewall between priority individuals and mental health resources. Barriers of particular magnitude include social stigmas associated with mental health diagnoses and culturally-derived views on the causes and symptoms of mental illness. Misunderstandings about the implications of mental illnesses and in particular, depression, has led to mental health diseases going untreated among priority individuals.

Community health workers can be effective at reaching populations traditionally disenfranchised from mental healthcare systems. CHWs are integrated members of these communities, and therefore, they are in unique positions to understand and address the specific cultural challenges of each community. CHWs may potentially reach their communities by designing and implementing relevant information and tailored educational programs to effectively meet the needs of each community. Furthermore, community health workers can use mHealth interventions to target mental health concerns such as depression. Mobile applications and other mHealth interventions may be able to act as a first line of contact for individuals contemplating care for depression; also, CHWs can outreach to rural populations, equipping them with self-monitoring applications and psycho-education to integrate depression awareness into their community systems. More research that explores the application of CHWs in mental healthcare is needed, specifically regarding the feasibility of training community health workers to deliver psychological interventions and the effectiveness of adapting psychotherapeutic interventions for varying cultural contexts.

7. References