



# The WIPHL Word

## Wisconsin Initiative to Promote Healthy Lifestyles

November 2009

[www.wiphl.org](http://www.wiphl.org)

Volume 3 No. 11

### The Director's Desk

## SBIRT Marches On

**By Richard L. Brown, MD, MPH**  
**Clinical Director**

A week or two does not go by without reconfirmation that SBIRT is here to stay. Here are two examples of such events in the past month.

One of my favorite annual professional meetings is that held every November by the Association for Medical Education and Research in Substance Abuse ([www.amersa.org](http://www.amersa.org)). It's always held in Washington, in part so the meeting can attract key substance abuse policymakers. This year, a highlight was a lunchtime talk by Tom McLellan, who previously directed the substance abuse treatment research center at the University of Pennsylvania and is now the deputy director of the White House Office of National Drug Control Policy. Tom is always an incredibly incisive thinker and speaker, and this year he was in a position to influence and outline the coming national drug control plan. A key element of the plan, he said, is to eradicate health care reimbursement policies in the public and private sector that deter delivery of SBIRT services. Wow!

Back here in Wisconsin, an important development is Senate Bill 362/Assembly Bill 512, a proposed law that would fill in many gaps in national mental health/substance abuse parity legislation. Federal parity legislation, which will take effect in 2010, does not require parity in plans that serve groups of less than 50 people. State parity legislation would apply to all groups. According to the Legislative Reference Bureau, this bill "requires group and individual health benefit plans and governmental self-insured health plans that provide coverage for the treatment of mental health and substance abuse problems and that would cover at least one annual physical examination to cover at least one annual screening for a covered individual to determine the need for treatment

### WIPHL on the Move

The WIPHL Coordinating Center has moved to a suite located in the Wisconsin Medical Society building, adjacent to Olin Park. You can read more about the move on page 6.

Our new mailing address is:  
Wisconsin Initiative to Promote Healthy Lifestyles  
330 E. Lakeside Street  
Madison, WI 53715

All telephone/fax numbers and e-mail addresses remain the same.

of mental health and substance abuse problems and for a female covered under the plan at least one screening during a pregnancy for prepartum depression and at least one screening within six months after a live birth, stillbirth, or miscarriage for postpartum depression to determine the need for treatment."

Indeed, SBIRT is marching on, across Wisconsin and across the United States. Thanks to everyone who has been with us on this ahead of the curve. Clearly, though, the rest of the curve will be catching up!

## Meet the New HEs

Welcome, Wave VIII! We are so pleased to have four promising new health educators and two new clinics (both with Gundersen Lutheran in La Crosse) on board. Here is a brief intro to our new HEs.



**Rachael Sanchez**  
Gundersen Lutheran  
Family Medicine Clinic

Rachael holds a BS in community health education and promotion from the University of Wisconsin–La Crosse. While in college she interned with La Crosse County Health, and for the past two years

she has served as volunteer coordinator/office manager with the American Red Cross. “I have always had a passion for the health field and helping people,” she says.



**Andrea DeWitt**  
Gundersen Lutheran  
Trauma Center

Andrea majored in community health education at the University of Wisconsin–La Crosse. Originally she had planned to go on to study physical therapy, but during her undergrad work she discovered

that health education is her true passion. After graduating she worked at the Options family planning clinic in La Crosse. She is pleased to be returning to Gundersen, where as a student she had done an internship, and to provide the wide range of health education services encompassed by WIPHL.



**Jessica Buss**  
Marshfield Clinic Minocqua  
Center

Jessica has been a longtime activist in tobacco prevention with the Tobacco-Free Coalition and other groups. She was already working as an appointment coordinator at Marshfield Clinic

Minocqua Center when she learned that WIPHL wished to further develop using SBIRT for tobacco cessation. It was a perfect fit for that clinic to have Jessica join Kerri Weberg in providing WIPHL services. In her spare time Jessica is working to complete her bachelor’s degree through UW–Platteville’s distance education program.



**Marika Larson**  
Family Health/La Clinica

Marika holds a BS in health promotion and Spanish from UW–Stevens Point. Throughout college she worked at the YMCA as a lifeguard and swimming instructor and over the summer completed a 400-hour internship

in Salvador, Brazil as her final graduation requirement. There she worked with impoverished women and children teaching basic health care and personal hygiene. The work made her realize she has a passion for helping people who are underprivileged.

