

Proposal Literature Review Table

Authors/ Date	N	Setting	Underserved (Minority, Elderly, Low Income or Education, Poor Access, Uninsured)	B	P	SO	SP	Instruments	Method	Results/ Conclusion
Ali et al. (2006)	10 studies (51,331)	Various	Some Minority (African American & Hispanic) and Elderly	X	X			CES-D, Geriatric Depression Scale, Beck Depression Inventory, DIS/DSM, Zung	Quantitative (Meta- analysis)	Increased rates of depression among those with diabetes. Prevalence higher in females with diabetes than males.
Anderson et al. (2001)	42 studies	Various	Some Elderly and/or Minority	X	X			PSE ID, BDI, DIS, GDS, Zung, CIS, CES-D	Quantitative (Meta- analysis)	Presence of diabetes doubles odds of co- morbid depression.
Bazargan et al. (2005)	287	Urban Public Housing Communities in LA, California	Minority (Latino & African American), Low Education, Unemployed	X	X			Secondary Data from the Services Access in Urban Public Housing study	Quantitative	Disparity present in detection and treatment of specific medical conditions (depression, hearing impairment, arthritis, etc.) among underserved minorities.

Bertera (2003)	6,529	Existing NHAMES III Database	Minority (Mexican American, African American, Other Hispanics) and Caucasian Group, Elderly, Some Low Education, Some Low Income	X		X		NHAMES III	Mixed	Mexican Americans most likely to have high glucose levels. Mexican Americans and Caucasians were most likely to not know they had diabetes. Mexican Americans and other Hispanics had lowest levels of social support and affiliation with family, friends, neighbors and clubs.
Beverly et al. (2008)	30 couples	Central Pennsylvania	Elderly	X		X		Structured Discussion Guide	Qualitative: Focus Groups	Themes included: control over food, dietary competence, commitment to support, spousal communication, and coping with diabetes. Findings relate closely to reinforcement of partner and self-efficacy.
Black & Markides (1999)	3,050 & 2,489	EPESE Survey Data in Texas, Colorado, New Mexico, Arizona, California	Minority (Mexican American), Elderly, Low Education	X	X			CES-D, Composite International Diagnostic Interview	Mixed: Structured Interviews	High depression symptoms and chronic medical conditions (diabetes, hypertension, cancer, stroke, and cardiovascular disease) elevate risk of death.

Black et al. (2003)	2,830	EPESE Survey Data in Texas, Colorado, New Mexico, Arizona, California	Minority (Mexican American), Elderly, Low Education	X	X			Katz Activities of Daily Living Scale, CES-D, Composite International Diagnostic Interview	Mixed: Structured Interviews	Interaction of diabetes and depression predicted greater mortality, more complications, and greater incidence of disability in daily activities.
Bonds et al. (2004)	320	Project IDEAL: Diabetes Program in Rural NC	Minority and Caucasian Group, Elderly, Some Uninsured	X		X		Diabetes Quality of Care and Health Plan employer Data and Information Set, SF-36, DQIP Patient Measures, Diabetes-39 Health Related Quality of Life Measure, Wake Forest University Trust Scale	Quantitative	Higher patient trust associated with lower levels of hassle, completion of care activities, and global assessments of overall ability to complete diabetes care. .
Chesla et al. (2003)	161	Billing and Clinical Databases from Health Care Facilities	Minority (Latino) and Caucasian Group	X	X	X		Organized-Cohesiveness, Family Coherence, World View, and Emotion Management, Exercise Self-Report Index, SF-36, Diabetes Quality of Life, CES-D	Quantitative	Emotional management predicted disease management in Latino and Caucasian groups.

Chesla et al. (2004)	159	Billing and Clinical Databases from Health Care Facilities	Minority (African American)	X		X		Questionnaires: Togetherness, Family Coherence, Unresolved Conflict Scale	Mixed: Structured Interviews	Family domain of emotional management has strongest association with diabetes management, followed by family beliefs. Patient morale most related to family context.
Ciechanowski et al. (2000)	367	HMOs in Washington state	Some Elders, Small Percent Minority	X	X			Hopkins Symptom Checklist-90, Diabetes Knowledge Assessment, Diabetes Self-Care Activities Questionnaire, Short Form 12 Health Survey	Quantitative	Depressive symptom severity is associated with poorer diet and medication adherence, functional impairment, and higher health care costs.
Coffman (2008)	115	Eight Senior Housing Sites	Minority (Hispanic), Elderly, Lower Education		X	X		Diabetes Tangible Support Scale, CES-D, Diabetes Self-Management Self-Efficacy Scale	Quantitative	Primary support needs, mostly from family, included transportation and communication. Tangible support and education predicted self-efficacy.
Cooper et al. (2001)	76	Urban University-Based Primary Care Clinic	Minority (African American) and Caucasian Group		X		X	Questionnaire developed by authors	Quantitative	Similar ratings between ethnic groups except African Americans rated spirituality as three times higher in depression care.

