The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

WIPHL Gets Results!

By Richard L. Brown, MD, MPH
Clinical Director

Many people who hear about WIPHL assume that it's a research project, but it isn't. Numerous studies already have shown that alcohol screening identifies most risky and problem drinkers. Many randomized controlled trials have shown that alcohol interventions decrease risky and problem drinking and related healthcare utilization, car crashes, crime, and costs. And a growing literature suggests that these services are useful for drug users as well.

WIPHL's primary goal is to provide these services to more than 100,000 patients in Wisconsin. It's a service delivery project, not a research project. Nevertheless, every so often it's nice to make sure that our services are making a difference.

Our evaluation team at the UW Population Health Institute recently completed an analysis of our six-month follow-up data. They have been making follow-up phone calls to a randomly selected group of our patients and comparing their drinking at two time points—when they first meet with WIPHL health educators and six months later.

They recently analyzed data on 311 patients. Over half (58%) were female. There were 18% of ages 18 to 24, 27% from 25 to 35, 48% from 36 to 64, and 7% of age 65 and up. About two patients in seven were of racial or ethnic minorities: 14% African-American/black, 6% Native American, 6% Hispanic, and 2% multiple races.

One set of findings involves a drop in the frequency of drinking. The proportion of "daily, almost daily, or weekly" drinkers decreased from 66% to 58%. Drinking between five and seven days a week decreased from 15% to 10%.

We also found decreases in regular consumption. Before exposure to WIPHL, 52% of women typically drank four or more standard drinks when they drank. Six months later, that proportion dropped to 36%. Similarly the proportion of men who typically drank five or more drinks fell from 36% to 28%. These decreases are important, because these amounts of alcohol are the amounts that put average individuals at risk for negative health and social consequences.

Furthermore, there were decreases in maximal consumption in the past three months. The proportion of women who exceeded four drinks at least once dropped from 90% to 69%. The same figure for men decreased from 85% to 75%.

We had too few patients in our follow-up pool to assess for changes in use of various drugs. However, 10 out of 21 "daily or almost daily" marijuana users reduced their marijuana use to less than "almost daily."

Of course, these numbers are only a sterile indication of the lives we are touching one by one through our services. Across Wisconsin, we are improving health outcomes, strengthening families, making our communities safer, enhancing workplaces, and saving money.

It's a great privilege for me to serve in a leading role for a program that's doing so much good. Many thanks to our health educators, other providers and staff at our affiliated clinical sites, the WIPHL team here in Madison, our partners at the Wisconsin Department of Health Services, and our funders in Washington for this wonderful opportunity to serve others so well.

Project Manager Update

Regional Summits to Sustain SBIRT Momentum

By Candace Peterson, PhD

The Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL) is partnering with the Wisconsin Medical Society and the Wisconsin Safety Council, a member group of Wisconsin Manufacturers and Commerce, to hold four regional events in late August and early September. The events will be co-sponsored by the Wisconsin Department of Health Services. The overall objective is to increase understanding of and support for SBIRT and to promote demand for SBIRT services, especially with businesses and key health care funders. The events will be held in Madison, Milwaukee, the Fox Valley and Wausau; we hope to attract 200 attendees.

Alcohol and drug misuse is a major public health problem that is the fourth leading cause of death and hospitalization in Wisconsin; one out of four Wisconsin residents engage in illicit drug use or alcohol use to a degree defined as "at risk" by the National Institute on Alcohol Abuse and Alcoholism.

For those who pay for insurance for their employees, and those companies who provide health care insurance, this is of special concern. Alcohol and drug misuse results in lost productivity, higher health insurance premiums, and other expenses for Wisconsin employers, and more than $5 billion each year paid by our health care, social services, and criminal justice systems. We want this audience to know that the effectiveness of SBIRT has been demonstrated in numerous studies, and that it is considered best practice by leading national medical associations for identifying and treating substance misuse even at an early stage.