## Women and Drunk Driving

By Harold Gates

A number of news articles have appeared in recent months reporting an increase in the number of women arrested for drunk driving. The number has jumped nearly 30 percent in the past decade. The problem became more evident this past summer when Diane Schuler, 36, drove her minivan the wrong way for nearly two miles on a New York expressway while drunk on vodka and high on marijuana before smashing head-on into a sport utility vehicle. She and four children in her van and three men in the SUV died in the crash.

Recent reports from the National Transportation Department, Mothers Against Drunk Driving (MADD), and Brandeis University highlight the increase as a public health issue.

Nationwide, the number of women arrested while driving under the influence of alcohol or drugs was 28.8 percent higher in 2007 than it was 10 years earlier, according to FBI crime reports that cover about 56 percent of the country. Arrests of men dropped by 7.5 percent. The most disturbing aspect of this national trend is that many women are under the influence while driving their children. “Generally, as mothers, we are more cautious,” said Dr. Janet Zollinger Geile, professor emerita at the Heller School of Social Policy and Management at Brandeis University. “When a woman does this, people always ask, ‘How could she do this to her children?’ I just don’t think she was thinking of this.” Laura Dean-Mooney, president of Mothers Against Drunk Driving, said it is unclear why there has been an increase in the number of women arrested for impaired driving. “There are no hard data on that. What you’re hearing is that women are under more pressure, they’re now perhaps the breadwinners because of the unemployment rate,” she said. Other experts

say financial difficulties, relationship problems, and the pressures of parenting may contribute to the trend among women. The power of addiction may push women to drink and drive—and drive with their children. It becomes what they have to do, and they put aside all reason.

The National Highway and Traffic Safety Administration (NHTSA) reported that 250 children died in alcohol-related crashes in 2007, the most recent year for which numbers

are available. Most were passengers in an impaired driver’s car. U.S. Transportation Secretary Ray LaHood calls this “a very disturbing trend.” He also launched an anti-drunk driving enforcement campaign that targeted drivers during the latter part of the summer up to the Labor Day holiday weekend.

“Although the problems that women face are nothing new, lifestyle changes

may affect how women cope,” said Brandeis’s Dr. Geile. She added that changes in women’s independence, social context, use of technology, and attitudes toward substance use represent a combination of factors that could lead to a lethal outcome.

Could this public health problem be addressed by the SBIRT model? It would seem that the combination of motivational interviewing and cultural competence could help this patient population make more informed choices regarding substance misuse. This, in turn, could help us address one of many issues of health care disparities facing women.



