The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

May 2009 www.wiphl.org Volume 3 No. 5

The Director's Desk

WIPHL Works!

By Richard L. Brown, MD, MPH
Clinical Director

At our statewide meetings and In previous editions of the WIPHL Word, our health educators have recounted numerous and wonderful stories of patients who have benefited from WIPHL services. Last month we learned that our patients are giving WIPHL services high marks. Now we also have some outcome data on our patients' drinking.

Why did it take this long? We've been a bit hamstrung by competing regulatory requirements. To avoid having patients complete lengthy consent forms with their brief screens, we had to design our data collection procedures so they'd be exempt from Institutional Review Board (IRB) oversight. To gain IRB exemption, we had to limit our data collection to that required by our federal funding agency. Thus, we could only conduct six-month follow-up interviews on a small proportion of our patients, and our initial recruitment system had some gaps.

At this point, we've conducted six-month follow-up interviews with 181 patients and analyzed data from 143 of them. We compared follow-up information on substance use to the information they gave health educators at their initial visits. So far there are sufficient numbers of patients to report only on alcohol use in the prior three months.

Here are our key findings so far:

1. Total abstinence rates increased from 4% to 8%

2. The prevalence of daily drinking declined from 17% to 12%

3. The percentage of patients whose maximal drinking in a day exceeded four drinks dropped from 92% to 77%

So far the improvements in drinking are modest but promising. Early indications are that our results have improved with time. This should come as no surprise, as we've greatly improved our health educator training and computer tablets over the last two years. So if our current level of effectiveness continues, we can expect to see stronger findings in the future.

As we acquire data from more patients, we'll look forward to learning whether our effectiveness varies by age, gender, race, and ethnicity. We'll also be able to determine whether our services are helping patients reduce risky and problem drug use.

It's taken a lot to get to this point. Holly Prince and her team at Symphony Corporation have modified our tablet system to enhance service delivery and follow-up interview recruitment. Thanks to them, our funding agency now recognizes WIPHL as a national leader for our follow-up interview tracking system. Our health educators are doing a great job obtaining written consent from patients to participate in follow-up interviews. Our evaluation team, headed by Paul Moberg and Robin Lecoanet, tracks those patients, conducts the interviews, enters the data, and conducts the analysis. And of course none of this could happen without the cooperation of our many clinical settings around the state. Thanks to hundreds of you for making WIPHL work!

Health Educator Update

One Last Chance

By Laura Saunders

The WIPHL health educators gathered in Tomah the day before the statewide meeting. We worked hard all day and then rewarded ourselves with an informative and relaxing tour of Amish country.

Audiotapes from sessions with patients had led me to wonder if our health educators would welcome a training update on the directive part of motivational interviewing (MI). With assistance from co-trainer Scott Caldwell, we put together a workshop to deal with the last 60 seconds of the patient/health educator encounter.

To set the stage, we discussed the WIPHL brief intervention from the patient's perspective and the health educator's perspective. The results of that discussion are shown in the table below.

How can we help ourselves to deal with our own reactions when patients do these things? How can we be more comfortable?	• Be confident • Deliver the info • Be empathetic • Be patient, don't jump in and respond for them • Be informed about the patient's other health problems in advance, if possible
What is driving the patient response?	• Hearing uncomfortable things • Cross-cultural encounters • Knowing they need to change but not yet ready • People come to clinic/hospital for a different problem, not to see a health educator • Fear about being asked about drug use • Distrust, guilt, shame, stigma • Denial or indifference: "Everyone else drinks more than I do"
What do we do in response?	• Depends on patient's tone, body language • Level of resistance • Try and make a connection with the patient's health conditions • Try not to push info, respond where the patient is at
What can we do to help them overcome their discomfort?	What can we do specifically to help patients overcome whatever has caused them to show these attitudes? • Empathy • Be directive • Examine both sides of ambivalence • Respect autonomy • Normalize • Watching out for a premature focus

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You can see that before we started the review, the HEs had a pretty good idea of what to do with these patients!

