Addressing Health Co-morbidities Among Individuals in Recovery

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Acknowledgments

UIC National Research & Training Center on Co-Occurring Medical Conditions

- USDOE- NIDRR & SAMHSA; H133G100028; H133G010093

The views and ideas expressed herein do not reflect the policy or position of any Federal Agency or private corporation.
Today’s Learning Goals

- Identify physical health concerns for people in recovery;
- Develop a better understanding of the meaning and consequences of health disparities;
- Discuss strategies for health promotion and risk reduction; and
- Address need for regular screening and treatment within psychiatric rehabilitation programs.
Data Sources Related to Health Disparities

- World Health Organization
- U.S. Census
- Centers for Disease Control & Prevention
- National Institutes of Health
- Institute of Medicine
- Department of Health & Human Services
- Demonstrate effects of social factors – access & barriers to care, poverty, etc.
A health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.”

Disparities occur at the population level.

http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#_Toc211942917
World Health Organization (WHO)

3 focal areas:

1. Improve daily living conditions

2. Tackle the inequitable distribution of power, money, and resources

3. Measure and understand the problem and assess the impact of action
Health People 2020: Defining disparities

...Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Social Determinants of Health

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support, social interactions
- Exposure to mass media, emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation – food deserts
For Americans:

Additional influences on health include the availability of and access to:

- A high-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air
## Impact of Social Health Determinants – 3 Chicago Areas

<table>
<thead>
<tr>
<th></th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide Chicago</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economics</strong></td>
<td>$$$$$$</td>
<td>$</td>
<td>$$$</td>
</tr>
<tr>
<td><strong>Catchment Area</strong></td>
<td>2.5 sq. miles</td>
<td>3.75 sq. miles</td>
<td>259 sq miles</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td>64,320 (2.2%)</td>
<td>40,222 (1.4%)</td>
<td>2.8 Million</td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
<td>&lt; 1%</td>
<td>4%</td>
</tr>
<tr>
<td>Black</td>
<td>5%</td>
<td>98%</td>
<td>36%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5%</td>
<td>&lt; 1%</td>
<td>26%</td>
</tr>
<tr>
<td>White</td>
<td>85%</td>
<td>&lt; 1%</td>
<td>31%</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>1%</td>
<td>&lt; 1%</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>&lt; 1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>SES</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Below Poverty</td>
<td>9%</td>
<td>44%</td>
<td>19%</td>
</tr>
<tr>
<td>Twice Below Poverty</td>
<td>15%</td>
<td>66%</td>
<td>40%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>3%</td>
<td>3%</td>
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# Impact of Social Health Determinants

<table>
<thead>
<tr>
<th>Health Care Providers</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>2</td>
<td>1</td>
<td>39</td>
</tr>
<tr>
<td>Hospital Affiliate Clinics</td>
<td>4</td>
<td>0</td>
<td>Not available</td>
</tr>
<tr>
<td>Free/CHCs</td>
<td>0</td>
<td>0</td>
<td>Not available</td>
</tr>
<tr>
<td>Public Clinics</td>
<td>0</td>
<td>2</td>
<td>Not available</td>
</tr>
<tr>
<td>School-Based Clinics</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maternal/Child Health</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teen Births</td>
<td>2%</td>
<td>25%</td>
<td>13.5%</td>
</tr>
<tr>
<td>No Prenatal Care</td>
<td>&lt; 1%</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Low Birth Weight</td>
<td>8%</td>
<td>18%</td>
<td>10%</td>
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<table>
<thead>
<tr>
<th>Risk Indicators</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
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<tbody>
<tr>
<td>No Health Plan</td>
<td>Low</td>
<td>High</td>
<td>Not available</td>
</tr>
<tr>
<td>No Breast Exams</td>
<td>Low</td>
<td>Average</td>
<td>Not available</td>
</tr>
<tr>
<td>No Cholesterol Screen</td>
<td>Low</td>
<td>High</td>
<td>Not available</td>
</tr>
<tr>
<td>No Exercise last Month</td>
<td>Low</td>
<td>High</td>
<td>Not available</td>
</tr>
<tr>
<td>Smoking</td>
<td>Low</td>
<td>High</td>
<td>Not available</td>
</tr>
<tr>
<td>Hypertensive</td>
<td>High</td>
<td>Average</td>
<td>Not available</td>
</tr>
<tr>
<td>Obesity</td>
<td>Low</td>
<td>High</td>
<td>Not available</td>
</tr>
<tr>
<td>Binge Drinking</td>
<td>High</td>
<td>Average</td>
<td>Not available</td>
</tr>
<tr>
<td>Non-Daily Fruit Cons.</td>
<td>Average</td>
<td>High</td>
<td>Not available</td>
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<table>
<thead>
<tr>
<th>Leading Cause of Death - #1</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Heart Dis. (25%)</td>
<td>Cancers (22%)</td>
<td>Heart Dis. (29%)</td>
<td>Cancers (24%)</td>
</tr>
<tr>
<td>#2 Strokes (4%)</td>
<td></td>
<td>Strokes (5%)</td>
<td>Strokes (6%)</td>
</tr>
<tr>
<td>#3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Deaths from Homicide</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 1%</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV/AIDS Deaths</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospitalizations - #1</th>
<th>Lincoln Park</th>
<th>Englewood</th>
<th>City-Wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Delivery (15%)</td>
<td>Mental Dis. (10%)</td>
<td>Mental Dis. (11%)</td>
<td>Delivery (12%)</td>
</tr>
<tr>
<td>#2 Heart Dis. (9%)</td>
<td></td>
<td>Heart Dis. (10%)</td>
<td>Heart Dis. (9%)</td>
</tr>
<tr>
<td>#3</td>
<td></td>
<td>Delivery (9%)</td>
<td>Heart Dis. (10%)</td>
</tr>
</tbody>
</table>
Physical Health Among Individuals in Recovery
What Do We Know?

