



Key Informant Interview Notes

Interviews are listed chronologically, as information collected in one interview helped inform subsequent conversations. Drs. Collins, Rao, Ornelas, and Donovan are mental and global mental health professionals; Drs. Fitzpatrick and Citrin have worked extensively with chronic disease management and task-shifting in global settings.

Pamela Collins, MD, MPH, University of Washington

Director of the Global Mental Health Program, Department of Global Health

Correspondence: April 15, 2019

- Key Takeaways:
 - Innovations in mental health most relevant to rural health are most likely related to task-shifting of health care
 - [WHO Website and mental health evaluations \(mhGAP\)](#) will review a large number of interventions and solutions that may have been implemented effectively in low and middle income countries (LMICs)
- Recommendation: [Friendship Bench](#), an intervention that has recently received a lot of press from Zimbabwe

Deepa Rao, PhD, MA, University of Washington

Associate Director of Global Mental Health and the MPH program in Global Health

Interview Date: April 18, 2019

(Focus: Global Mental Health General)

- Key Takeaways:
 - Most evidenced interventions will be US based and taken abroad because this is what tends to get funded.
 - Evidence base will be biased towards these type of interventions.
 - Task shifting and task sharing seem applicable: of note for researching the topic, task shifting itself is not an intervention itself but a way of implementing an intervention (i.e., distributing the work away from clinical providers).
 - Behavioral activation: a more technical type of intervention that involves self-assessment, likely at clinic level
 - Cognitive processing therapy: supports recovery from post-traumatic stress disorder and related conditions



- Mindfulness, yoga, and Ayurveda will most likely be the primary non-Western sourced interventions that may be applicable. Ayurveda will probably carry less evidenced weight.
- Potential to use, as have been integrated in recent practice: mindfulness-based cognitive behavioral therapy. (<https://www.psychologytoday.com/us/therapy-types/mindfulness-based-cognitive-therapy>)
- Per Dr. Rao: It is worth noting that substance abuse is often secondary to mental health conditions and especially depression, so interventions targeting mental health also often have a second aim or outcome of reducing substance abuse.
- Other sources to investigate
 - [Vikram Patel's](#) (Global Health and Social Medicine, Harvard) recent work
 - Recent Article from the Lancet Psychiatry: [Digital technology for treating and preventing mental disorders in low-income and middle-income countries: a narrative review of the literature.](#)
 - [Deborah Kaysen's](#) (UW) work on cognitive processing therapy.
 - Recent article from New England Journal of Medicine: [Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence](#)
- Recommendations:
 - [Friendship Bench](#) (see list of exemplars for more details)
 - [Amigas Latinas Motivando el Alma \(ALMA\)](#) a local intervention focused on Mexican immigrant women
 - Has yoga and mindfulness components
 - Interventions around alcohol use with Native communities in PNW at UW

India Ornelas, PhD, MPH, University of Washington

Research Director for the Latino Center for Health, Professor in Health Services

Interview Date: April 29, 2019

(Focus: Community Health Workers, Mental Health)

- Principal Investigator on a new trial evaluating [Amigas Latinas Motivando el Alma \(ALMA\)](#), an intervention featuring promotoras, or lay health workers, who are also a key part of many interventions in Latin American countries
 - Promotoras are trained in social support and other strategies to support mental health care for an underserved population
 - Partnered with an existing women's group who were receptive to adding this promotora component
 - ALMA is currently delivered through community centers, notably, places in the community women would be willing to go to seek mental health care. She reiterated that this is an important factor in delivering the intervention, and that



picking a desirable setting is an important part of lay health worker interventions (for example, if people were linked through the health department, it would be worth looking into if people would want to seek care there).

- Led by a licensed community social worker who is fluent in Spanish
- Led mostly by UW staff at this time, but do have community-based partners
- Sessions are held in the evening and include childcare in order to promote utilization; they found this has been critical
- ALMA was modeled off an intervention in North Carolina, and there is a fair body of literature on the various iterations that can provide good information.
 - For example: [Green, Melissa A et al. "Amigas Latinas Motivando el ALMA \(ALMA\): Development and Pilot Implementation of a Stress Reduction Promotora Intervention." Californian journal of health promotion vol. 10 \(2012\): 52-64.](#)
 - Curriculum in Washington is similar the one in North Carolina
- Yoga and Mindfulness in ALMA
 - Right now, led by a social worker with significant yoga teaching experience; she is the driving force of this addition to the programming, and initiated its addition
 - Has been very well-received by participants
- Other interventions India has worked on addressing alcohol abuse in male day laborers ([Vida PURA](#)) and alcohol abuse in Native American college students ([BASICS](#)), may be of interest for other projects