What we focused on was figuring out the fine line between being 100% patient-centered and being directive. While we want to respect the patient's wishes, it is the health educator's job to reduce resistance and elicit change talk. Rolling with ambivalence is not a good strategy!

We generated the following list of closing strategies, used them in a few exercises, and closely re-examined some excerpts from HE/patient encounter transcripts.

• Reflections—coming alongside

• Key open questions:

  o What would have to happen for you to think about making a change?

  o How does your alcohol use relate to what brought you in today?

  o If you were ever to make a change, what might that be?

• Respect autonomy, choice, and self-control

• Affirmation: "You've taken the time to think this through"

• Summarize—highlight risks, consequences

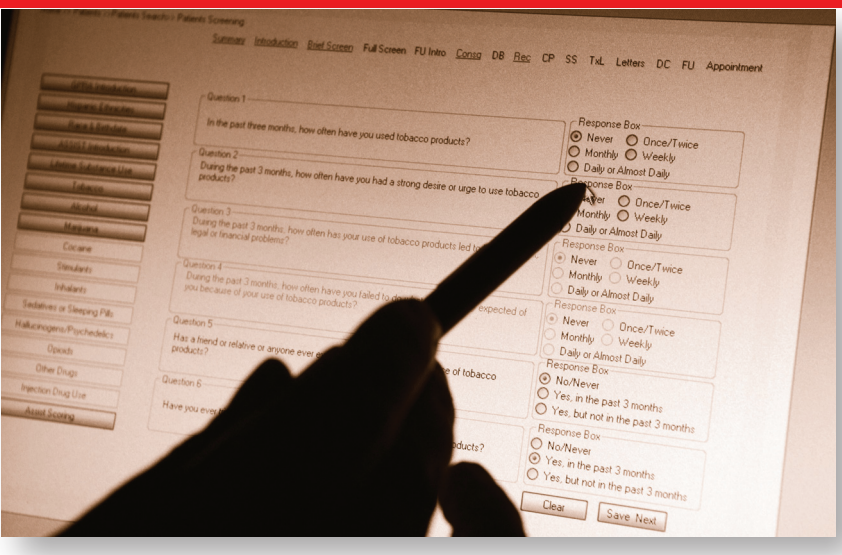
• Reflection of personalized risk, problems, consequences

• "Feel free to call me" (leaving the door open)

In the weeks following the retreat, we've continued this discussion on group calls and in one-on-one calls. We've focused our group time on lessons such as recognizing and eliciting change talk and rolling with resistance. It has been exciting to hear about the "chance-taking" strategies used by the HEs with patients in those last 60 seconds. Perhaps we'll be able to change even more lives!

More HE news on page 4!

Tablet Demonstration Available Whenever!



Earlier this month, we offered a **WIPHL Tablet Software Demonstration** designed specifically for the non-health educator. But if you missed it, we now offer an ongoing learning opportunity. Holly Prince, WIPHL manager of clinical protocols, is happy to provide this demonstration on a one-on-one basis if desired. Please feel free to e-mail her at Holly.Prince@fammed.wisc.edu or call her at (608) 263-0249 to set up a time. You'll be able to watch the demo on your own computer (you'll be given instructions for logging into a site that allows you to do this). It's the closest thing to an in-person demonstration!

Health Educator Update, Part II

Meet the New Health Educators

Meet health educators (from left) Geoffrey Simons, Felicia Carpenter-Dickfoss, Kimberly Schoen, Sarah Hopkins, and Michelle Mueller.

By Laura Saunders

Five new health educators came on board for our May training. We welcome our new colleagues!

Geoffrey Simons, BS: Geoffrey joins WIPHL at Waukesha Family Practice Clinic, where he has worked as a medical interpreter. He holds a BS in Spanish (he met his Mexican wife during a study abroad experience there) with a minor in math. He looks forward to working more directly and dynamically with patients in his new role as health educator.

