The WIPHL Word
Wisconsin Initiative to Promote Healthy Lifestyles

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The Director's Desk

Is anyone else simply overwhelmed lately with all the news?

By Richard Brown, MD, MPH,
WIPHL Project Director

Even before all the recent events, life seemed busy, complex and stressful enough. Working in busy healthcare settings is demanding on a daily basis, as providers and staff are challenged to provide the best possible care to large numbers of patients and respond to growing administrative burdens, yet project empathy and a sense of genuine caring. And trying to improve care delivery systems in those settings, from within or without, can be frustrating and exhausting.

Then came the Wisconsin budget battle. Whether you're more concerned about heightened economic stress for many Wisconsin residents, collective bargaining rights, the debt we continue to generate for future generations, or a combination, tensions and frustrations have certainly been high for all.

That news has been drowned out somewhat by the struggle for freedom in Libya. People who have long been under the thumb of a brutal dictator were boldly asserting their autonomy and making progress, but prospects for long-term gains seem to be dimming.

But now the news is dominated by the earthquake and tsunami in Japan. Thousands have died. The catastrophic loss and ongoing suffering is unimaginable. And millions are living in fear of a potentially horrific nuclear tragedy.

For me, this occurs as I prepare to teach first-year medical students about health professional impairment and recovery. This year's session will take on a new dynamic in light of the new state law that requires physicians to report to authorities their peers who may be putting their patients at risk because of impairment due to alcohol, drugs, or other mental health or health problems.

Personally I support this law, as patient safety must come first. But as the law tightens the screws for professionals who are already stressed, is there a concomitant bolstering of supports? No. And of course, physicians are clearly a privileged group. What about stresses and supports for other healthcare professionals, and the patients we all care for?

Take, for example, our own wonderful Health Educators, who have worked heroically to support so many needy and grateful patients. A few are secure in their positions, but others await information on continuing funding and institutional support. We were promised that we'd have some news by now, but the federal government grinds at its own pace.

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And today, despite mental health parity legislation, a report documents that access to mental health services is continuing to decline, because of our economic downturn and ironically in spite of the stresses it brings.

For better or worse, we need to get back to basics in self-care and care for our patients. Yes, be a concerned citizen. Yes, empathize with others who suffer. But let's not take ourselves too seriously. Let's continue to find ways to laugh and enjoy ourselves. Engage in physical activity. Plan fun. Find ways to relax. Limit maladaptive behaviors, including drinking, drug use and overeating. Enjoy and lean on loved ones. And if that doesn't work, seek help.

Our stresses, concerns, dreams and aspirations are not to be ignored or suppressed. They are real. They are to be acknowledged and honored. At the same time, we must remember that we're not in Ras Lanuf, Libya, or Minamisanriku, Japan. In at least some ways, we are more fortunate than most humans on this planet. We are fortunate to live in a country, which despite all its faults, is the envy of many others.

Please take care of yourselves. And if you're OK, reach out to others. We will get through this. The pendulum will swing. There will be better times. In the mean time, thanks for all you continue to do to bring valuable, caring and supportive services to patients across Wisconsin.

Project Manager Update

30 Million Drove "Under the Influence" Last Year

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

Recent data released from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that 30 million people drove "under the influence" last year. SAMHSA and the White House Office of National Drug Control Policy have made prevention of impaired driving a national priority. Implementing SBIRT in health care settings is one strategy that could help prevent and reduce impaired driving.

The most recent SAMHSA National Survey of Drug Use and Health reports state by state estimates of drunk and drugged driving. You can view the report at SAMHSA's Center for Behavioral Health Statistics and Quality at http://oas.samhsa.gov/2k10/205/DruggedDriving.cfm

Combining 2006 to 2009 data, the NSDUH report indicates that nationally, 13.2 percent of people age 16 or older (approximately 30.6 million people) drove under the influence of alcohol in the past year. About 10.1 million people, or 4.3 percent, drove under the influence of illicit drugs. Unfortunately, in viewing statistics by state from 2006-2009, the rate of drunk driving was the highest in the nation in Wisconsin, at 23.7 percent.

