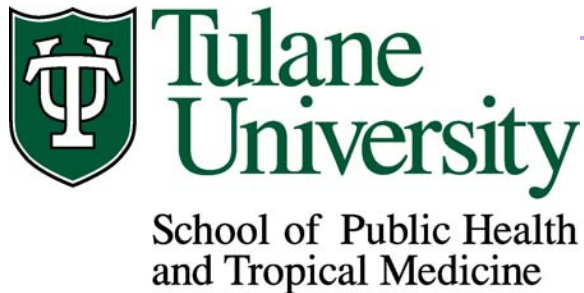
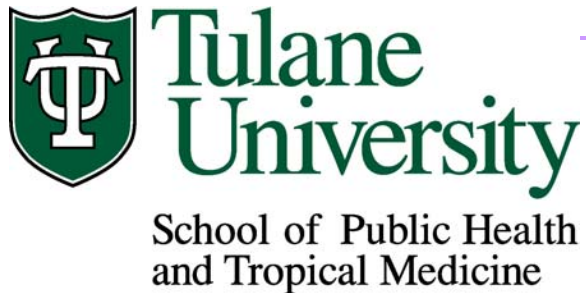

Lay Health Educators: An Opportunity for Community Education Post-Disaster



Tulane Xavier Center of Excellence in Women's Health

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Overview

- Partnership
- Community challenges
- Program goal
- Program rationale
- Needs assessment findings
- Reasons LHAs are effective post-disaster
- Partnership development strategies post-disaster



STress ANd Depression Awareness (STAND) Program Partnership

- Tulane School of Public Health, MCH Division
 - Past experience with LHA programs
- Louisiana Office of Public Health
 - Years of mental health clinical experience



“I NEVER had anxiety or depression before.
It's a whole new world now. My life has
changed drastically. But for me to cope with,
and the only way I can describe the
depression or the anxiety or whatever, is that
it's a darkness that comes that tries to
overwhelm me.”

Woman, Plaquemines Parish focus group



Challenges Facing Our Community

- 18% experiencing mental health challenges
- 88% do not believe there are enough medical facilities
- 52% stated financial situation worsened
- 37% experienced significant life disruption
- 23% stated stress took personal toll

Kaiser Family Foundation Katrina Report, May 2007, 1,504 respondents



“But that's how I coped for a long time. It was just staying in the house and then when I'd have to go up and down the roads, you would look at the devastation and it would get you all depressed again.”

Woman, Plaquemines Parish focus group





Photos- S. Herbst, Jan. 2007

The STAND Program

- Formative research
 - Literature research
 - Focus groups
- Lay Health Advisor
 - Support group facilitator



Why Lay Health Advisors?

- Limited healthcare infrastructure
- LHAs familiar with and respected within own communities
- Tulane Xavier Center of Excellence has had success with LHAs in other programs
- Has been an accepted method in our communities
- Majority of LHAs continue their work due to community loyalty and high self-efficacy
- LHAs can reach people health professionals cannot



Why Women?

- Women are the primary caregivers
- Women's health is a marker for a state's economic development
- Women's mental health is critical for their own recovery, their family's and their community's recovery



Recruiting for focus group participants

- Normal means of communication did not work (telephone numbers, websites)
- Need for physical surveillance of areas to ascertain the existence of open and functioning agencies
- PTA & neighborhood association meetings
- Fliers





Photos- S. Herbst, Jan. 2007



Photos- S. Herbst, Jan. 2007

Focus Group Reactions

- “Listening to you talk, you boost me up.”
- “I’ve been carrying this for years.”
- “I was really hurting inside.”



Focus Group Findings

- Women would prefer a LHA who:
 - Has “gone through it”
 - Can be trusted not to “tell their business”
 - Is open, compassionate, non-judgmental, positive
 - Is coping well to show it is possible
 - Can instill hope

- Women would prefer group contacts initially



“I think we need a program similar to what we have here. A group you meet at a certain time and you have a discussion and you say how you feel and we're all in the same boat so let it all out.”

Woman, St. Bernard Parish focus group



Peer Support Groups?

What the research tells us

- Social support has direct positive relationship with physical and mental health & a direct negative relationship with depression (Israel & Schurman, 1990; Israel & Rounds, 1987).
- Support groups helped participants regain social networks and decreased current and remembered grief (Forte & Barrett, 1996).
- Direct relationship between a lack of social support and all-cause mortality (Israel & Rounds, 1987).