Felicia Carpenter-Dickfoss, MSW: Felicia will launch a WIPHL partnership with Columbia St. Mary's Family Health Center in Milwaukee. She holds a master's in social work and most recently worked as a social services specialist with the Start Smart for Your Baby program. She looks forward to helping patients with AODA issues and working with a variety of healthcare clinicians.

Kimberly Schoen, BA: Kim will work at Aurora Sinai Women's Clinic in Milwaukee. She holds a BA in social welfare and has worked with people with mental illnesses, children with autism, and senior citizens. She is excited about helping people make positive lifestyle changes, recognizing that this benefits not only individuals but also their families. "It's big when I think about the ripple effect," she says.

Sarah Hopkins, BA: Sarah is launching a WIPHL partnership with the Beloit Area Community Health Center. She holds a BA from Beloit College and recently worked as a bilingual childhood lead poisoning case manager in Rockford. The population she worked with included refugees from Burundi and Burma. She is very pleased that the Beloit Area Community Health Center is joining WIPHL. "I know how important this clinic is for the community of Beloit and the surrounding area," she says.

Michelle Mueller, BS: Michelle will launch WIPHL services at Madison's Dean East Clinic, joining Sun Prairie as our second Dean partner. She holds a bachelor's degree in health promotion and wellness with a minor in psychology. She held a health educator internship with the Marathon County Health Department and recently worked as a medical assistant in optometry.

We wish our new coworkers the best of luck and offer them WIPHL-wide support when they need it.

Cultural Competence Update

More on Reducing Stigma

By Harold Gates

Pamela Woll, a keynote speaker at our statewide meeting last month, gave some excellent insight into the world of stigma. This is an area that we frequently discuss and wonder what kind of impact it is having on addressing healthcare disparities. In my recent research regarding stigma, I have come across a very useful website produced by SAMHSA, the Resource Center to Promote Acceptance, Dignity and Social Inclusion (ADS), http://promoteacceptance.samhsa.gov/default.aspx.

I would like to highlight two of the links listed on the Brochures and Fact Sheets page. First, the online brochure, "Stigma: Understanding the Impact of Prejudice and Discrimination on People with Mental Health and Substance Use Problems," provides useful and timely information from the Centre for Addiction and Mental Health (CAMH) in Toronto. The document states that stigma refers to negative attitudes (prejudice) and negative behavior (discrimination) toward people with substance use and mental health problems. It goes on to show the effects of prejudice and stigma. Finally, CAMH gives us food for thought and suggestions regarding what we can do to reduce the impact of prejudice and discrimination. The section "Making a Difference" discusses seven things we can do to be proactive in this process:

1. Know the facts. *Learn the facts instead of the myths.*

2. Be aware of your attitudes and behavior. *See people as unique human beings, not as labels or stereotypes.*

3. Choose your words carefully. *For example, speak about "a person with schizophrenia" rather than "a schizophrenic."*

4. Educate others. *If people or the media present information that is not true, challenge their myths and stereotypes.*

5. Focus on the positive. We have heard the negative stories. *Let's recognize and applaud the positive ones.*

6. Support people. *If you have family members, friends, or co-workers with substance use or mental health problems, support their choices and encourage their efforts to get well.*

7. Include everyone. *People with mental health and substance use problems have a right to take an equal part in society. Let's make sure that happens.*

The second website I encourage you to visit is presented by The National Alliance of Advocates for Buprenorphine Treatment. A fact sheet, "The Words We Use Matter: Reducing Stigma through Language" includes such sections as why language matters; words to avoid along with preferable alternatives; and words that work and why. I think you will find this information very useful and timely given the concerns we still have around screening and access to SBIRT services provided by WIPHL in our participating clinics around the state. You can access this and other helpful information at www.naabt.org/language.