High Rates of Morbidity & Mortality

**Mortality** – On average, people with SMI die 25 years earlier than the general population and this excess is increasing.

- 60% of deaths are due to **preventable** and **treatable** medical conditions like cardiovascular disease, diabetes, and high blood pressure.
**Morbidity** – People in recovery have significantly poorer physical health & more co-occurring health conditions than the general population

In one study, among 200 people schizophrenia and affective disorders, odds of diabetes, lung diseases, and liver problems were significantly elevated compared to matched subsets from the general population

Sokal et al.
Co-Occurring Conditions

People in recovery have higher rates of:

- Diabetes
- Cardiovascular Diseases
  - Hypertension, High Cholesterol
- Renal/Kidney Diseases
- Liver Diseases (non-viral/non-hepatitis)
- Infectious Diseases
  - HIV, Hepatitis B & C, Tuberculosis
- Respiratory Conditions
  - COPD, Asthma, Smoking-related conditions
What’s Going On?
Internal & Personal Factors

- Unhealthy lifestyles
- Low motivation for medical treatment
- Fearfulness
- Limited health literacy
- Unemployment
- Past incarceration
- Mental health issues that impact incidence & management of illness
Impact of Depression:
A Common Co-Morbidity
(WHO 2003)
Depression Further Impacts…

- Motivation
- Illness self-management skills
- Ability to access services and social supports
- Isolation
- Future orientation
Combined Impact of Depression & Social Determinants on Medical Treatment

National Multisite Study: HIV+ women

Even when **MEDICALLY INDICATED** by CD4 and vRNA indicators, *those still NOT prescribed HAART were:*

- African American
- Less than High School Education
- Lower SES (poverty or 200% below poverty)
- **Past/Current Treatment for Depression**

*Cook et al. (2004)*
Additional Risks from Substance Use

Co-occurring substance abuse increases risk of:
- heart disease
- asthma
- gastrointestinal disorder
- acute respiratory issues
- infectious diseases
- skin infections
- incarceration
The Obesity Epidemic

- 35.7% of US adults are obese
- Obesity-related conditions include heart disease, stroke, type 2 diabetes, certain cancers, shortened life span, & psychological distress from discrimination
- Rates of obesity among people with mental illnesses far exceed that of the general population (NASMHPD, 2006)
Addressing Obesity

- Treatment for obesity is most successful when based on a long-term plan with a health provider.
- Eating fewer calories, while increasing activity, is the most effective way to lose weight (more effective than limiting carbs or fatty foods alone).
- Better to eat healthy foods each day than to go on a particular type of diet.
Group Activity

What Kind of Eater Are You?
Keep in mind that...

- Individuals experience multiple obstacles that affect their ability to achieve good health
- Must consider the combined impact that social determinants have on health outcomes of specific populations
But...isn’t there more to this story?
Clinical Factors Leading to Health Vulnerabilities

- Relationship between use of psychotropic medications & poor medical outcomes
- Limited or poor medication adherence
  - Ambivalence
  - Low health literacy
  - Side-effects
  - Depression
Provider Factors Triggering Vulnerabilities

- Medical provider discomfort & inexperience with people in recovery
- Lack of training about mental illness & recovery
- Stigma
Systematic Factors Triggering Vulnerabilities

- Bifurcation of medical & mental health systems
- Cumbersome funding policies
- Overemphasis on acute care versus prevention
  - Many medical conditions are preventable or treatable
  - But, current services lack adequate screening for early detection & intervention
Conclusions

- Many medical conditions differentially affect people in recovery.
- Health risks among people in recovery are similar to those in the general population.
- Others risks reflect combined effects of personal characteristics, lifestyle, illness severity, treatment system barriers, & health disparities.
Health Promotion Programs & Risk Reduction Activities in Psychiatric Rehabilitation Settings
Health Assessment

- What are the person’s health strengths?
  - Past success with a wellness goal (big or small)?