De Groot et al. (2001)	5,374	Various	Various	X	X			BDI, SCID, SCL-90-R, Zung, KDS-1, CES-D, DIS	Quantitative (Meta-analysis)	Significant associations between depression and complications of diabetes.
Devlin et al. (2006)	80	Communities in MN	Minority (African American, Hispanic/Latino, American Indian, Hmong)	X		X		N/A	Qualitative: Focus Group	Themes: Loss of health perceived by USA lifestyle, lack of confidence in medical system, and importance of spirituality.
Fisher et al. (2000)	187	Billing and Clinical Databases from 11 Health Facilities	Minority (Hispanic) and Caucasian Group, Some Low Education and Income	X		X		Organized Cohesiveness, Family Sex-Role Traditionalism, Family Coherence, Multidimensional Scale of Interparental Conflict, Disease Management Measures, Diabetes Quality of Life, CES-D	Quantitative	Characteristics of family setting were significantly linked to patient self-care. Some variation by ethnic group, in structure and emotion management.
Fisher et al. (2001)	188	Managed Care Settings	Minority (Latino) and Caucasian Group	X	X	X		Diabetes Quality of Life Questionnaire, Financial Stress Scale, Spouse Conflict Resolution Scale, Family Closeness Scale, CES-D	Quantitative	Education, functional impact, and financial stress predict depression. Poor spousal conflict resolution predicted Caucasian group only. Many life stressors affect incidence of depression and anxiety.

Fisher et al. (2004)	271	Community Health Centers	Minority (Hispanic, African American, Chinese American) and Caucasian Comparison Group	X	X	X		CES-D, Ratings of Current Spousal Relationship	Mixed	High rates of depression among males with type 2 diabetes. Most differences across ethnic groups accounted for by income and education.
Fisher et al. (2007)	506	San Francisco Bay Medical Groups and Diabetes Centers	Minority (Asian American, African American, Hispanic) and Caucasian Group		X			CES-D, Diabetes Distress Scale	Mixed	Most patients with diabetes and depression are not clinically depressed.
Gary et al. (2000)	183	Primary Care Clinics in MD	Minority (African American), Low Income, Uninsured, Low Education	X	X			CES-D	Quantitative	Depression symptoms were marginally related to HbA1c, BP, and LDL. Significant association with total cholesterol and triglycerides.
Gleeson-Kreig (2002)	95	Urban community	Minority (Hispanic), Some Elderly, Low Income, Low Education	X		X		PRQ-85- Part One Adapted, IMDSES	Quantitative	Transportation and interpretation from family viewed highly satisfactory. Least satisfied with support related to self-care, personal care, and finances. Support not strongly related to diabetes self-management.

Greene & Yedida (2005)	956	17 Outpatient Teaching Settings Across the Country	Minority (African American and Mexican American), Low Income, Low Education	X		X		Items from Self-Efficacy Scale, Author Developed Questionnaires	Quantitative	Strong, positive assessments of providers led to more confidence in self-care.
Gross et al., (2005)	209	General Medicine Practice	Minority (Hispanic)	X	X			PHQ, Self-Report Physical Health Scale	Quantitative	Significant relationship between depression and poor glycemic control. Limited access to mental health care.
Hunt et al. (2000)	43	Wait-list at Primary Care Clinic and Texas Diabetes Institute	Minority (Mexican American)	X			X	Interview Guide with Standardized Questions	Qualitative: In-depth Open Ended Interviews	Traditional attitudes and beliefs presented no barriers to care.
Kaholokula et al. (2003)	146	Native Hawaiian Health Research Projects	Minority (Hawaiian, Filipino, Japanese) and Caucasian Group, Low Education	X	X	X		CES-D, SF-36, Lubben Social Network Scale	Quantitative	Health-related quality of life accounted for a proportion of variance in depressive scores. Association between the two was moderated by HbA1c, sex, marital status, education, and social support.
Katon et al. (2004)	4,193	HMOs in Washington state	Some Minority, Elderly, and Lower Education Level	X	X			PHQ	Quantitative	Many independent factors (BMI, female sex, low education, etc.) associated with minor and/or major depression.

Katon et al. (2005)	4,154	HMOs in Washington state	Some Minority, Elderly, and Lower Education Level	X	X			PHQ	Quantitative	Both minor and major depression associated with increased mortality.
Lin et al. (2004)	4,463	HMOs in Washington state	Some Minority, Elderly, and Lower Education Level	X	X			PHQ, Summary of Diabetes Self-Care Activities	Quantitative	Major depression associated with less physical activity, unhealthy diet, and lower medication adherence.
Lewis-Fernandez et al. (2005)	N/A	Various	Minority (Hispanic)		X			N/A	Review of Literature	Under-recognition of depression related to language differences, health literacy barriers, somatic presentation, and cultural idioms. Treatment options detailed.
Lustman et al. (2000)	24 studies	Various	Various	X	X			Zung, PHQ, CES-D	Quantitative (Meta-analysis)	Depression significantly associated with hyperglycemia.
Newlin et al. (2008)	109	Urban University Research Center in Southern New England	Minority (African American), Low Education, Low Income	X	X	X	X	Spiritual Well-Being Scale, Health History Survey, Problem Areas in Diabetes Survey, Diabetes Care Profile	Quantitative	Religion and spirituality related to glycemic control. Lack of psychosocial mediating relationship.