In the coming weeks, we will be in the process of revamping the WIPHL Cultural Competence Committee. I spoke about this with our health educators at the statewide meeting. We have had at least three health educators and one support staff person volunteer to join in these efforts. I would like to thank Christina Lightbourn, Julie Kurt, Christine Casselman, and Sue Larson for wishing to be part of the process. Project manager Candace Peterson and I will be working in the meantime to review ways to process this restructuring. I would like to also invite other WIPHL clinic leaders, champions, and QI coordinators to join us. We are looking at June 19, noon to 1 p.m. as an initial date for reviewing our process and deciding upon future directions for the committee.

Please feel free to contact me with any questions regarding cultural competence or to get technical assistance. You can reach me at Harold.Gates@fammed.wisc.edu or (608) 265-4032. I look forward to hearing from you and working with you on our committee efforts.

Month End Data

April 15–May 14, 2009

Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Amery Regional Medical Center	103	98	95.1%	41	41.8%	39	95.1%
Aurora Family Care Center	112	103	92.0%	51	49.5%	48	94.1%
Aurora Mayfair (0.5 FTE)	176	168	95.5%	31	18.5%	24	77.4%
Aurora Walker's Point	373	370	99.2%	99	26.8%	92	92.9%
Dean - Sun Prairie	340	268	78.8%	97	36.2%	80	82.5%
Family Health/La Clinica (0.5 FTE)	177	174	98.3%	36	20.7%	31	86.1%
Marshfield - Minocqua Center	27	26	96.3%	6	23.1%	5	83.3%
Marshfield - Park Falls	225	179	79.6%	64	35.8%	46	71.9%
Menominee Tribal Clinic	0	9	N/A	8	88.9%	19	237.5%
Milwaukee Health Services, Inc. (0.3 FTE)	29	29	100.0%	16	55.2%	9	56.3%
Scenic Bluffs Community Health Center (0.2 FTE)	27	27	100.0%	7	25.9%	4	57.1%
St. Joseph's Community Health Services - Adults	232	226	97.4%	56	24.8%	45	80.4%
St. Joseph's Community Health Services - Adolescents	27	25	92.6%	5	20.0%	8	160.0%
Upland Hills Health	85	82	96.5%	27	32.9%	25	92.6%
UW Health - Northeast	88	74	84.1%	40	54.1%	18	45.0%
Grand Totals	**2,021**	**1,858**	**91.9%**	**584**	**31.4%**	**493**	**84.4%**

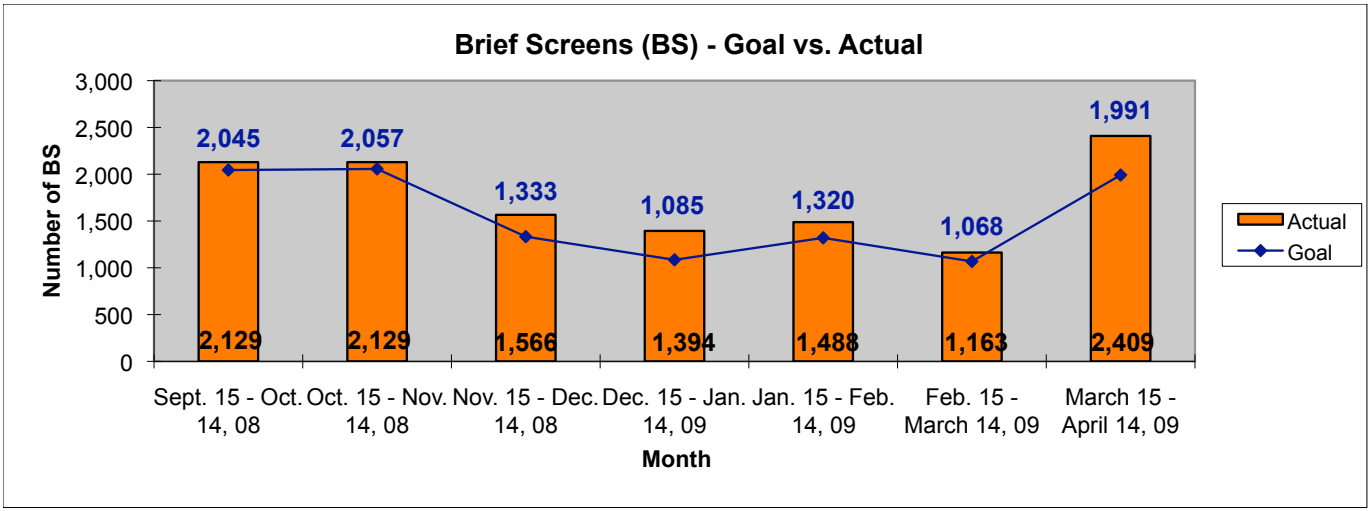
*Eligibility varies by clinic
Data in this chart and on following page compiled by Jessica Wipperfurth

