

Three WHC/NACDD Demonstration Grants Result in Increased Professional Activity and Depression Screening for Patients with Diabetes

The states of New Hampshire, Connecticut, and Virginia, with modest grant support, successfully launched initiatives directed at women with diabetes whose self-management of the disease can be undermined by the existence of depression.

Women suffer twice the rate of depression than men, and individuals with diabetes have twice the prevalence of depression than those without diabetes. Depression is diagnosed in less than 25% of existing cases. Research has demonstrated that depression can inhibit one's ability to manage one's diabetes. These factors motivated the Women's Health Council (WHC) of the National Association of Chronic Disease Directors to develop an initiative to help detect those patients with diabetes who have depression and refer them to appropriate treatment. A core element of the new initiative is a Web-based resource guide for health professionals on the co-morbidity of depression and diabetes (www.chronicdisease.org/depressionanddiabetes). Another element of the effort is the funding (with support from CDC's Division of Diabetes Translation) of three demonstration grants.

In all three grantee states, awareness among health professionals, patient counseling, and depression screening (or the intent to screen) increased significantly as a result of the new demonstration projects.

In New Hampshire, the state's Diabetes Education Program (NHDEP) partnered with the state's northern and southern chapters of the Area Health Education Centers (NHAHEC) to put on training at 14 sites with a total of 225 participants. The primary target for the training was healthcare professionals and social workers at the state's community health centers.

An analysis of evaluation reports found that participants felt the connection of depression with diabetes was clearly made in the training sessions and would become part of their own program strategies. In a survey of twelve participating sites, two indicated that they were already conducting depression screening and at least seven of the remaining ten indicated an interest in developing a formal screening program. Technical assistance to help sites develop screening programs was cited as a need that should be addressed. The entire New Hampshire report can be accessed at http://www.chronicdisease.org/files/public/WHC_NH_Depression_Final_Report.pdf.

In Connecticut, the Diabetes Prevention and Control Program (DPCP) partnered with a number of organizations including the state's American Diabetes Association chapter, the Area Health Education Center, the American Diabetes Educators chapter, the Community Health Centers Association, the African American Affairs Commission as well as the University of Connecticut's Department of Behavioral Science and Community Health.

The initiative featured CME programs targeted at health professionals including physicians, physician assistants, advanced practice registered nurses, certified diabetes educators and community health workers.

The program conducted a survey of participants six weeks after the educational training which found: an increase in the use of a validated screening questionnaire; an increase in patient counseling; an increase in the number of antidepressant prescriptions, but no increase in the rates of referral to either a primary care provider or a mental health professional. Program officials, nevertheless, concluded that the CME helped improve healthcare provider management of depression in their patients with diabetes. The Connecticut report can be accessed at http://www.chronicdisease.org/files/public/WHC_CT_Depression_Grant_Final_Report.pdf.

In Virginia, a *Women, Diabetes and Depression* (WDD) project was developed by the state's Diabetes Prevention and Control Program (DPCP) and a host of partners including Federally Qualified Health Centers, the Institute for Women's Health, the Department of Mental Health and Mental Retardation and Substance Abuse Programs,

The team developed a marketing kit and a Web site to increase awareness and activity around the issue of depression and diabetes. The kit, mainly directed at medical and mental health providers, included screening tools, a directory of treatment sources for depression and diabetes, a poster and wallet card for display in the waiting room, as well as a cover letter from the Commissioner of Health in Virginia along with other materials from the American Diabetes Association, and the National Institute of Mental Health.

In a survey of kit recipients, 67.6% indicated that the kit was influential in getting them to talk to patients about the association of depression with diabetes. More than 32% said the kit motivated them to begin screening patients with diabetes for depression. And, 10.8% said they subsequently referred patients to treatment sources for depression. Indeed, recipients reported that they found the listing of treatment sources as the most useful resource within the kit.

A full report on the Virginia initiative can be found at http://www.chronicdisease.org/files/public/WHC_Virginia_Report_FINAL.pdf.