Motor vehicle crashes are the leading cause of death among those age 5-34 in the U.S.[1] More than 2.3 million adult drivers and passengers were treated in emergency departments in the US as the result of being injured in motor vehicle crashes in 2009.[2] The economic impact is also notable: the lifetime costs of crash-related deaths and injuries among drivers and passengers nationally were $70 billion in 2005.[3]

The nation's health care system can play a much bigger role in reducing impaired driving and in solving what is typically seen as solely a law enforcement issue. Well over half of individuals who cause alcohol-related traffic crashes have never before been arrested for impaired driving. So even if society was successful in reducing recidivism among DUI offenders, impaired driving would continue to kill and injure large numbers of Americans.

However, if more Americans who are at high risk for alcohol problems were routinely screened in primary care medical settings and referred to appropriate levels of intervention, many of the impaired drivers who avoid arrest could be treated before they cause a car crash. In addition, other alcohol-related problems could be reduced.

References

1. CDC. WISQARS (Web-based Injury Statistics Query and Reporting System). Atlanta, GA: US Department of Health and Human Services, CDC; 2010. Available at http://www.cdc.gov/injury/wisqars. Accessed October 12, 2010.

2. CDC. Vital Signs: Nonfatal, motor vehicle-occupant injuries (2009) and seat belt use (2008) among adults—United States. *MMWR* 2011; 59.

3. Naumann RB, Dellinger AM, Zaloshnja E, Lawrence BA, Miller TR. Incidence and total lifetime costs of motor vehicle-related fatal and nonfatal injury by road user type, United States, 2005. *Traffic Inj Prev* 2010;11:353-60.

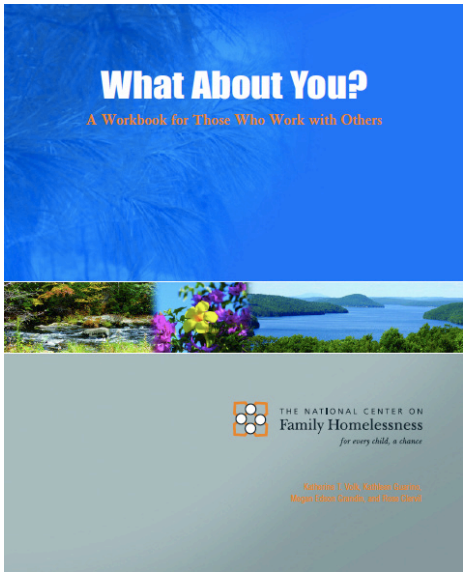
Access to SBIRT Update

Taking Care of Ourselves

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

Rich Brown's article this month highlights the overwhelming experience of life in these modern times, and the demanding nature of healthcare work. Mindful of these stresses, the Site Operations Team would like to offer some thoughts on self-care for practitioners, and a link to a valuable reference.

Self-care at its best is more than an "emergency response plan" to be activated when stress becomes overwhelming. Self-care is most effective when approached proactively, not reactively. It involves the basics of eating right, getting enough physical activity and rest, and avoiding problematic use of alcohol, drugs and other unhealthy behaviors—and at its best it also involves deeper, more reflective practices. In this way it can be a process by which we renew our spirits and become more resilient.



The National Center on Family Homelessness has developed a workbook that provides information about self-care for anyone and everyone.

Experts encourage practitioners to remember the ABC's of self-care: awareness, balance, and connection.

AWARENESS: By quieting our busy lives and taking a moment to slow down, we can develop an awareness of our own needs, and then act accordingly Too often we act first, without true understanding, then wonder why we feel more burdened than relieved. An awareness of yourself and your reactions may come naturally to you, or it may be something you enlist the help of a person outside yourself to help you sort through.