We're on Facebook and Twitter!

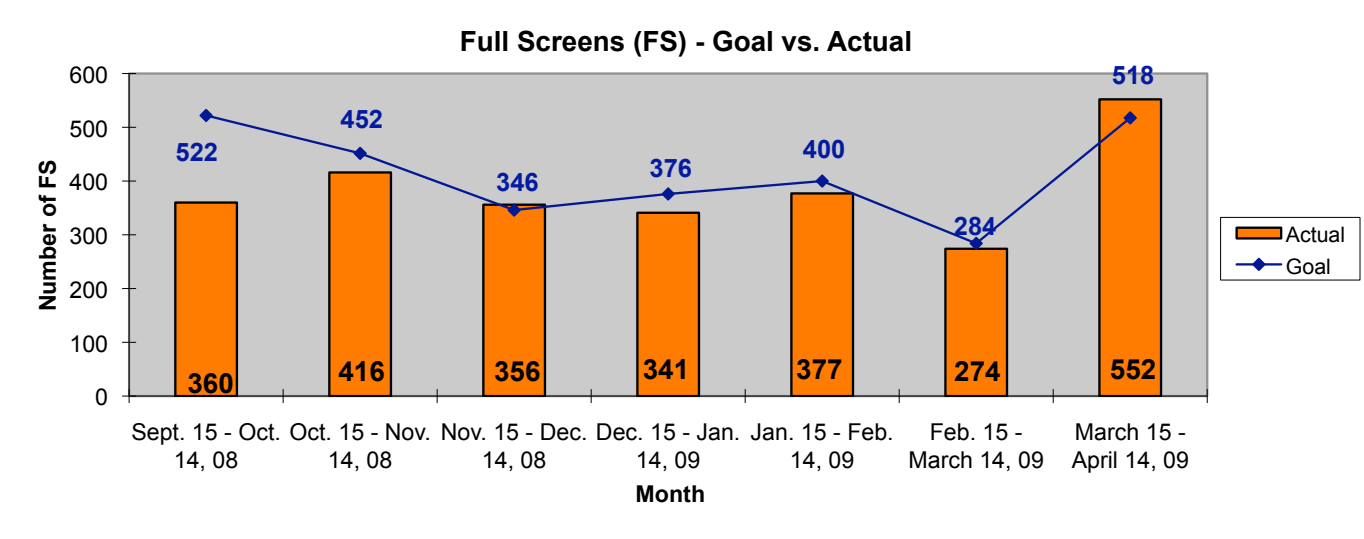
Are you on Facebook and/or Twitter? Become a fan of WIPHL and follow us on Twitter!