- What will be the personal benefit from meeting a health goal?

- What are the person’s health risks?
  - How do past and/or current behaviors impact on progression or severity of current illnesses (harm reduction)?
  - How do past or current health behaviors increase vulnerability to or risks for new illnesses (prevention)?

- What is the person’s current health status?
What is Health Screening?

- Evaluation of health status & potential
- Looking for current disease or greater-than-normal risk
- Can include:
  - personal & family health history, physical exam, lab tests, radiological exam
  - can be followed by counseling, education, referral, or further testing

http://medical-dictionary.thefreedictionary.com/
Common Health Screening Tests

- History of known illnesses (NHANES)
- Body Mass Index
  - Height, weight, waist, circumference
- Diabetes
- Blood Pressure
- Cholesterol & Triglycerides
- Heart Health
- Smoking & Use of Nicotine
- Use of Alcohol
- Use of Recreational Drugs, Misuse of Prescription Medications
Further Screening Info

Follow-up on how recently other medical tests were completed & refer as needed –

- Bone density
- Eye exams
- Hearing
- Dental
- OB/GYN; Mammography
- Prostate health
- HIV/AIDS, Hepatitis C, & other infectious diseases
When is Health Screening/Testing Appropriate?

**Same as general population!**

- Asks for a health screening or test
  - e.g., cholesterol, diabetes, HIV, etc.
  - Is it always necessary/appropriate to get a test?

- Has personal risk factors for an illness

- Has relevant family history of illness

- Has engaged in health risk behaviors

- Exhibits physical signs or symptoms of an illness

- Others?
Value of Health Screening

- Provides important epidemiologic data
- Can positively affect health beliefs & perceptions, including feelings of control over one’s health (self-efficacy)
- Serves as a “cue to action” by engaging people in health promotion efforts
- Can lead to better linkage to collateral treatment and services
Take a Look!

Free download: http://www.cmhsrp.uic.edu/health/index.asp
Preliminary Findings

- 3 events
- Participants from sites in NJ, IL, & MD
- Demographics (N=349)
  - 56% male
  - 72% high school education or greater
  - 35% working
- 47% White; 39% Black; 4% Multi-Racial; 2% Asian; 1% American Indian/Alaskan Native; 7% Other
- 9% Hispanic

Cook, Razzano, Jonikas et al. (2012). UIC NRTC Health Screening Study
Framingham Coronary Heart Disease Risk Score

Estimates 10 year risk of coronary heart disease using multiple indicators

- Sex (male/female)
- Age (>35<74 yrs)
- Total Cholesterol (mmol/L)
- HDL (mmol/L)
- Blood Pressure (mm Hg)
- Is individual diabetic? Yes/No
- Does individual smoke? Yes/No

= 10 Year CHD Risk: % Risk vs. Comparative Risk to Same Age/Sex
Health Risks Detected

<table>
<thead>
<tr>
<th>UIC Health Fair Participants</th>
<th>U.S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>82% obese/overweight</td>
<td>68%</td>
</tr>
<tr>
<td>5% high cholesterol</td>
<td>16%</td>
</tr>
<tr>
<td>14% A1C diabetes</td>
<td>8%</td>
</tr>
<tr>
<td>32% high blood pressure</td>
<td>29%</td>
</tr>
<tr>
<td>62% dependent on nicotine</td>
<td>57%</td>
</tr>
<tr>
<td>17% at risk - alcohol dependence</td>
<td>8%</td>
</tr>
<tr>
<td>4% at risk - drug dependence</td>
<td>2%</td>
</tr>
<tr>
<td>11% high risk - heart attack</td>
<td>3%</td>
</tr>
</tbody>
</table>
Overall, a higher proportion of participants screened positive for health risks compared to rates for those in the U.S. adult general population.

