SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Wellness Promotion: Integration, Culture and Best Practices

Innovation Community
Presenter: Anthony Salerno Ph.D.

integration.samhsa.gov

Setting the Stage:
Today's Moderator

Madhana Pandian

Associate

SAMHSA-HRSA Center for Integrated Health Solutions

Slides for today's webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/Innovation Communities

Our format:

Structure

Presentations from experts

Polling You

At designated intervals

Asking Questions

Responding to your written questions

Follow-up and Evaluation

Ask what you want/expect

and presentation evaluation

Listserv

Look for updates from:

sustaining_integration_ic@nationalcouncilcommunities.org

Today's Presenter

Anthony Salerno, PhD

- **Senior Consultant, National Council for Behavioral Health**
- **Practice and Policy Scholar, McSilver Institute for Poverty Policy and Research, New York University**
- **Assistant Professor, Adolescent and Child Psychiatry, Langone, Medical Center, NYU**

Agenda

- Understand/define the intersection of Integration and wellness

- Understand the difference between a culture of wellness and a wellness program

- Best Practices in wellness programs

Understand/define the intersection of Integration and wellness

- The promise of integrated care recognizes that people with serious mental illness are disproportionately suffering from physical health conditions.

- Access to primary care alone does not insure a change in health behaviors

- Change in health behaviors is associated with improved health, management of chronic illness and the prevention of illness.

- Health behaviors is difficult to change

- The collaboration among health and behavioral health providers will be needed

Mental illnesses and chronic medical diseases interact

➢ Persons with mental health problems have higher rates of health risk (smoking, obesity, physical inactivity)

➢ Persons with mental health problems have higher rates of diabetes, arthritis, asthma, heart disease

➢ Persons with both chronic disease and mental illness have higher costs and poorer outcomes

Why is it Important?
The Causes are Preventable

Higher Rates of Modifiable Risk Factors:

- Smoking
- Alcohol consumption
- Poor nutrition / obesity
- Lack of exercise
- Unsafe sexual behavior
- IV drug use
- Residence in group care facilities and homeless shelters

Vulnerability due to higher rates of:

- Homelessness
- Victimization / trauma
- Unemployment
- Poverty
- Incarceration
- Social isolation
- Poor effects of psychotropic meds

Defining Organizational Culture: Good Luck!

"Culture is how organizations 'do things'." — Robbie Katanga

"Organizational culture defines a jointly shared description of an organization from within." — Bruce Perron

"Organizational culture is the sum of values and rituals which serve as 'glue' to integrate the members of the organization." — Richard Perrin

"Culture is the organization's immune system." — Michael Watkins

"It over simplifies the situation in large organizations to assume there is only one culture… and it's risky for new leaders to ignore the sub-cultures." — Rolf Winkler

What is Organizational Culture?

A lens through which an organization views their work
- Shared philosophy that drives decision making
- Shared value system, mission, vision, and purpose

Common language that facilitates communication internally and externally

Policies and procedures that reflect and reinforce a shared vision

Activities, services, physical, and emotional environment aligned with the vision

How power, authority, decision making, allocation of resources are distributed

SAMHSA Definition Wellness

Wellness means overall well-being. It includes the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Incorporating aspects of the Eight Dimensions of Wellness, such as choosing healthy foods, forming strong relationships, and exercising often, into everyday habits can help people live longer and improve quality of life. The Eight Dimensions of Wellness may also help people better manage their condition and experience recovery.

Let's Chat

In the Chat Box type in your response to the following question:

Imagine you have visited an organization that claims to have a first rate culture of wellness in its behavioral health system. What would you expect to see, hear, touch, read, feel?

EMOTIONAL
Coping effectively with life and creating satisfying relationships

ENVIRONMENTAL
Good health by occupying pleasant, stimulating environments that support well-being

FINANCIAL
Satisfaction with current and future financial situations

INTELLECTUAL
Recognizing creative abilities and finding ways to expand knowledge and skills

WELLNESS

SOCIAL
Developing a sense of connection, belonging, and a well-developed support system

PHYSICAL
Recognizing the need for physical activity, diet, sleep and nutrition

SPIRITUAL
Expanding our sense of purpose and meaning in life

Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311–314.