BALANCE: Self-care is a balancing act. This balance guides decisions about embracing or relinquishing certain activities, behaviors, or attitudes. It informs how we give attention to the physical, emotional, psychological, spiritual, and social aspects of our own being. Only you know the equation of work, play and rest that helps you bring your best self to all three dimensions.

CONNECTION: Healthy self-care involves being connected in meaningful ways with others and to something larger. We grow and thrive through connections that occur in friendships, family, social groups, nature, recreational activities, spiritual practices, therapy, and a myriad of other ways.

There is no one formula for effective self-care. Each of our "self-care plans" will be unique and change over time. As we seek renewal in our lives and work, we can listen well to our own bodies, hearts, and minds as well as to trusted friends—all of these things can guide us in our life journey to take good care of ourselves.

Adapted from The *ABC's of Self-Care* by Laura M. Gillis from The Homelessness Resource Center www.nrchmi.samhsa.gov

The National Center on Family Homelessness has developed a workbook that provides information about self-care for anyone and everyone. It can be downloaded for free here: http://508.center4si.com/SelfCareforCareGivers.pdf

Month end data

Year 5 Month 6

February 15, 2011 – March 14, 2011

Clinics	*Eligible for BS**	*Completed BS*	*% BS Completed*	*Positive BS*	*% BS Positive*	*Completed FS*	*% FS Completed*
Aurora Sinai Family Care Center (0.9 FTE)	136	106	77.9%	25	23.6%	46	184.0%
Aurora Sinai Women's Health Center (0.9 FTE)	131	127	96.9%	31	24.4%	47	151.6%
Aurora Walker's Point (0.9 FTE)	200	198	99.0%	78	39.4%	72	92.3%
Baldwin Area Medical Center	970	241	24.8%	50	20.7%	4	8.0%
Beloit Area Community Health Center	155	155	100.0%	36	23.2%	25	69.4%
Columbia St. Mary's	236	228	96.6%	68	29.8%	65	95.6%
Family Health/ La Clinica (0.5 FTE)	131	122	93.1%	23	18.9%	8	34.8%
Gundersen Lutheran Family Med	233	207	88.8%	55	26.6%	28	50.9%
Gundersen Lutheran Trauma Center - Adolescent	1	0	0.0%	0	0.0%	0	0.0%
Gundersen Lutheran Trauma Center - Adult	94	N/A	N/A	N/A	N/A	87	92.6%
Health Care for the Homeless	164	163	99.4%	66	40.5%	66	100.0%
Menominee Tribal Clinic	224	184	82.1%	38	20.7%	30	78.9%
Milwaukee Health Services, Inc. (0.3 FTE)	20	0	0.0%	0	0.0%	1	0.0%
Northeast Family Medicine	209	180	86.1%	56	31.1%	46	82.1%
Scenic Bluff's Community Health Center (0.2 FTE)	26	26	100.0%	7	26.9%	0	0.0%
Waukesha Family Practice Center	250	235	94.0%	64	27.2%	58	90.6%
Grand Totals	**3,180**	**2,172**	**68.3%**	**597**	**27.5%**	**583**	**97.7%**