## Month End Data

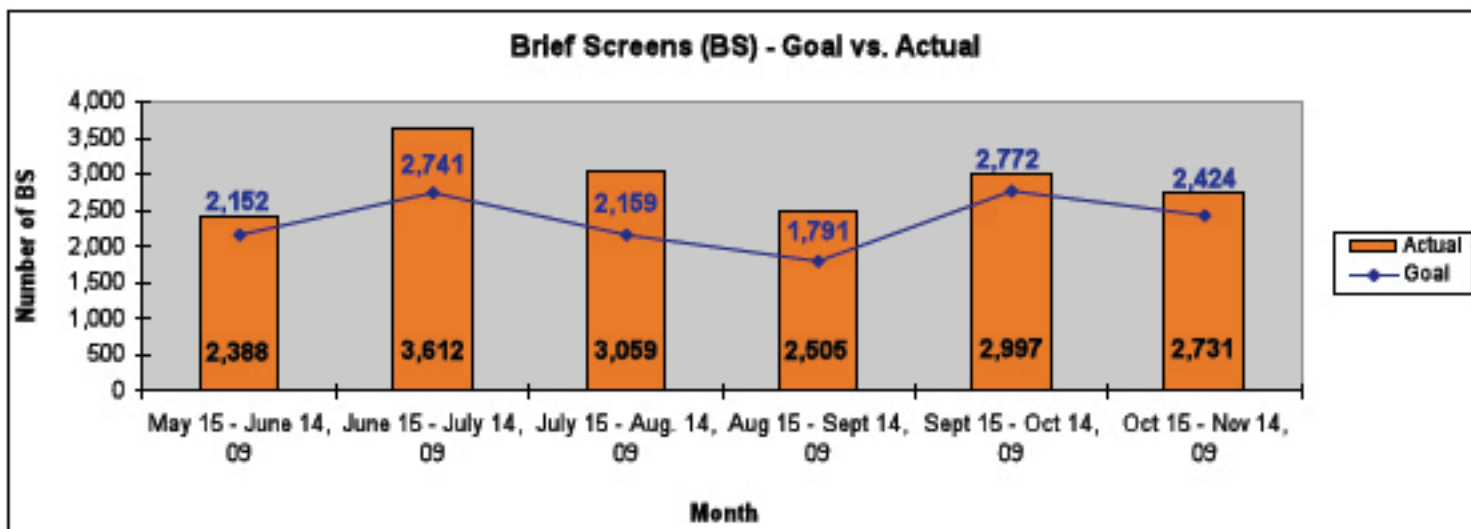
Year 4 Month 2

October 15 – November 14, 2009

<i>Clinics</i>	<i>Eligible for BS*</i>	<i>Completed BS</i>	<i>Completed BS %</i>	<i>Positive BS</i>	<i>Positive BS %</i>	<i>Completed FS</i>	<i>Completed FS %</i>
Amery Regional Medical Center	167	153	91.6%	56	36.6%	47	83.9%
Aurora Family Care Center	152	143	94.1%	47	32.9%	40	85.1%
Aurora Sinai Women's Health Center	174	158	90.8%	49	31.0%	57	116.3%
Aurora Walker's Point	213	213	100.0%	74	34.7%	63	85.1%
Beloit Area Community Health Center	288	263	91.3%	91	34.6%	80	87.9%
Columbia St. Mary's	188	188	100.0%	64	34.0%	49	76.6%
Family Health/ La Clinica (0.5 FTE)	131	131	100.0%	35	26.7%	33	94.3%
Marshfield - Minocqua Center	247	228	92.3%	68	29.8%	54	79.4%
Menominee Tribal Clinic	795	459	57.7%	109	23.7%	75	68.8%
Milwaukee Health Services, Inc. (0.3 FTE)	8	8	100.0%	6	75.0%	5	83.3%
Scenic Bluffs Community Health Center (0.2 FTE)	21	21	100.0%	6	28.6%	1	16.7%
St. Joseph's Community Health Services - Adults	137	134	97.8%	42	31.3%	40	95.2%
St. Joseph's CHS - Adolescents	19	17	89.5%	4	23.5%	4	100.0%
Upland Hills Health	73	70	95.9%	18	25.7%	17	94.4%
UW Health - Northeast	286	241	84.3%	93	38.6%	75	80.6%
Waukesha Family Practice Center	333	304	91.3%	67	22.0%	56	83.6%
<b>Grand Totals</b>	<b>3,154</b>	<b>2,665</b>	<b>84.5%</b>	<b>755</b>	<b>28.3%</b>	<b>668</b>	<b>88.5%</b>