“Sometimes people just need a listening ear,
or somebody to listen to them and I also
learned when I went to the psychiatrist, when
you are under stress, you do need
somebody, somebody on Earth, physically,
that you can speak to, you know talk to just to
vent”

Woman, Orleans Parish focus group

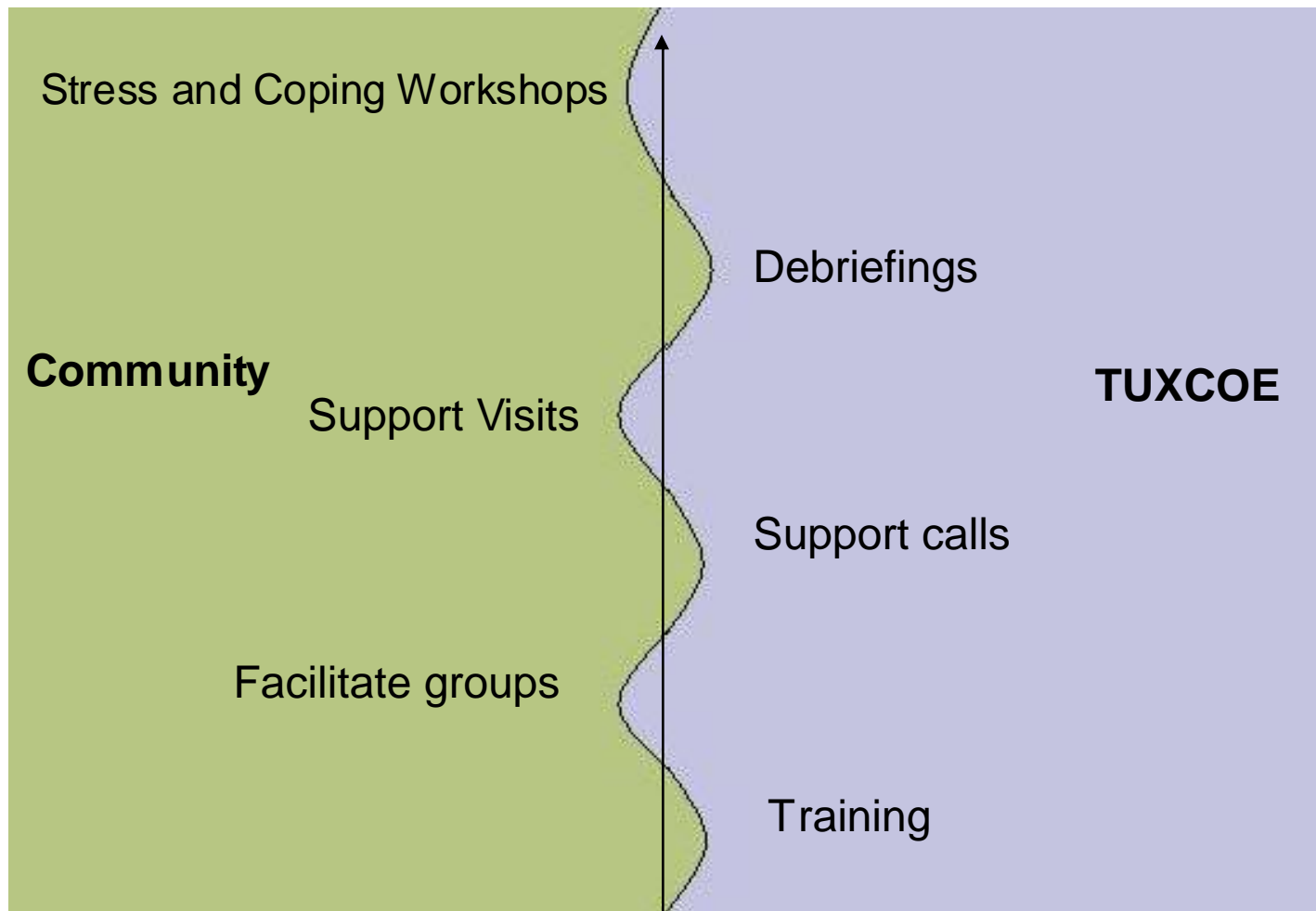


STAND 2007

- Rebuild sense of community post-Katrina
- Focus groups found strong desire in women to 'tell their story'
- Foster a sense of safety, allowing a comfortable place to share
- Knowledge that each person is not alone in their experience



Path of the LHAs



Training Curriculum

- 2-day, 5 hrs/day training schedule
- Primary Core Competencies in leading community support groups post-Katrina:
 - Demonstrate empathy
 - Reinforce positive efforts
 - Active listening
 - Ask effective questions
 - Provide resources



Strategies Used for Engaging Communities

- Outreach during initial physical surveillance of communities
- Offer workshops on health topics of interest, including Stress Relief Workshop
- Focus groups
- Presence at health fairs



Evaluation

- Pre-paid postcards- example questions:
 - What things did the facilitator do that were good or helpful?
 - What things could the facilitator do better next time?

- Self-efficacy questionnaire- Likert Scale
 - I feel prepared and ready to do my job as a lay health advisor.
 - I have the skills to facilitate groups in discussing stress and coping.



Lessons Learned

- Provide debriefing time after each focus group
- Facilitator(s) to write impressions/thoughts of focus group immediately following group meeting
- Participate in existing activities in target communities



Take Home Message

- Old structures/relationship/partnerships disappear, new are created
- Community women can help community
 - Willingness
 - Resilience
 - Hope



“And if we don't turn it around to something good, then we went through it for nothing.”

“And I don't want this to be for nothing. I want it to count for something. I want to help the community.”

Two women, Plaquemines Parish



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