The WIPHL Word
Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

WIPHL is Working

By Richard Brown, MD, MPH,
WIPHL Project Director

These days, before anyone in healthcare will consider changing what they do, they say, "Show me the data!" – and appropriately so. That's why WIPHL has partnered with an experienced and dedicated evaluation team at the UW Population Health Institute to produce unbiased data on the effectiveness of our work. The team recently released an update on WIPHL's services and effectiveness through September 2010 – our first four years of operation.

In summary, WIPHL is working! There's too little room to share all the details, but here are some highlights.

Of about 95,000 patients, about 23% were at-risk drinkers or drug users, an additional 2% were suffering harm from their drinking or drug use, and an additional 3% were likely addicted to alcohol or drugs. Our services are certainly needed by a large proportion of Wisconsin patients.

Among patients under age 65, risky drinking decreased by 22% in females and by 23% in males. This decrease is slightly greater than the National Business Group on Health found across many prior studies. According to that Group, the declines we're finding are enough to generate reductions of 20% in car crashes, 37% in hospitalizations, 46% in arrests, and 50% in car crashes. Imagine all the human and economic costs we could avoid if all risky-drinking patients across the state received brief interventions!

Reports of marijuana use in the past month also declined, from 22% to 17%, representing a 23% decrease. Many people don't know that marijuana continues to be the drug that most commonly brings people to drug treatment.

You might wonder, are these results questionable? Might it be inappropriate to compare initial face-to-face reports on substance use given to Health Educators against follow-up reports given to Population Health Institute (PHI) staff by telephone. What we found is that patients admitted more lifetime use of various substances to the PHI staff than to our Health Educators – perhaps because of concern that reports to Health Educators could end up in their medical records, affect their care, and decrease insurability. Thus the declines in substance use we found might actually be underestimates of the true declines.

A final interesting finding is that similar numbers of patients reported that WIPHL helped them exercise more, improve their nutrition, and cut down on their drinking. This affirms that a multi-behavioral screening and intervention program has real value for patients.

Thanks to our evaluation team for a job well done. And thanks to our wonderful Health Educators, and to all the staff at our clinical sites for their great work in getting patients to those Health Educators. It is so fulfilling to know that we're making an important difference for so many people in Wisconsin.

Project Manager Update

WIPHL's New Website Recognizes Health Care Payers

By Candace Peterson, Ph.D., WIPHL Project Manager

WIPHL recently launched a new website which recognizes health insurance companies that operate in the state of Wisconsin, and reimburse health care providers effectively for delivering evidence-based brief screening and intervention (BSI) services.

The new website is designed to promote third party reimbursement for BSI services. It describes BSI services and their associated benefits, and defines effective reimbursement for BSI services. It serves as a resource for those who purchase healthcare, and value tobacco, alcohol and drug screening services. It is also a resource for providers who may wish to provide these services.

The website is co-sponsored by:

- The Alliance
- Business Healthcare Group
- Wisconsin Manufacturing and Commerce
- Wisconsin Medical Society

Please follow this link for additional information.
http://healthplansforbsi.org/

A Word from The WI SBIRT Program Coordinator

SBIRT and EAP

By Scott Caldwell, MA, CSAC,
SBIRT Coordinator, Bureau of Prevention, Treatment and Recovery, Division of Mental Health and Substance Abuse Services, WI Department of Health Services

With the emphasis on SBIRT demand promotion among employers, this is an interesting article, which appeared in the March-April 2011 issue of Addiction Professional online. The link to the article appears at the bottom of the page.

SBIRT reopens an EAP debate: Companies take different approaches to employee screening for alcohol problems by Patricia A. Herlihy, PhD, RN Screening, Brief Intervention and Referral to Treatment (SBIRT) and the related BIG (Brief Intervention Group) Initiative to advance use of screening/ brief intervention in the employee assistance program (EAP) industry have become a hot topic in workplace assistance. Many in the EAP field already have become familiar with SBIRT and its interviewing techniques designed for alcoholism screening. This has led to resumption of a debate about whether EAP work should adopt a single focus or a broad-brush approach, and a discussion of how SBIRT might fit into those respective scenarios....