In some cases, rates of health risk were commensurate with general population estimates due to the higher number of individuals in recovery diagnosed with chronic health conditions, but who also are managing them both with pharmacological interventions and services supports.
# Health Scale Findings

<table>
<thead>
<tr>
<th>Measure(s)</th>
<th>RRM estimate</th>
<th>significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-Rated Abilities for Health Practices</strong></td>
<td>0.69</td>
<td>.01</td>
</tr>
<tr>
<td><strong>Perceived Competence for Health Maintenance</strong></td>
<td>0.91</td>
<td>.001</td>
</tr>
<tr>
<td><strong>Multidimensional Health Locus of Control Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Control</td>
<td>0.61</td>
<td>.05</td>
</tr>
<tr>
<td>Powerful Others</td>
<td>1.74</td>
<td>.001</td>
</tr>
<tr>
<td>Chance</td>
<td>--</td>
<td>ns</td>
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</table>
Study Findings - 2

- Results also support that simple health fair screenings and activities can affect change in specific health attitudes and self-rated health abilities as measured with standard indicators.
Promoting Wellness: Treatment, Health Promotion, & Prevention Activities
Improve Health Knowledge & Beliefs

- Ground activities in theory → Health Beliefs Model (HBM)
- Build upon community programs → reduces stigma, normative in focus, adaptation of existing prevention & education resources
- Incorporate elements that identify unique risks for people in recovery
- Incorporate PSR approaches building on strengths
Health Beliefs Model (HBM)

Five Major Areas:

1. perceived *susceptibility*
2. perceived *severity*
3. perceived *benefits of taking action*
4. perceived *barriers to taking action*
5. identification of *cues to action*

- Impact of *self-efficacy* → confidence in the ability to successfully perform an action
- Included by Rosenstock, others (1988) to better fit the challenges habitual unhealthy behaviors, such as being sedentary, smoking, or overeating
# General HBM Application

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
<th>Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived Susceptibility</td>
<td>One's opinion of chances of getting a condition</td>
<td>Define population(s) @ risk, risk levels; personalize risk based on a features/behaviors; heighten perceived susceptibility if too low</td>
</tr>
<tr>
<td>Perceived Severity</td>
<td>One's opinion of how serious is a condition, its consequences</td>
<td>Specify consequences of the risk and the condition itself</td>
</tr>
<tr>
<td>Perceived Benefits</td>
<td>One's belief in the efficacy of the advised action to reduce risk or seriousness of impact</td>
<td>Define action to take; how, where, when; clarify the positive effects to be expected.</td>
</tr>
<tr>
<td>Perceived Barriers</td>
<td>One's opinion of the tangible and psychological costs of the advised action</td>
<td>Identify and reduce barriers through reassurance, incentives, assistance.</td>
</tr>
<tr>
<td>Cues to Action</td>
<td>Strategies to activate &quot;readiness&quot;</td>
<td>Provide how-to information, promote awareness, reminders.</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>Confidence in one's ability to take action</td>
<td>Provide training, guidance in performing action.</td>
</tr>
</tbody>
</table>
Create & Sustain a “Health Community”

Provide health information activities

• Expose people to assets with which they may have limited experience
  • Wii Fit, on-line fitness communities, shared decision making wellness workstations, simple meal plans
• Invite local nurses, doctors, blood banks, pharmacists, etc. to present at luncheons
• Collaborate with wellness & health providers for on-site demonstrations
  • Massage, Reiki, Yoga, Pilates, etc.
• Celebrate & build on Health Months (handout)
Goal: Develop Health Skills & Identify Resources

- Learning new health skills & behaviors
- Health behavior changes
- Reduce health risks

Personalize prevention & harm reduction activities

- Healthy food alternatives (e.g. diabetes)
- Tips to make behaviors safer (e.g., reducing # cigarettes over time)
  - Demonstrate “Health Economics”
- Demonstrations, practice, “hands-on” experiences
- Discussions for planning ahead (carrying medications, condoms, meal plans)
- Identifying & understanding trigger situations
- Problem-solving re: specific risks & illness needs
“Health Economics” - Smoking

1. Distribute “play money” to smokers;
2. Each time they buy a pack, have them put the same amount of money into a jar.
3. Repeat this for each pack over a specified time (week or a month).
4. Count money spending on smoking.