Specifically, with this series of regional events WIPHL plans to:

- Introduce SBIRT as a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for people with substance use disorders.
- Impart the key aspects of SBIRT
    - The prevalence, impacts, and economic costs of employees' and their dependents' unhealthy behaviors and behavioral conditions.
    - Current approaches to address these behaviors and conditions and their limitations
    - A new approach—systematic screening and intervention in healthcare settings—and its advantages in effectiveness and return on investment.
    - Experience from WIPHL's current statewide SBIRT initiative in 20 diverse healthcare sites, where 80,000 patients have been screened.
    - The potential for collaboration among purchasers, payers, and providers to improve health, safety, and productivity.

One of our partners, the Wisconsin Safety Council (WSC) has been helping organizations address safety and health since 1923, and is perhaps the state's strongest advocate for preventing and mitigating human and economic losses arising from preventable causes. WSC is a nonprofit, non-governmental affiliate of the Wisconsin Manufacturers and Commerce Foundation (WMC). WSC/WMC will help disseminate information about these regional conferences, as well as SBIRT information and resources, to their network of more than 80,000 members and associates. WSC/WMC also will identify and invite a number of influential individuals from various sectors, including third party administrators, self-funded employers, health care payors and purchasers, healthcare provider organizations, local Chambers of Commerce, and local Safety Councils.

We're looking forward to a fruitful string of gatherings and thank all our partners for their expertise and support.

Health Education Update

Health Educators Pack and Unpack Bags in Madison

By Laura Saunders

The WIPHL health educators were in Madison on April 14, a lovely, summer-like, day for our spring retreat.

The opening exercise asked health educators to take out and tell the group about three defining items from their purses, pockets, or bags. Metaphorically, we all carry things that define us, remind us of what is important, and reassure us. For a number of us it was lip balm, for others it was a cell phone, a stack of library cards, or a magazine about raising poultry.

The skills, talents, knowledge, experiences, and emotions that we carry define us as well. We carry these things with us. Despite our own loads, as helpers we're often called upon to help carry a part of the load for our patients. The stuff that they need us to carry can be bulky, sharp, or just hard to manage. It might not be easy and can get downright unwieldy.

To strengthen our ability to carry some of the difficult things patients share, the health educators were invited to participate in an exercise in which they paired up with someone they knew less well and practice listening. The speaker was asked to tell the listener about something difficult that they had experienced in their life. The listener was to listen with curiosity, genuineness, undivided attention, and honor.

It's easier to lose your baggage on a beautiful spring day!

Photos by Celeste Hunter

After the exercise, the speakers observed that it was good to have someone listen, it was comfortable, and that it was easy to keep talking to these enthusiastic listeners. The listeners noted that they showed respect by letting the speakers tell their story and they were able to set aside their worries about what to say next. This allowed them to really listen.

The day had clear implications for our work with patients. To best serve our patients, we need to decide what to bring into the room and what to check at the door. We need our arms open for taking on the patients' "stuff." To be there for them, we need to listen to their stories with our hearts. When we listen with our hearts, respond with our hearts, and get out of our heads, we're likely to form a meaningful alliance with patients who so desperately need to lighten their loads.

Cultural Competence Update

Webinar Series Offers Cutting-Edge Info

By Harold Gates

This month I'd like to draw your attention to DiversityRx, a collaboration between Resources for Cross Cultural Health Care and Drexel University's School of Public Health Center for Health Care Equity. DiversityRx offers a range of useful resources for people who are learning about and teaching cultural competence.

Among the most useful resources is "Your Voice," a webinar series that runs through June. Early this month one of these webinars (the sixth in the series) rolled out the National Committee on Quality Assurance's (NCQA) Multicultural Health Care Standards. This is the latest in initiatives that provide incentives and move us closer to accreditation standards for cultural competence in health/behavioral health care organizations.

The webinar, called "NCQA Multicultural Health Care Distinctions Program," provides an opportunity to get an insider's look at the standards, how they were developed, and the implications for health care organizations. Participants review the process of how ideals and goals mesh with today's practical realities to develop viable standards. Those standards, it is hoped, will guide organizations toward improving cultural and linguistic services and reducing health disparities. It offers an update on what health care organizations are doing and what changes are needed to meet the standards today and as they evolve.