OCCUPATIONAL
Personal satisfaction and enrichment derived from one's work

integration.samhsa.gov

Defining the multi-dimensional aspects of a Culture of Wellness

- Organization-Wide Wellness Team
- Person-Centered Wellness Programs
- System-Wide Focus of Leadership
- Integration of Health, Wellness with Behavioral health
- Workforce Development
- Community Connections
- Language and Messaging
- Workforce Wellness
- Organizational Policies
- Performance Evaluation and Data

Culture of Wellness Domains: Self-Reflection

Organization-Wide Wellness Team

- We have broad representation on an organization-wide wellness team (e.g., a planning/oversight workgroup/committee or group) consisting of clients, peer providers, psychiatrists, primary care providers, and interdisciplinary staff.

Person-Centered Wellness Programs

- We offer a wide variety of wellness-focused programs for clients based on their expressed interests, readiness level, cultural values, and life circumstances. For example: health education classes, smoking cessation supports, healthy cooking, nutrition education, walking groups, stress relieving meditation, and physical activities such as yoga, Zumba, dance, exercise classes, and other approaches to increasing physical activity.

System-Wide Focus of Leadership

- Our leadership communicates a clear vision for developing a culture of wellness to the clinical, residential, support staff, care managers, peers, and other members of the workforce.

Culture of Wellness Domains

Integration of Health, Wellness with Behavioral Health

• Clinical documentation prompts and guides clinical staff to assess, plan and address whole health and wellness needs as a routine part of an integrated care service plan.

Workforce Development

• Clinical staff, care managers, peer providers, residential counselors, and others working with clients are trained in basic health literacy information; common health risks and chronic conditions for adults with mental health, substance use and trauma-related difficulties; and their role in supporting and promoting health and wellness.

Community Connections and Resources

• The organization engages community resources as partners in supporting the wellness of **CLIENTS** (e.g., Weight Watchers, YMCA, fitness centers, local college resources, exercise physiology students in training, yoga instructors). These resources may be brought into the organization as part of an overall goal of assisting clients to increasingly utilize community wellness resources outside the treatment setting.

Culture of Wellness Domains

Self- Management Language and Messaging

- The names of groups and other services reinforce the theme of wellness with a focus on increasing a client's knowledge and skills to self-manage his/her overall health

Workforce Wellness

- Our organization has a system in place to address the needs of staff who are experiencing intense work, family, or other sources of stress (e.g., Employee Assistance Programming, supportive supervision, work-life balance accommodations, stress management supports, vicarious trauma supports).

Organizational Policies

- Our organization has established a tobacco-free policy with the full involvement of both clients and staff.

Performance Evaluation and Data

- Our organization has a system in place to identify, monitor, and evaluate improvements in the health and wellness of our clients.

Poll Question

Our organization meets all of these domains:

- Agree
- Somewhat agree
- Neutral
- Disagree
- Strongly disagree

Poll Question

We have leadership commitment and buy in to achieving these domains.

- Agree
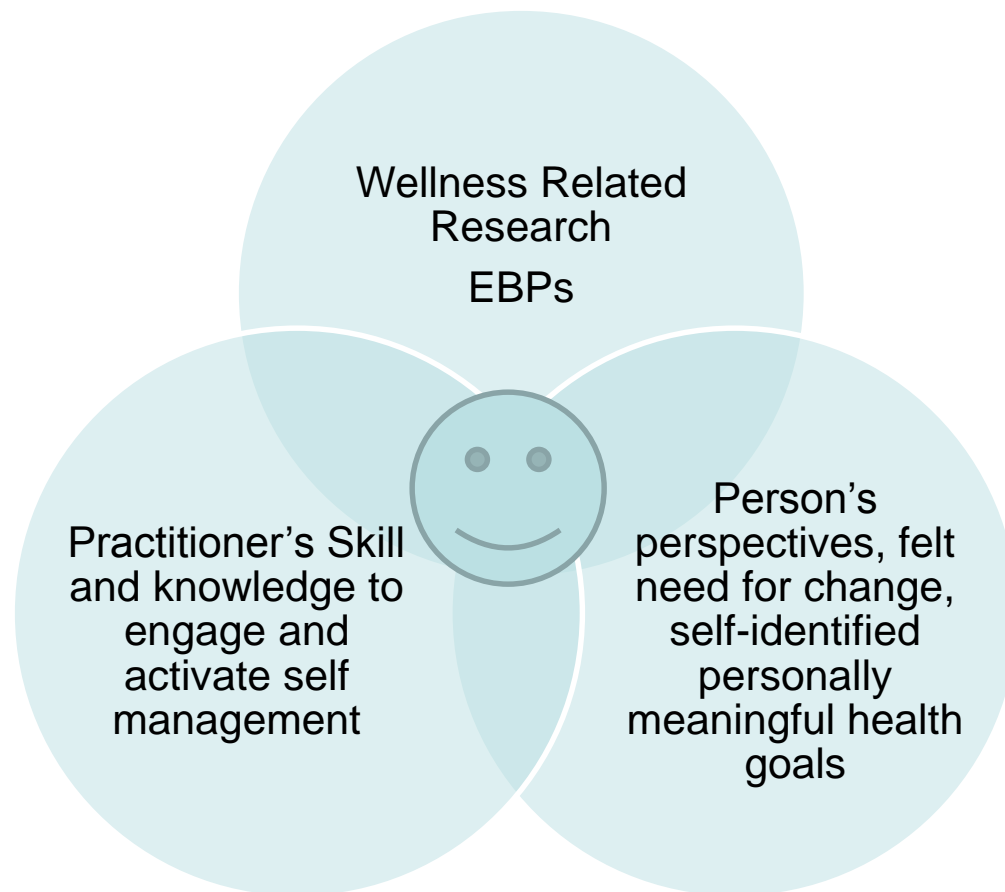- Somewhat agree
- Neutral
- Disagree
- Strongly disagree