Annette Fitzpatrick, PhD, MA, University of Washington

Research Professor, Departments of Epidemiology, Family Medicine, and Global Health

Interview Date: May 22, 2019

(Focus: Chronic Disease, Task-Shifting of Healthcare, Older Populations, Rural Health)

- Has worked for a number of years with the nonprofit [MoPoTsyo](#) in Cambodia to implement peer educator interventions to control chronic disease conditions.
 - Model: Peer educators are trained in basic health data collection skills including weight, blood pressure, sticking fingers to test blood sugar, delivering hypertension medications, and other skills related to chronic diseases. Peer educators are linked to a community-based clinic, where community members will visit them on a periodic basis. Ideally, people visit the clinic about once a month. Educators work and are trained with local pharmacies, who it sounds like may provide supplies to main the program; this is also aimed at supporting sustainability.
 - Key Population: elderly individuals living in suburban areas
 - Key Health Conditions: diabetes and hypertension



- Aspects for success:
 - The peer educator model may overcome issues of trust for people who are less likely to engage with health workers from outside their community or travel distances to seek care may respond well to peer educators.
 - *From Lit Review, evidence supports that people in rural communities may prefer to receive care that comes to them or involves people from their own communities*
 - Peer educators are also less expensive to utilize than community health workers or as likely for the US, health navigators.
 - In small communities the social aspect of routine visits may be incentivizing.
 - Have seen success in reduction of glucose in evidence-based work.
- She imagines that this type of intervention would adapt well to more rural communities, especially since program is now based in a non-urban area (sub-urban)
- mHealth tools were introduced to support data collection, but deployment of smart phones was difficult in this case due to connectivity issues and lack of technology skills among peer educators. She imagines that some of this would be easier to overcome and much friendlier to use in the US.
 - Suggested tool for US: RedCap. In Cambodia, have used ODK. RedCap in particular has strengths for privacy built in, but they have also built this into ODK.
- Has also worked on similar and other interventions in Nepal, for which there is a significant body of literature. In particular, has worked on the Dhulikhel Heart Study, an observational cohort to study risk factors for cardiovascular disease. Relevance to this project is rural implementation, data collection, and opportunity to use peer educators.
 - Example: [Designing and implementing an integrated non-communicable disease primary care intervention in rural Nepal](#)

Non-rural health discussion, before the topic was brought to the BRIDGES communities.

- People experiencing homelessness in Seattle could also benefit from community health worker or peer educator programs that have been successfully deployed abroad, for various health activities including management of chronic conditions.
- Areas for adoption: low income housing areas, low income neighborhoods, or areas with low health care availability and a community clinic would be well-suited. In particular, she was considering communities where it would make sense to bring the care via peer educators TO them, even in an urban environment.



Dennis Donovan, PhD, MA, University of Washington

Former Director, Alcohol and Drug Abuse Institute; Associate Director, Behavioral Science Core, Center for AIDS Research (CFAR)

Interview Date: May 29, 2019

(Focus: Substance Abuse)

- In the US, pressing concerns for rural communities include the opioid epidemic and alcohol abuse; in particular with the former, potentially a place for investigation.
 - Leading approaches in opioid abuse: overdose risk reduction and mitigation and treatment
 - Specifically:
 - Mental health and behavioral health approaches that can help people who have been treated for an overdose prevent another. (May also include linkage to social services)
 - [Contingency management](#): giving patients tangible rewards to reinforce positive behaviors such as abstinence
- Opiates are also becoming more of a concern in Kenya
 - Medication assisted treatment may not be as sustainable overseas, so may have other solutions.
- In Kenya, [SAPTA \(Support for Addictions Prevention and Treatment in Africa\)](#) adapted the findings from a program called [Project Match](#), a set of tools from the National Institute on Alcohol Abuse and Addiction on three different types of interventions: motivational interviewing, cognitive-behavioral therapy (CBT), and 12-step programs.
- They used elements from these three therapies into to create an intervention that also focused on cultural adaptation to the specific setting.
 - Key example (per interviewee) of US-based solutions modified and adapted overseas. May have incorporated a recovery model and social support system, which believes have also been adopted overseas
- This program has been modified for use in Tanzania (possibly not published evidence around this yet), which a student of his has been looking into. Elements of this student's work of relevance include:
 - Emphasizes the "homegrown" approach of the intervention. With principles of community-based participatory research, part of the intervention design is that communities have a good idea of what the most pressing concerns are, and what things contribute to those concerns. These are incorporated into the build of the intervention.
 - The understanding is that the community's knowledge is of high value, and should be used in combination and sometimes over the knowledge being brought in.