Resources include a recording of the online workshop and presentation slides to download for future reference. There is also an abbreviated copy of the standards that allows you to see a step-by-step approach to incorporate them into the organizational structure of your clinic. You can access these resources and more at www.diversityrxconference.org/webinar6/.

On April 16, DiversityRx presented Webinar 7: "New Joint Commission Standards to Improve Patient-Provider Communication." This webinar discusses the Joint Commission's new and revised hospital accreditation standards to improve patient communication. In addition, the Joint Commission is releasing a free resource, Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals. Hearing about the new accrediting standards can inspire hospitals and other health care organizations to improve the quality and safety of care to all patients. The Roadmap resource was developed in conjunction with the National Health Law Program. Webinar 7 can be found at www.diversityrxconcerence.org/webinar7/.

I encourage you to visit the site. It complements the Culture Care Connection website that I reviewed in last month's WIPHL Word.

Finally, DiversityRx offers information about the Seventh National Quality Health Care for Culturally Diverse Populations Conference taking place at the Baltimore Renaissance Harborplace Hotel, October 18-21. You can review the 2010 Conference Objectives on the DiversityRx website and perhaps consider attending.

As always, if you would like technical assistance in implementing your cultural competence plans, please e-mail me at Harold.Gates@fammed.wisc.edu or call me at (608) 265-4032.

Month End Data

Year 4 Month 7
March 14–April 15, 2010

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Aurora Sinai Family Care Center (0.9 FTE)	134	126	94.0%	49	38.9%	53	108.2%
Aurora Sinai Women's Health Center (0.9 FTE)	210	177	84.3%	62	35.0%	60	96.8%
Aurora Walker's Point (0.9 FTE)	196	196	100.0%	65	33.2%	60	92.3%
Beloit Area Community Health Center	298	277	93.0%	90	32.5%	82	91.1%
Columbia St. Mary's	210	183	87.1%	73	39.9%	58	79.5%
Dean East	277	269	97.1%	106	39.4%	99	93.4%
Family Health/ La Clinica (0.5 FTE)	146	143	97.9%	36	25.2%	16	44.4%
Gundersen Lutheran Family Medicine	217	200	92.2%	65	32.5%	34	52.3%
Gundersen Lutheran Trauma Center	113	n/a	n/a	n/a	n/a	107	94.7%
Marshfield - Minocqua Center (0.9 FTE)	308	280	90.9%	67	23.9%	52	77.6%
Menominee Tribal Clinic	415	337	81.2%	88	26.1%	80	90.9%
Milwaukee Health Services, Inc. (0.3 FTE)	19	8	42.1%	5	62.5%	2	40.0%
Northeast Family Medical Center	340	288	84.7%	93	32.3%	92	98.9%
Scenic Bluffs Community Health Center (0.2 FTE)	14	12	85.7%	2	16.7%	1	50.0%
St. Joseph's Community Health Services - Adolescents	190	190	100.0%	50	26.3%	37	74.0%
St. Joseph's Community Health Services - Adults	10	9	90.0%	0	0.0%	0	0.0%
Upland Hills Health	153	139	90.8%	35	25.2%	23	65.7%
Waukesha Family Practice Center	176	170	96.6%	53	31.2%	45	84.9%
Grand Totals	**3,426**	**3,004**	**87.7%**	**939**	**31.3%**	**901**	**96.0%**