The Role of Peers in Advancing a Culture of Wellness

- Partners in decision making
- Promoting lived experience to activate self-management
- Peer-led wellness activities and services
- Collaboration with partnering peer organizations
- Peer provider career ladder
- Support for peer provider wellness training and supervision
- Peer and non-peer staff collaboration in service planning, coordination, and co-leadership
- Peer voice across organizational departments/workgroups/committees/board of directors

A Really Good Practice: Intersection of evidence + practitioner + client

Wellness Related Research

EBPs

Practitioner's Skill and knowledge to engage and activate self management

Person's perspectives, felt need for change, self-identified personally meaningful health goals

What research tells us*

Program format: longer duration (3 or more months) combining a manualized education- and activity-based approach, and incorporating both nutrition and physical exercise, are likely to be the most effective in reducing weight and improving physical fitness, psychological symptoms, and overall health.

What doesn't work: Programs with briefer duration; general wellness, health promotion or education-only programs; non-intensive, unstructured, or non-manualized interventions; and programs limited to nutrition only or exercise only.

Weight management: the nutritional component is critical and incorporates active weight management (i.e., participant and program monitoring of weight and food diaries), as opposed to nutrition education alone.

What the research tells us*

- **Physical fitness:** Activity-based programs that provide intensive exercise and measurement of fitness (e.g., 6-minute walk test or standardized physical activity monitoring) are more likely to be successful.

- **Integrated services:** Evidence-based health promotion consisting of combined physical fitness and nutrition programs should be an integrated component of services.

- **Measurement and monitoring:** Lifestyle behaviors (nutrition, physical activity, tobacco use), physical fitness, and weight outcomes as well as evidence-based program fidelity should be objectively and reliably measured and monitored.

*The Dartmouth Health Promotion Research Team, led by Project Director Stephen Bartels, MD, MS, Professor of Psychiatry, Community and Family Medicine, the Dartmouth Institute, and Project Research Assistant Rebecca Desilets, Centers for Health and Aging, Dartmouth College

The Evidence Informed Wellness Programs

1. **Tobacco Cessation**
    Peer-to-Peer Tobacco Dependence Recovery Program
    Learning About Healthy Living
    Intensive Tobacco Dependence Intervention for Persons
    Challenged by Mental Illness: Manual for Nurses

2. **Nutrition/Exercise (required)**
    Nutrition and Exercise for Wellness and Recovery (NEW-R)
    Diabetes Awareness and Rehabilitation Training (DART)
    Solutions for Wellness
    Weight Watchers
    In SHAPE
    Stoplight Diet
    Achieving Healthy Lifestyles in Psychiatric Rehabilitation (ACHIEVE)

3. **Chronic Disease Self-Management (encouraged)**
    Whole Health Action Management (WHAM)
    Health and Recovery Peer (HARP) Program

Wellness Related
Research

EBPs

Characteristics of wellness and healthcare services that are more likely to engage consumers

- Emphasis on the positive (goals to achieve rather than the problem to solve)
- Increase positive health behaviors alone has value (small successes matter)
- Create opportunities for our enrollees to identify and share their strengths throughout all encounters (what's strong vs. what's wrong)
- Integrate wellness and health promoting behavior as part of the routine discussions across all services and encounters
- Design services to be easily accessible, involving, fun, non-pressured, non-judgmental, not embarrassing and builds confidence and social support

Characteristics of wellness and healthcare services that are more likely to engage consumers

- Build in action steps that are practical in light of the consumers' financial resources, age, gender, cultural values, and overall health

- Build in social supports may be very helpful (e.g., engage family/friends, peer buddy system) that aligns with consumer preferences

- Explore identifying and engaging one or more members of the clients "Circle of Support" to support wellness in a way that is client driven.