*Eligibility varies by clinic

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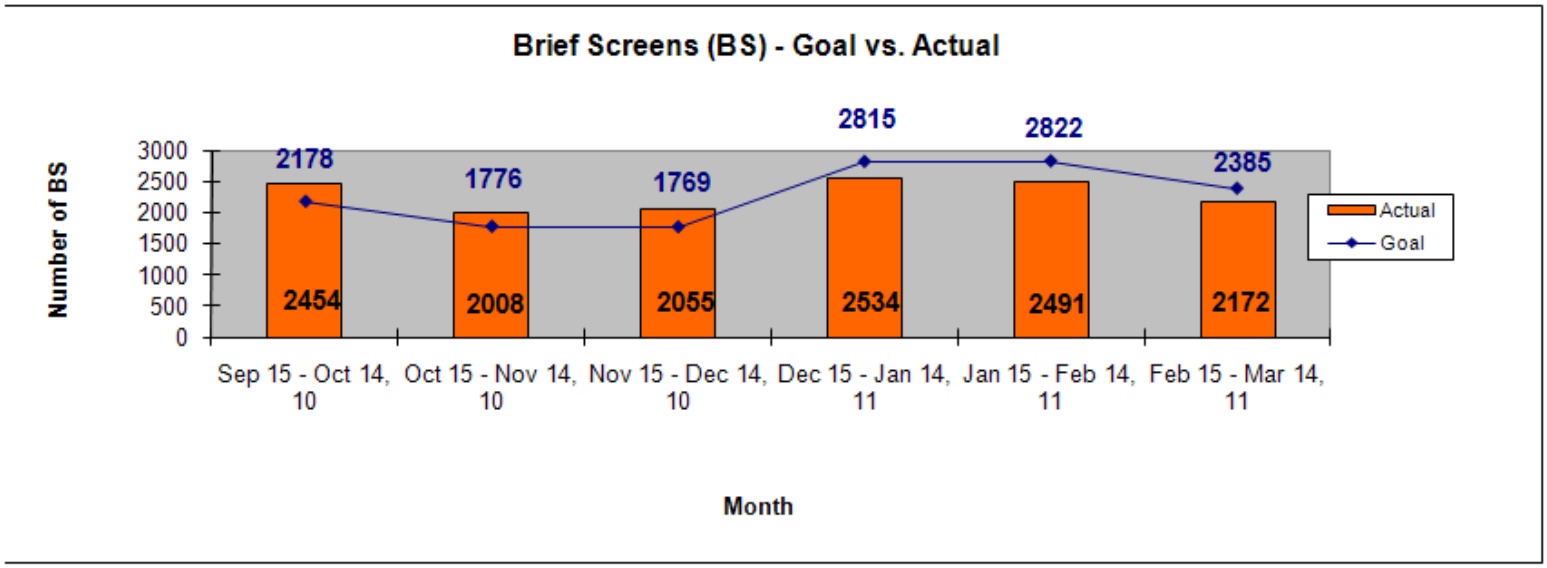
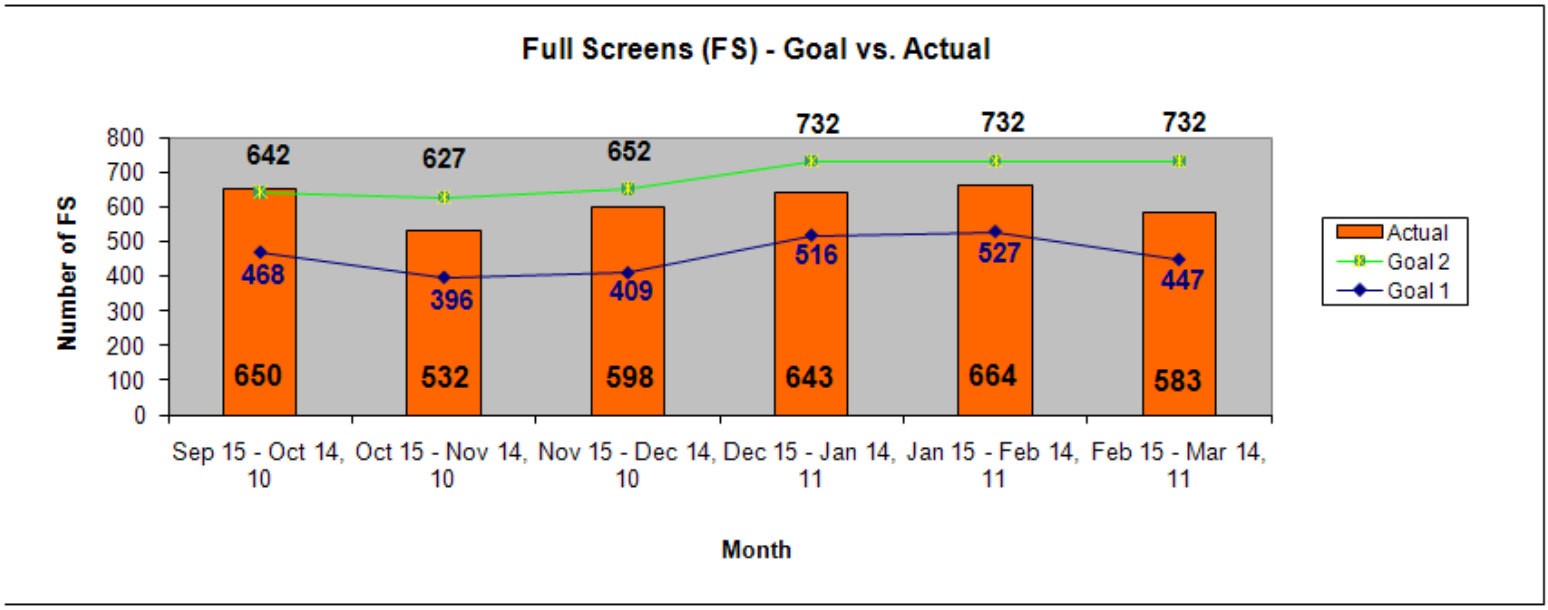
6 month wrap-up