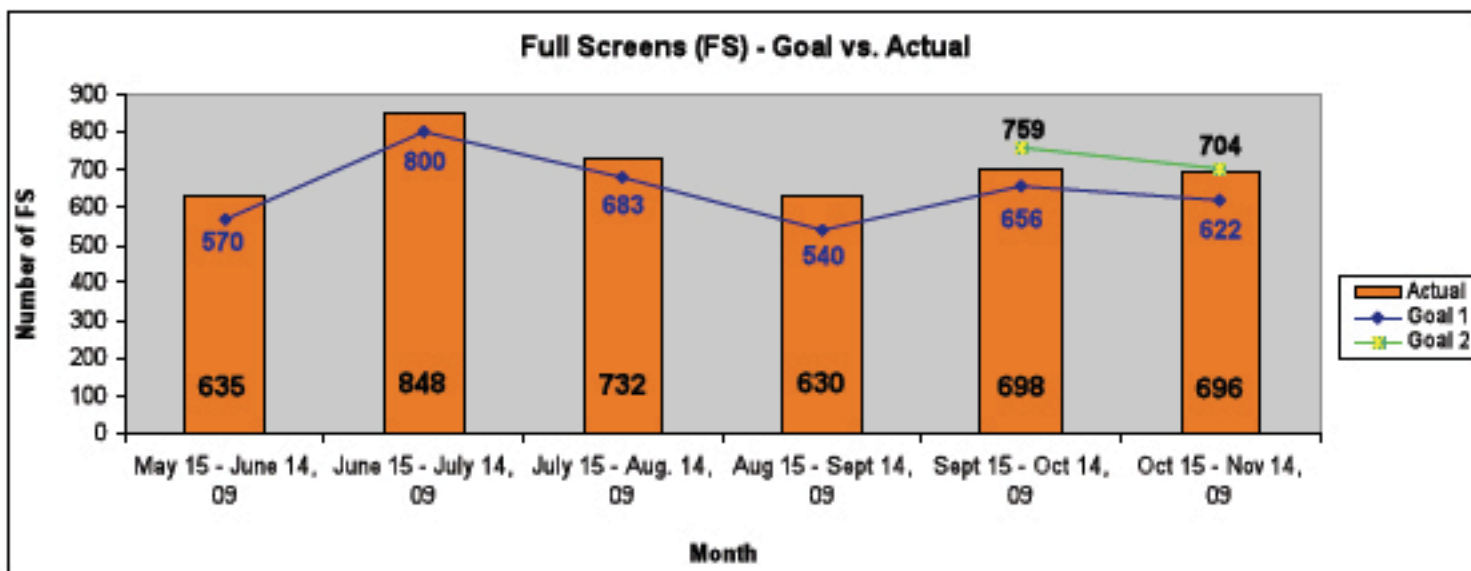
Data in this and accompanying charts compiled by William Merrick

Data from Dean Clinic East not included



Actual: Number of brief screens completed

Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed

Goal 1, Year 4 (Sept 15 2009 - Sept 14, 2010) - Full screen 75% of patients who brief screen positive

Goal 2, Year 4 Quarter 1 (Sept 15 - Dec 14 2009) - Number varies based on clinic start date

## Our New Abode

*By Candace Peterson*

As I write this, I've just finished packing up my office for our move to WIPHL's new location at the Wisconsin Medical Society, which is taking place on Monday, November 16. While loading boxes for the move with folders, three-ring binders, books and files, it struck me that these boxes represent volumes of knowledge and experience that the WIPHL staff is carrying into Year 4 of the SBIRT initiative. We've all learned so much in the first three years of this important initiative! All of our clinical site partners have contributed greatly to building that store of knowledge and experience—and for that I send a hearty thank you!

We are excited about the move to the Wisconsin Medical Society. For openers, the Society is in a beautiful location right on Lake Monona and is a bit closer to downtown and the UW campus than our Research Park office. We continue

to work more and more closely with the Society in promoting demand for SBIRT services, advocating for reimbursement and sustainability, and working with clinical settings to initiate billing. A decided benefit of our affiliation with the Society is that it means significant reductions in administrative and logistical barriers to tracking budgets, purchasing, human resources work for our non-UW staff, legal consulting, and sub-contract management. And the Society will be a very good partner and base of operations for us after our current SAMHSA grant has expired.

As noted on page 1, our new address is 330 E. Lakeside Street, Madison, WI 53715. Our phone numbers and e-mail addresses remain the same.

## The Last Word

Many reasons for quitting

*From a health educator in southeastern Wisconsin*

A 54-year-old patient was drinking six beers a day six days a week and also used marijuana several times a month. His behavior when drunk caused his family to bar him from all gatherings; he became belligerent and sometimes even violent when drinking. When I saw him again a month after our session, he had reduced to two beers three days a week and was no longer using marijuana. His family had permitted him to visit providing he didn't touch alcohol that day. He'd done that successfully and the family let him know he was welcome to join them again.

He explained to me that he had numerous reasons for quitting. Family relations were high on his list, but he had also learned in our session about negative interactions between alcohol and prescription medications—and he'd been about to start taking medication for seizures. He also learned what alcohol was doing to his liver. That, too, was a motive for him to cut down drinking. His new goal is to stop drinking completely.

**The WIPHL Word** is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health Services (DHS), and coordinated by the University of Wisconsin School of Medicine and Public Health (Department of Family Medicine) and the Wisconsin Medical Society. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at [Joan.Fischer@fammed.wisc.edu](mailto:Joan.Fischer@fammed.wisc.edu).