If you're already on those services, you can find us easily by typing "WIPHL" in the search box. You can sign up for a free account at:
www.facebook.com and
www.twitter.com

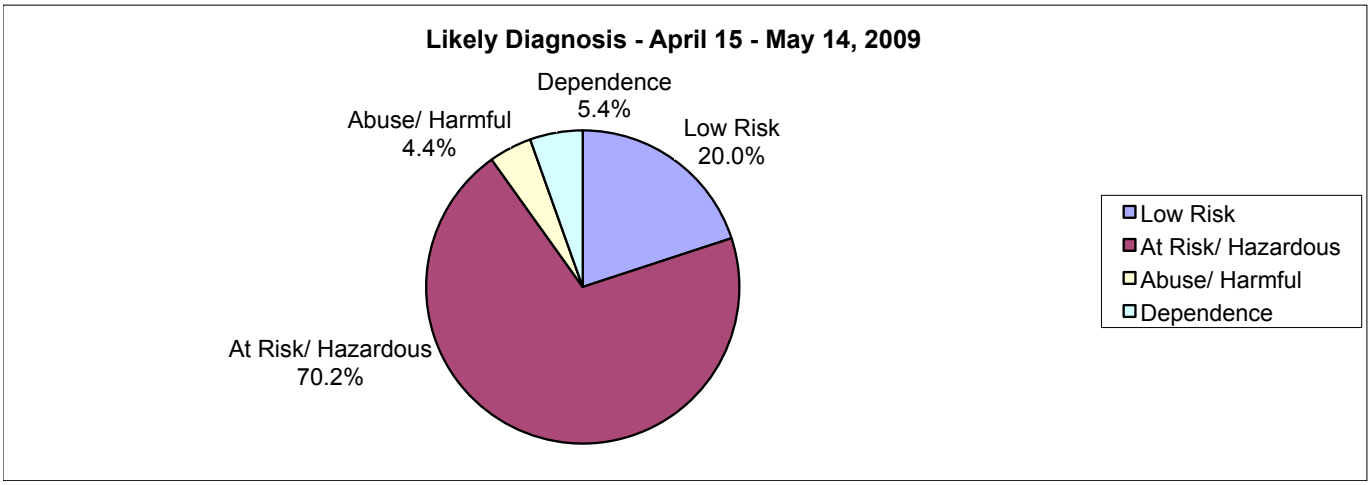
Year-to-Date Data



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



Actual: Number of full screens completed
Goal: Year 3 (March 15 - June 14, 2008) - P4P Clinics: Full screen 75% of patients who brief screen positive
Goal: Year 3 Quarter 3 Goal (March 15 - June 14, 2008) - WIPHL Funded: Full Screen 135 patients per clinic (prorated based upon % FTE)



Calendar

May 27
Cultural Competency Health Educator Meeting, 12-1 p.m.

June 2
Governor's Policy Subcommittee Meeting,Access for Adolescents, 11 a.m.-1 p.m.

June 8
Governor's Policy Subcommittee Meeting, Promoting Demand, 1-2 p.m.

June 19
Cultural Competency Committee meeting, 12-1 p.m. More info on page 5.

For other health educator meetings and additional information about events, see www.wiphl.org

The Last Word

Planting the seeds

From a health educator in southeastern Wisconsin:

When you discuss the recommended drinking limits with at-risk patients, often you initially get one of several responses: the shoulder shrug, the eye roll, the smirk, maybe even a little scoff. I had one such incident with a young Hispanic woman who once a week would go out with her boyfriend and drink very heavily. We went through the protocol but she didn't see her drinking as a problem, which happens a lot with at-risk drinkers. We discussed the recommended limits and she just said "Okay," not showing much interest, and soon our appointment was over. I didn't think I'd hear from her again.

About two weeks later, I was making my rounds at the clinic and one of our psychologists stopped me in the hallway. She said, "Do you remember this patient?" and described the young woman. "We had a session together and her drinking came up," the psychologist continued. "And the patient said, 'Oh yes, that girl [the health educator] already talked with me about that. I talked to my boyfriend and I have already cut way down on my drinking.'"

My take-home message from that experience is that we may not necessarily see the fruits of our labors, but we know we're planting the seed. And that can have a powerful and positive effect on our patients.

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's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at Joan.Fischer@fammed.wisc.edu.