Average local cost of pack of cigarettes ($9.75 in Chicago) @ 3 packs a week (1/2 a pack/10 cigarettes daily): 12 packs a month

= $9.75 x 12 = $117/month

= $117 monthly x 12 months = $1404/yr
Personalized Risk Awareness

- Encourage health promotion interest & behaviors
- Target health education to personal needs
- Provide screening & testing based on individual risks & needs
- Include peer health education & peer support
  - Peers have shared experiences “walked the walk”
- Co-locate/integrate physical health initiatives at mental health centers whenever possible
- Include family members in health education, especially around healthy eating & exercise at home
Barriers to Personal Health Risk Awareness

- Like most Americans – denial!
- Misinformation about health risks
  - Technical material about risks can be complex
- Stereotypes & stigma regarding certain illnesses (HIV/AIDS, STDs)
- Mental health symptoms
  - Some symptoms & side effects impair concentration & information retention
  - Delusions of invulnerability
  - Difficulty understanding relevance of long-term consequences of health risks
Tips for Collecting Sensitive Health Information

Help individuals feel comfortable & in control of health discussions

• Ensure privacy & confidentiality
• Explain purpose of all tests/questions
• Begin with less threatening/sensitive questions
• Respect personal boundaries
• In general, don’t require self-disclosure of health information
Facilitate Health Education

Help people learn about health risks & how to reduce the potential for harm

- Assess existing knowledge & strengths
- Go slowly, work at the individual’s pace
- Don’t educate during a crisis or when the person is distressed
- Simplify information & present it in small pieces
- Repeat the information
- Keep a persistent focus on physical health
Create Model Programs

12-Months of Health Promotion

- Coordinating activities in concert with existing health initiatives for specific illnesses
- Selected illnesses with greatest relevance to people in recovery
- Tailoring existing information to extend to unique risks for consumers
- Multiple activities to ensure diversity, gender-related concerns are addressed
Example National Health Promotion Events

Jan: National Glaucoma Awareness

Feb: American Heart Month
  • National Wear Red Day

Mar: National Nutrition Month & National Sleep Awareness Month

Apr: World Health Day; National Alcohol Awareness Month
  • National Alcohol Screening Day

May: National High Blood Pressure Education Month; Women’s Health Week

Jun: National HIV Testing Day; Men’s Health Week
Jul: UV/Sun Safety; World Hepatitis Day
Aug: National Immunization Awareness
Sep: National Ovarian Cancer/Prostate Cancer Awareness; National Cholesterol Education Month
Oct: Health Literacy Month; World Food Day
Nov: American Diabetes Month; Great American Smoke Out
Dec: National Hand Washing Awareness Month; World AIDS Day (12/1)

http://healthfinder.gov/nho/nho.nho.asp
Using HBM: **American Diabetes Month**

<table>
<thead>
<tr>
<th>Concept</th>
<th>Application</th>
<th>Tailoring Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perceived Susceptibility</strong></td>
<td>Define population(s) @ risk, risk levels; personalize risk based on features &amp; behaviors; heighten perceived susceptibility if too low</td>
<td>Increase overall knowledge of risks; risks relevant to psychotropic treatment regimens; metabolic issues</td>
</tr>
<tr>
<td><strong>Perceived Severity</strong></td>
<td>Specify consequences of the risk and the condition itself</td>
<td>Initial symptoms &amp; limitations; long course of illness &amp; complications of poor treatment</td>
</tr>
<tr>
<td><strong>Perceived Benefits</strong></td>
<td>Define action to take; how, where, when; clarify the positive effects to be expected</td>
<td>Nutrition &amp; dietary monitoring; potential need for use of medication</td>
</tr>
<tr>
<td><strong>Perceived Barriers</strong></td>
<td>Identify and reduce barriers through reassurance, incentives, assistance</td>
<td>Address medication interactions; identifying early symptoms</td>
</tr>
<tr>
<td><strong>Cues to Action</strong></td>
<td>Provide how-to information, promote awareness, reminders</td>
<td>monitoring blood sugar; conversations with treating docs</td>
</tr>
<tr>
<td><strong>Self-Efficacy</strong></td>
<td>Provide training, guidance in performing action</td>
<td>Development of meal plans; foods to avoid; sugar testing routines</td>
</tr>
</tbody>
</table>
November 1 – 30
American Diabetes Month
American Diabetes Association
1701 North Beauregard St.
Alexandria, VA 22311
(800) DIABETES
(800-342-2383)
(703) 549-1500
(703) 549-6995 FAX
askada@diabetes.org
www.diabetes.org
Free Materials available
Contact: Local Chapters

November 15, 2012
Great American Smoke Out
American Cancer Society
250 Williams Street NW
Atlanta, GA 30303
(800) ACS-2345
(800-227-2345)
acsf2f.com/gaso/
Free Materials available
Contact: National Office
Regular Health Screening

Include a comprehensive medical/health history at intake & ongoing in services

- Include assessment & identification of health protective behaviors and risks
- Prepare people for ongoing nature of these discussions; normalize focus on health & health behaviors
- Identify & address barriers to personal health risk awareness
  - Acute mental health symptoms can affect ability to provide accurate information
Reaching Us at the Center....

http://www.cmhsrp.uic.edu/health/index.asp