Read more at http://www.addictionpro.com (Click on "SBIRT reopens an EAP Debate" in lower right corner).

Cultural Competence Update

Health Literacy: A Cultural Competence Approach

By Kevin Browne, Ph.D.,
WIPHL Consultant on Cultural Competence

According to the 2003 National Assessment of Adult Literacy, about 60 million American adults have limited health literacy, with 32 million of these being non-white and/or Hispanic. Those deemed to have low health literacy are also often among the most vulnerable people in the population. Health literacy may seem like a straightforward concept. That is, that health care providers need to assess patients' literacy level and provide appropriate materials. If we question the concepts of "health" and "literacy" further, however, a much more challenging and complex picture emerges, one that demands an integrated approach to providing culturally competent health care services.

Health literacy needs to be understood in the context of culture and language. Health literacy is not simply a characteristic of the individual, nor is it only related to one's capacity to read, understand, and act on health information. The care system, including the entire health care team and the overall organization are also fundamentally implicated in health literacy, in the demands placed on individuals and families to decode, interpret, and act on information.

Just as cultural affiliations are dynamic and highly diverse, so language distinctions need to be understood in the context of linguistic and conversational differences as well as reading level and other factors. The essential constructs of mainstream health care are often assumed to be shared by everyone, when in fact they are often poorly understood and may even be disputed by many patients and families. Different concepts of health affect the way in which information is received, processed, and implemented (or not).

Developing an integrated approach to health literacy is complicated and involves the entire health care organization, from senior management to the whole clinical staff (including pharmacists) to receptionists. It involves training and outreach to the community. It involves questioning assumptions about what we expect patients to know, learning patients' perspectives on illness (such as using the Explanatory Models approach), involving patients at all points in decision-making, developing new materials in languages, media, and literacy levels that patients understand, and continually assessing performance in overcoming these barriers and better serving patients.

Suggested reading:

Andrulis, DA, Brach C. (2007). Integrating literacy, culture, and language to improve health care quality for diverse populations. *Am J Health Behav* 31 (Suppl 1): S122-133.

Access to SBIRT Update

Health Educators Take Away Strength, Value, and Support from Retreat

By Mia Croyle, MA, and Laura Saunders, MSSW, WIPHL Site Operations

The recent Health Educator retreat was sadly, the final WIPHL Health Educator retreat. Over the two days that we spent together we focused on packing our bags with all the tools to sustain SBIRT services after our grant funding ends. We also focused on looking forward to the next step in our journeys of professional development. And we spent some time saying goodbye to people who started as co-workers ,and became our friends.

One activity that we used as a way to consolidate our professional identities, to share closure on this journey we've taken together, and to practice the MI skill of delivering quality affirmations, allowed our Health Educators to get a little "crafty" with a take-out container.

At the end of the first day of our retreat we gave each Health Educator a blank takeout container and invited them to decorate their container in a way that represented their identity as Health Educators.

At the beginning of the second day, we let the Health Educators know that we'd be inviting them later in the day to write affirmations to each other. This allowed them to be on a treasure hunt of sorts throughout the day, looking for the strengths and values in each other.

When we arrived at the end of our second day we invited the Health Educators to go around and place written notes of affirmation in each others' containers, filling them up with "leftovers" to take away from this experience.

Finally, we invited each Health Educators to share with the group their container and some of its contents.