Community Connections

- Health Fairs (within the organization and in the community)
- Field visits to farm markets, local grocery stores, community resources such as local college gyms, YMCA, Weight Watchers
- Walking groups, yoga, low cardio aerobics, roller skating, hiking, general exercise, dance, swimming
- Cooking demonstrations and practice
- Groups on topics such as Living a Healthy Lifestyle, Understanding and Using Healthcare Services
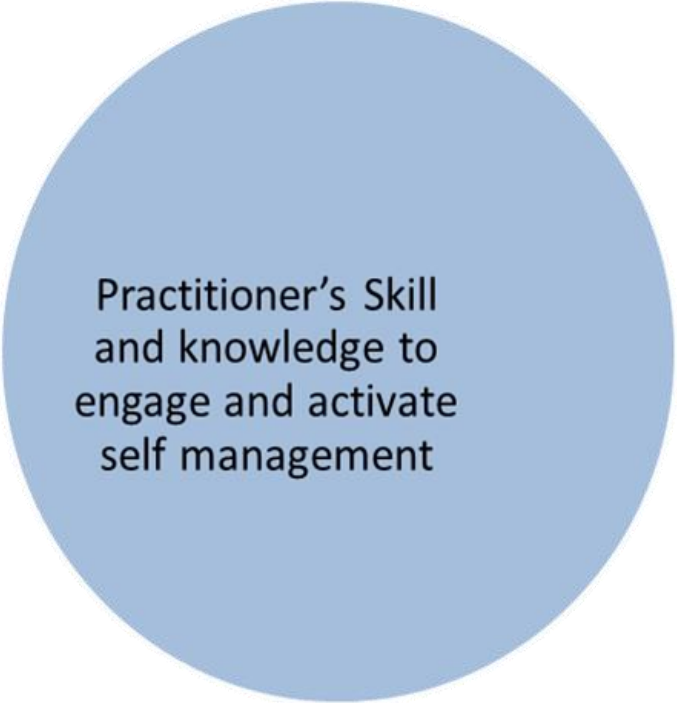
Practitioner's skills and knowledge to engage and activate self management

Health literacy of practitioners

Teaching strategies

Group facilitation skills

Motivational enhancement
    approaches

Practitioner's Skill
and knowledge to
engage and activate
self management

Practitioner Skills: Engagement

- Assess readiness and align interventions accordingly

- Use motivational interviewing approaches to assist the client to make an informed decision about wellness and to identify a personally meaningful health goal.

- Wellness topics include information that is clearly and simply presented and honestly engages consumers to consider the pros and cons of current health related behavior

- In group settings, the size of the group enables opportunities to personalize the information (Optimal group size is 10 or fewer)

The Clients Perspective

Beliefs, needs, goals, Preferences, circumstances religious and cultural values, strengths, social and economic resources, readiness.

Person's perspectives, felt need for change, self-identified personally meaningful health goals

Culture and Wellness Programming: Main Points

Cultural and religious factors influence the preferences, values, beliefs and expectations of people

One's beliefs, values and expectations influence choices and preferences related to a host of wellness related activities and services:

- Food preparation and traditions
- Attitudes about substance use including tobacco
- Comfort with various activities involving body movement (meditation, yoga, dance, exercise)
- Experience with and expectations of healthcare providers
- Attitudes about weight and exercise
- Access to wellness supporting people, places and things

Client Driven Wellness: IMPACT

I MPROVE: Does accomplishing the goal improve the quality of my health and resiliency?

M EAURABLE :Is the goal objectively measurable so I know if I have accomplished it?

P OSITIVELY Stated: Is it positively stated as something new I want in my life?

A CHIEVABLE Is it achievable for me in my present situation and with my current abilities?

C ALL forth Actions Does it specify actions that I can take

on a regular basis to create healthy habits or a healthier lifestyle?