- Concern for evidence: as programs may be adapted for community use, they may not be evaluated to the extent of the evidence-based practice intervention it may have worked off of.

Non-global health discussion, as Dr. Donovan does not primarily work in global but is an expert in substance abuse prevention. In particular, he discussed quite a bit of work relevant for native communities

- [Sober Grid](#): a mobile application that provides support to people working on sobriety through the use of peer coaches. He has been working with a group to make a cultural adaptation for rurally based Alaska Native communities around Anchorage.
- [Healing of the Canoe](#): a project/organization that takes social skills interventions for youth and brings them into a culturally relevant metaphor for American Indian/Alaska Native Groups; it was initially developed with the Suquamish Tribe in Kitsap County. Intervention is aimed at preventing and reducing substance abuse among youth through life coaching, with the canoe acting as a life journey with tribal values as a compass and anchor. More information in literature review:
- [Vida PURA](#): (Also applicable to Dr. India Ornelas, who has worked with this project). An intervention to prevent and reduce alcohol abuse among Latino day laborers.

David Citrin, PhD, MPH, University of Washington

Affiliate Assistant Professor, Departments of Anthropology and Global Health; Director, Nepal Studies Initiative, South Asia Center, Henry M. Jackson School of International Studies

Interview Date: June 5, 2019

(Focus: Integrated Care Delivery, Rural Health, Policy)

- Works for the organization [Possible](#), which “mobilize[s] global best practices to improve healthcare in Nepal.”
 - Works primarily with MCH, MH, and an integrated/collaborative care model
 - Work extensively with the Nepalese Ministry of Health, and the primarily female community health workers that they employ. They bring support and monitoring but can also diagnose or assess certain chronic disease conditions in the field. Note: CHW’s here are largely unpaid
 - The [Healthcare Systems Design Group](#), their partner has a number of studies detailing work done in partnership with Possible
- Community health workers (CHW) and task-shifting are really leading the way in terms of global health interventions to address rural health.
 - Connected to Annette Fitzpatrick’s work in Nepal in chronic disease prevention



- CHW model health systems help with the plurality of belief systems in health, especially global health, and have the real advantage of being a part of and integrated into the community belief systems that they come from (US and other countries).
- In decentralizing access, can be more thoughtful about what good care looks like when it's brought to people.
- Community health workers can bring awareness, implement diagnostics, and connect people to healthcare when they may be unable/unsure about accessing it.
- Bringing care to people allows organizations and governments to be more involved; otherwise, rely on people to seek care, which may be especially difficult in rural areas. With chronic conditions, it may be beneficial for people to have much more frequent care.
- One of the key lessons to be learned from CHW deployment abroad and in mobile health is the collection of real time data.
 - In Nepal, they use [District Health Information Software 2 \(DHIS2\)](#)
 - *Note: this is a widely used open source software that countries around the world use to support public health surveillance and capture hospital, clinic, and other program data. Helena Archer (START) used DHIS2 extensively while working in Zambia; it is very accessible and free, with complementary apps that can be used for mobile online or offline data capture*
 - CHW's can help make surveillance more palatable to communities, since they people collecting and reporting their information are from those areas and often known well by the people that live there.
- Dr. Citrin is also a member of the [Community Health Impact Coalition \(CHIC\)](#), "A five year quality initiative by some of the field's most innovative implementers to catalyze the adoption of high-impact community health systems design."
 - Among other initiatives, CHIC advocates for the compensation of community health workers, in addition to thoughtful training, mentorship, and support.
- Referrals to other organizations:
 - [Indigenous Wellness Research Institute \(IWRI\)](#): Part of the School of Social Work at UW. They do globally and locally-implemented project, with relevant work in community-based participatory research.
 - [Abdul Matif Jeeleel Poverty Action Lab \(J-PAL\)](#): Research center at MIT, who have done quite a bit of work around motivational interviewing and adaptation of international CHW outreach programs