WIPHL's amazing team of Health Educators

Here is a sampling of what we heard and saw:

- We're flying on our own wings now, going out on our own
- I made my carton upside-down because when I go in with a patient I have to empty myself, leave myself, my privilege, and my ideas at the door
- I've learned to roll with it and to relax
- I learned the very most from my patients.
- I left two sides of my carton empty as a blank slate for what's to come
- I need to use my heart to love – to be open to that

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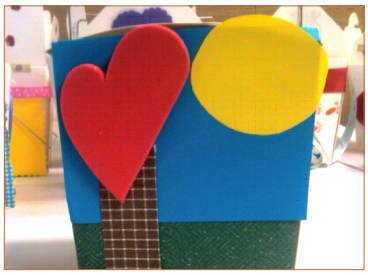
Access to SBIRT Update



- Reaching for the stars
- I made spirals because behavior change is never linear, people come back to me, sometimes in better shape, sometimes worse, but they come back
- This job absolutely requires me to be creative
- What an experience!
- I've learned to go with the flow
- I've never been so unsure before, and I made it through
- I put a "?" to remind me to ask open-ended questions and be curious
- This work requires me to put my whole heart into it to be successful
- A picket fence across the bottom represents the American Dream and patients have to define that dream for themselves
- I drew swirly lines to represent the turmoil in the life of patients
- I put a crown to represent that patients are the kings of their own lives, in charge of their own destiny
- I drew paths—everyone is on their own different path, some stumble or go around in circles
- On the bottom I put a heart because you have to have a heart at the bottom of it all
- We've been on a journey, our patients are on a journey, none of us knows for sure where the journey will go next
- I put a "?" to show that I don't have all the answers and that is OK
- I put two hands to show that I am a helper
- I put a butterfly to symbolize transformation and change
- I drew circles and bubbles to remind me to stay optimistic at work

Month end data

Year 5 Month 7

March 15, 2011 – April 14, 2011

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Complete*
Aurora Sinai Family Care Center (0.9 FTE)	104	92	88.5%	33	35.9%	35	106.1%
Aurora Sinai Women's Health Center (0.9 FTE)	113	107	94.7%	22	20.6%	31	140.9%
Aurora Walker's Point (0.9 FTE)	223	223	100.0%	66	29.6%	55	83.3%
Baldwin Area Medical Center	747	209	28.0%	64	30.6%	4	6.3%
Beloit Area Community Health Center	171	167	97.7%	46	27.5%	42	91.3%
Columbia St. Mary's	181	161	89.0%	55	34.2%	46	83.6%
Family Health/ La Clinica (0.5 FTE)	141	137	97.2%	26	19.0%	17	65.4%
Gundersen Lutheran Family Med	176	158	89.8%	27	17.1%	13	48.1%
Gundersen Lutheran Trauma Center - Adolescent	2	0	0.0%	0	0.0%	0	0.0%
Gundersen Lutheran Trauma Center - Adult	77	N/A	N/A	N/A	N/A	73	94.8%
Health Care for the Homeless	199	199	100.0%	74	37.2%	68	91.9%
Menominee Tribal Clinic	216	170	78.7%	47	27.6%	44	93.6%
Milwaukee Health Services, Inc. (0.3 FTE)	20	0	0.0%	0	0.0%	1	0.0%
Northeast Family Medicine	241	206	85.5%	78	37.9%	60	76.9%
Scenic Bluff's Community Health Center (0.2 FTE)	29	29	100.0%	15	51.7%	2	13.3%
Waukesha Family Practice Center	155	151	97.4%	37	24.5%	33	89.2%
Grand Totals	**2,795**	**2,009**	**71.9%**	**590**	**29.4%**	**524**	**88.8%**

