

PSAP Digital Stories: Bringing Women's Experiences with Depression to Primary Care



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funded by the Maternal and Child Health Bureau





Overview

- Goals/objectives
- Background
- Feedback loop
- Digital stories
- Next steps



PSAP Goal: Improve the Health of Reproductive Age Women

■ Tool

- Multiple risk assessment in single tool
- Brief
- Culturally appropriate

■ Process

- Link screening to assessment, education and intervention

■ Replicable in diverse settings

- Collaboration with Boston PHC and Mass DPH



Why Screen for Behavioral Risks?

- 21% of women ages 18-45 reported they felt sad/blue/depressed for > two weeks
- > 1 in 5 adult women of reproductive age reported binge drinking w/in last month
- 26% of female students who used alcohol w/in last month report abuse by date
- BIMR – 25% reported being abused by their partners during pregnancy; 44% of these women reporting repeated unintended pregnancies



Why Screen in Primary Care?

- Safety-net/pivotal point of health care
- Long term relationship
- Integrated with range of health-related activities
- Opportunities for early intervention



Tool Development/Feedback

- Screening Working Group – “experts”
- Project Advisory Committee
- Focus Groups of Consumers
- Provider Surveys and Meetings

Feedback Loop

Screening working group

Review existing tools

Recommend questions, language

Community

Focus groups

PAC

Tool development

Review questions, language

Review feedback, results

Refine tool

Funder/Grantees

BPHC/DPH

Patients

Needs assessment

Focus groups

Providers

Assess values & needs

Trainings

Feedback



Provider Feedback

- Time – as little as possible
- The provider should not do the screening
- Offends people from different cultural backgrounds
- We already do this – we don't need a script
- We have no resources/capacity – don't generate expectations that can't be met
- Won't work with all cultural groups



PAC Feedback

- Routine screening is not being done
- There is a need to incorporate a brief screening tool into routine primary care
- Trust/relationship is the key
- Routine screening for depression helps reduce stigma *“I want to be treated like a whole person”*



PAC Feedback

- Ideal if provider can do the screening – strong message
- Listen! Providers tend to hear the answers they want
- Explore cultural context the behavior takes place in
- All patients should receive some education – regardless of screening results



Focus Groups - General Feedback

- Agreement that questions should be asked in primary care
- Communication skills and relationship between provider and patient are key
- Repeating same questions feels like “trick” to get positive response
- State upfront – *everyone* is asked, and stress confidentiality



Lessons Learned from Feedback: Provider/Consumer Disconnect

Provider:

- We screen for depression
- This is not the role of the primary care provider
- This is not culturally appropriate
- We should not provide education

Consumer:

- We are not being screened for depression
- Ideally, PCP should do the screening
- Explore the cultural context
- Everyone should receive some education



Addressing the Disconnect

Digital Stories

- 2-5 minute “videos” based on traditional storytelling
- Women are taught to get their stories down on paper and how to use digital media
- Women are given opportunity to share what *they* want providers to hear



Participant Empowerment

- Complete control over process
- Talking and writing with women who have similar experiences
- Editing and giving feedback to others
- Developing an educational tool for providers
- Role in advocating for services



Next Steps

- Share stories in trainings at additional sites
- Create new stories on behavioral risks with women from diverse communities
- Share stories with community and support groups



Acknowledgements

- HRSA/Maternal and Child Health Bureau
- Dr. Barbara Gottlieb
- Ellen Hutchins, ScD, MSW
- The women who shared their stories
- Lisa Dush, Emily Feinberg and Sandra Vasquez
- Members of the Project Advisory Committee,
Focus Groups



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