T IME Limited: When do I plan to accomplish my goal?

Lessons Learned from the lived experience of integrated care organizations

- Enthusiasm of staff is key
- Use of pedometers, CO monitors, improvement tracking graphs are reinforcing and energizing
- Fitness/nutrition competitive games and challenges that are fun
- Newsletters to continually inform the community of progress and new offerings
- Informational resources such as healthy cooking on a budget
- Peer led programs and individualized support
- Hands on and direct practice and demonstrations is very engaging
- Recognition events to acknowledge and reinforce participation

Lessons Learned

- Offering a variety of programming helps to keep individuals motivated and engaged.

- Low income often makes it harder to buy healthier foods – need to help individuals with budgeting and food selection.

- Incentives - i.e. certificates t-shirts, water bottles, pedometers (and other monitoring and feedback opportunities)

- Providing healthy snacks at numerous events- exposure and modeling of healthy eating

- Staff involvement alongside clients helps to create a "culture of wellness"

- Small initial gains really matter (supporting a positive health behavior change even in the absence of stopping an unhealthy health behavior is progress

- Share short term and long term wins

Lessons Learned

- Everyone in the organization that is involved with the client is a source of support and encouragement

- No one size fits all (having options aligned with readiness level)

- The source of client activation lies in
  - personally meaningful goals (change is positive);
  - confidence in achieving goals (change is possible);
  - social resources (change is supported by others who matter).

- Person goes at their own pace

Additional Resources

1. Diabetes Education Toolkit – an interactive website including a "Diabetes Library" of 1-page patient education handouts on a wide variety of topics, each linked to an ADA standard of care, as well as a set of podcasts and instructions on "How to Use the Toolkit" for providers and for patient self-use. Featured as a Quality Tool by AHRQ

https://innovations.ahrq.gov/qualitytools/diabetes-education-toolkit-0

    Toolkit address: http://www.cmhsrp.uic.edu/health/diabetes-library-home.asp

2. Health Screening Manual – provides step-by-step instructions and planning forms that can be used by those who want to hold a community health fair for people in recovery. It was used to organize fairs in NY, CA, DC, MD, IL, GA, and NJ. Data collected in 4 states using the screening procedures have resulted in a series of journal articles.

Manual address: http://www.cmhsrp.uic.edu/health/designing_health_screening.asp

3. Algorithm for Prescribing Smoking Cessation Medications to Users of Psychotropic Meds – this decision-aid presents a visual algorithm that guides physicians through the steps necessary to determine whether to prescribe smoking cessation medications and which ones to use to avoid harmful drug interactions

Algorithm address: http://www.cmhsrp.uic.edu/download/Cess-Med-Flow-Sheet-Sept%202011.pdf

4. State of the Science Summit on Integrated Health Care - this website presents our Center's SOS conference presentations and podcasts on the latest research and programs addressing care coordination and recovery self-direction

Website address: http://www.cmhsrp.uic.edu/health/summit14/index.asp

Additional Resources

Diabetes education materials

http://clinicians.org/our-issues/acu-diabetes-patient-education-series/

Tobacco cessation toolkit

http://www.integration.samhsa.gov/resource/tobaccocessation-for-persons-with-mental-illnesses-a-toolkit-formental-health-providers

Behavioral Health and Wellness Program: University of Colorado Denver

http://www.bhwellness.org/resources-2/for-providers/

Wellness Recovery Action Planning (Mary Ellen Copeland)
http://www.mentalhealthrecovery.com/

General Wellness Resources

http://www.integration.samhsa.gov/health-wellness/wellness-strategies

Health Promotion Resource Guide: Choosing Evidence-Based Practices for Reducing Obesity and Improving Fitness for People with Serious Mental Illness

http://www.integration.samhsa.gov/healthwellness/Health_Promotion_Guide.pdf

Webinar Schedule

Webinar Number	Date	Time
March #3	Mar. 31	3 - 4pm
April #4	Apr. 28	3 - 4pm
May #5	May 26	3 - 4pm
June #6	Jun. 30	3 - 4pm
July #7	Jul. 28	3 - 4pm
August #8	Aug. 25	3 - 4pm

Time for

Q & A

Thank you for joining us today.
Please take a moment to provide feedback by completing the survey at the end of today's webinar.

If you have additional questions/comments please send them to:

Jeff Capobianco – jeffc@thenationalcouncil.org

Madhana Pandian – madhanap@thenationalcouncil.org