*Eligibility varies by clinic

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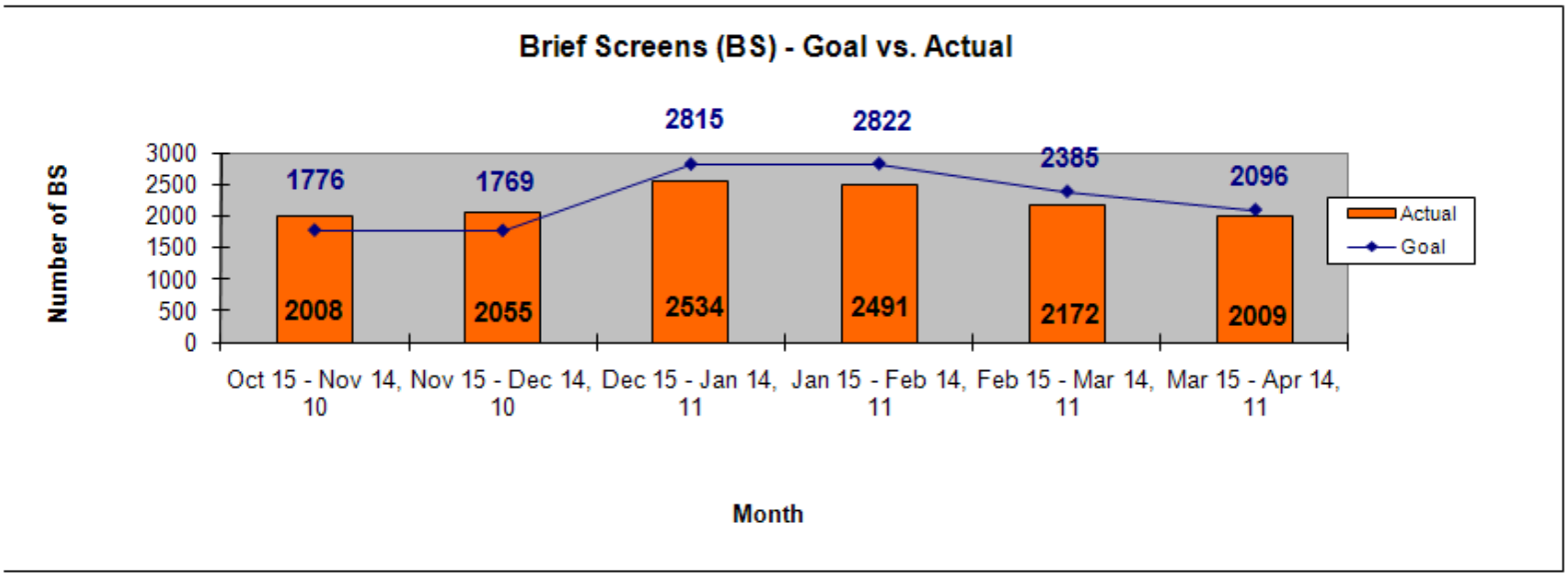
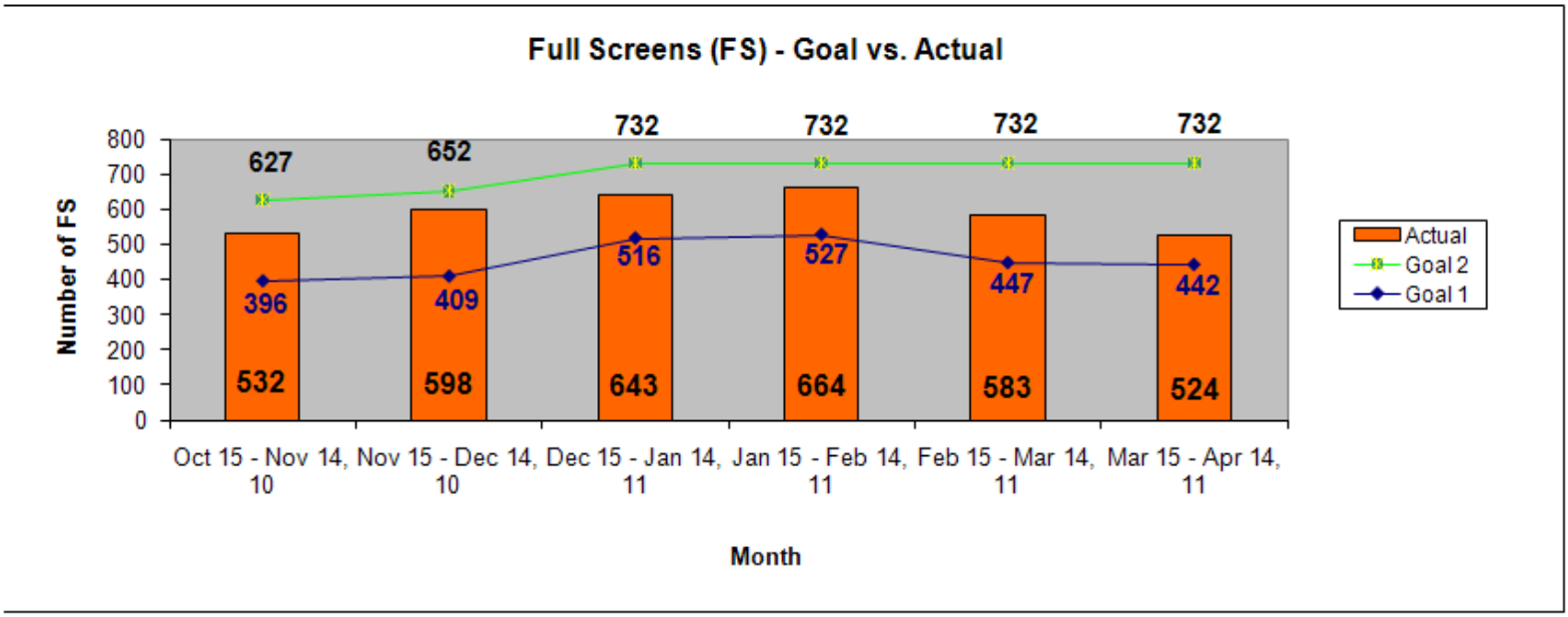
6 month wrap-up