O'Hea et al. (2009)	109	Medical and Underserved Area of Louisiana	Minority (African American) and Caucasian Group, Low Education, Low Income, Indigent Population	X	X			Multidimensional HLC Scales, The Multidimensional Diabetes Questionnaire	Quantitative	Patients with low self-efficacy and outcome expectancy benefited from high internal locus of control. For patients with low self-efficacy and high outcome expectancy, higher scores on internal locus of control were related to worse HbA1cs.
Sacco et al. (2005)	56	Diabetes Center Waiting Room	Some Minority (Hispanic, African American, & Asian American)	X	X			Summary of Diabetes Self-Care Activities Questionnaire, Multidimensional Diabetes Questionnaire- Self-Efficacy Subscale, PHQ	Quantitative	Adherence and BMI contributed to self-efficacy. Self-efficacy mediated relationship between BMI and adherence with depression.
Samuel-Hodge et al. (2000)	70	University and Primary Care Settings in NC	Minority (African American)	X	X	X	X		Qualitative: Focus Group	Spirituality as important in health, disease mgmt, and coping. General life stress and caregiving responsibilities interfere with disease management. Diabetes manifested in dietary deprivation, tiredness, worry, and fear.

Shaw et al. (2006)	208	Urban and Rural Medically Underserved Areas	Minority (African American) and Caucasians, Low Income, Low Education, Underserved Areas of NY	X		X		Chronic Illness Resources Survey, Diabetes Self-Care Activities, Physical Activity from Behavioral Risk Factor Surveillance System	Quantitative	Problem areas included physical activity in rural and smoking in urban areas. Urban groups reported higher amounts of support than rural.
Tang et al. (2008)	89	Ads and Newspaper in Metro Detroit	Minority (African American), Some Elderly	X		X		Diabetes Distress Scale, CES-D, Summary of Diabetes Self-Care activities Measure-Revised, Diabetes Family Behavior Checklist-II	Quantitative	Satisfaction with support predicted improved diabetes quality of life.
Trief et al. (2006)	134	Medicare Beneficiaries in IDEATel Telemedicine Project	Elderly, Underserved Areas of NC	X		X		Spanier Dyadic Adjustment Scale, Perceived Marital Stress Scale, IDEATel Data, SHORT-CARE Depression Scale, Diabetes Distress Scale	Quantitative	Higher marital stress correlated with poorer blood glucose control and higher depression. Lower marital cohesion correlated with higher systolic BP.
Trief et al. (2006)	1,665	Medicare Beneficiaries in IDEATel Telemedicine Project	Minority (African American & Hispanic) and Caucasian Comparison Group, Elderly, Low Education	X	X			SHORT-Comprehensive Assessment and Referral Evaluation Depression Scale, Charlson Co-morbidity Index, Type 2 Diabetes Symptom Checklist, The Activities of Daily Living Scale of CARE	Quantitative	Weak relationship between depression and HbA1c, but depression not predictive of HbA1c prospectively.

Peyrot et al. (1999)	118	Hospital Setting in Detroit, MI	Unknown: Some Non-underserved	X	X	X		Hassles Scale, Coping Style Questionnaire,	Quantitative	Stable psychosocial resources associated with better glycemic control. Stress and regimen nonadherence associated with worse glycemic control.
Polzer (2007)	29	Central and Eastern NC	Minority (African American)	X			X		Qualitative: Minimally Structured Interviews	Spiritual relationship with provider important to management of diabetes.
Polzer & Miles (2005)	N/A	Various	Minority (African American)	X			X	N/A	Review of Literature	Spirituality intertwined with health and illness for population.
Polzer & Miles (2007)	29	Central and Eastern NC	Minority (African American)	X			X		Qualitative: Grounded Theory	Three typologies identified: God in the Background, God in the Forefront, and God as a Healer. Typologies varied in how views of God impacted self-management.
Zaldivar & Smolowitz (1994)	104	Inner-City Hospital Outpatient Department	Minority (Hispanic) and Low Income	X			X	Questionnaire developed by authors	Quantitative	Majority of participants believed they had diabetes due to God's will. Fewer than expected (17 %) reported use of herbs.

Zhang et al. (2007)	1431	Non- Institutionalized Elders in LSOA	Elderly, Some Minority	X	X	X		Data from Longitudinal Study of Aging	Quantitative	Risk of death is 41% lower among those with medium social support and 55% lower among those with highest level of support compared to individuals with lowest support. Impact of social support on mortality was mediated by physical and mental health.
------------------------	------	---------------------------------------------	---------------------------	---	---	---	--	---------------------------------------------	--------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