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

Cultural Competence Update

Cultural Competence and the Explanatory Models Approach

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

One of the challenges facing health care practitioners who work to provide culturally competent services is how to avoid the tendency to reduce culture to a "trait list", synonymous with race, ethnicity, nationality, and language. For example, that all "Mexican" or "Chinese" patients are assumed to share a definable and bounded set of traits that are distinct from other groups. From a trait list approach it easily follows to adopt a "do's and don'ts" with respect to each group.

Explanatory Models, as originally proposed and developed by Arthur Kleinman (e.g. 1981, 1988), is an interview approach to help understand the patient's social world and how it affects their current illness episode. Questions are asked such as "What do you call this problem?"; "What do you think caused this problem?"; "How does this problem affect your body and mind?"; and "What do you fear most about this condition and about treatment?", among others. This approach is an opening to a meaning-centered conversation rather than a kind of measurement or disease category.

Cultural factors are not always central to the experience of an illness episode. The trait list approach would likely miss this understanding. Using explanatory models as the beginning of a conversation is a collaborative inquiry, in which clinicians partner their own expertise and knowledge with that of the patient and their social world. It also helps to frame the practice of cultural competence as an on-going process of inquiry rather than a static skill to be learned and then deployed.

References:

Kleinman, Arthur (1981). Patients and healers in the context of culture: An exploration of the borderland between anthropology, medicine, and psychiatry. Berkeley: University of California Press.

Kleinman, Arthur (1988). The illness narratives: Suffering, healing, and the human condition. New York: Basic Books.

The Last Word

From a Health Educator in Western Wisconsin

An 84 year old man was seen by a Health Educator. He was drinking about 4 standard drinks almost every day. He indicated that he wasn't interested in making a change at that time and the Health Educator gave him contact information so he could follow up if he wanted. Several months passed before the Health Educator received a call from this patient. The patient started out by saying, "I have two things to share with you, one I am ashamed of and one that I am very happy about." He said that he got extremely intoxicated on July 4th to the point where he fell and got hurt. This is where he realized how much he was hurting his grown children and knew it was time for a change. July 4th was the last day he had anything to drink. He said, "every day is a struggle to fight the urge and to prevent myself from drinking." He is now attending support groups and said that he feels better all around and he has begun restoring relationships with his family. He told the Health Educator that he really appreciated meeting with someone that talked with him about his drinking and was there to listen, even though he was not ready to make a change at that time.

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