*Eligibility varies by clinic

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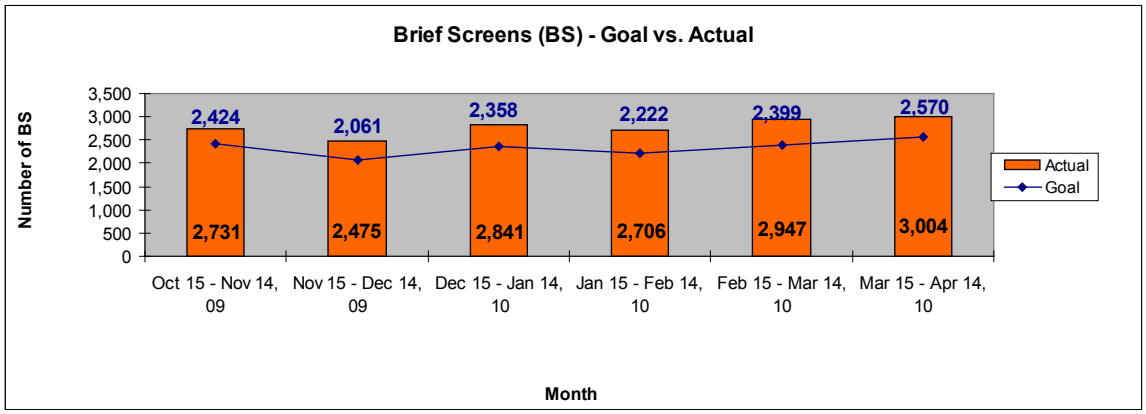
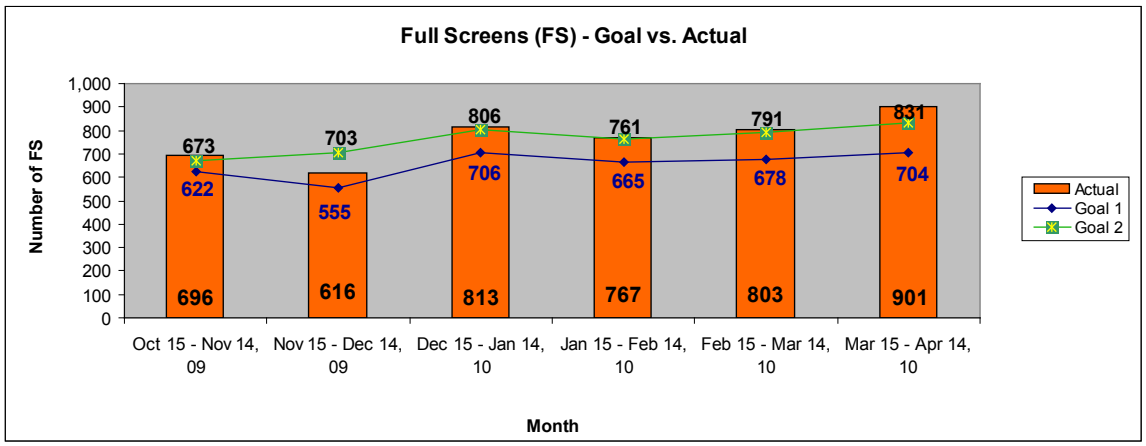
Six-Month Wrap-Up



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



Actual: Number of full screens completed

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

Goal 2: Year 4 (Sept 15, 2009 - Sept. 14, 2010) - Number varies by site based on start date

The Last Word

Sooner than she thought...

At a clinic in northern Wisconsin

A 71-year-old male was drinking quite heavily—six drinks a day, seven days a week. His provider had been trying for years to get him to stop drinking, but the patient knew he couldn't "just quit" altogether—so he didn't listen to his doctor.

A positive brief intervention led to a meeting with a health educator, who shared information about the effects of drinking on his health along with recommended drinking guidelines. He expressed a desire to start cutting down, but he wanted to go it alone rather than work with the health educator. He didn't even want the health educator to contact him. He did, however, accept her business card.

"I felt a little frustrated when he left because I was concerned he would go home and NOT make any changes," the HE says.

But only two hours later, the patient called her.

"He told me that he went home and while eating lunch he really thought about what I said," the health educator recounts. "He asked some questions and then asked for my help in coming up with a plan to start cutting down on his alcohol. We formed a change plan that same week, and now, one month later, he is still following it."

The patient doesn't meet with the health educator in person. But now he's fine with her calling him to check in.

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.