Actual: Number of brief screens completed
Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed
Goal 1: Year 5 (Sept 15, 2010 - May 14, 2011) - Full screen 75% of patients who brief screen positive
Goal 2: Year 5 (Sept 15, 2010 - May 14, 2011) - Number varies by site based on start date

Announcements

WIPHL Welcomes Jonathan Zarov to Our Staff

On March 29, 2011, Jonathan Zarov began work with WIPHL as a communications specialist promoting Brief Screening and Intervention (BSI) services in Wisconsin. Jonathan's position is funded by a grant from the Agency for Healthcare Research and Quality (AHRQ), which is part of the US Department of Health and Human Services.

The 3 year AHRQ grant focuses on expanding dissemination of screening and intervention for alcohol abuse, drug abuse and depression in primary care clinics in Wisconsin, Minnesota and Pennsylvania and helping them implement behavioral health screening and early intervention. Grant activities will focus on technical assistance in training practice teams, building patient and community awareness, developing patient registries to track patient progress and working with clinics and insurance companies to assure appropriate reimbursement.

Jonathan has recent experience providing marketing services for a local tech startup and serving as Overture Center's VP of marketing. Prior to those positions, he spent a decade in health communications at University Health Services, with heavy emphasis on reducing harms associated with high-risk drinking. He has extensive experience in strategic marketing, branding, media advocacy, writing/editing, and creating marketing and communications vehicles. He's happy to return to the "meaningful work of health and prevention."

Welcome, Jonathan!

The Last Word

Life's too short

From a Health Educator in Southwest Wisconsin

An elderly man was seen by the Health Educator (HE) due to a positive brief screen. The patient and the HE completed the full screen and it was determined that this patient was likely alcohol dependent. The patient and his wife both agreed with this risk assessment. The patient stated, "I'm going to die if I don't quit and get healthy, I just don't know how to do it." This couple didn't have insurance and had limited wages. The HE helped them arrange for a referral to treatment and the couple was excited for him to finally be getting the help he wanted. The patient kept saying "without coming here today who knows what I would do." The HE ran into the wife of the patient weeks later, and she shared that the patient had checked himself into detox two days after they had met. Upon admission they ran some tests because he had a cough. Those tests led to a diagnosis of lung cancer. Sadly, the patient died three months later, but the wife reports that he didn't have a drink since the day he left the HE's office.

The WIPHL Word 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 our editor, Chanda Belcher, at chanda.belcher@uwmf.wisc.edu.