



EMPOWERING PATIENTS, INFLUENCING BEHAVIORS, SAVING LIVES: WELLNESS PROGRAMS IN FREE CLINICS

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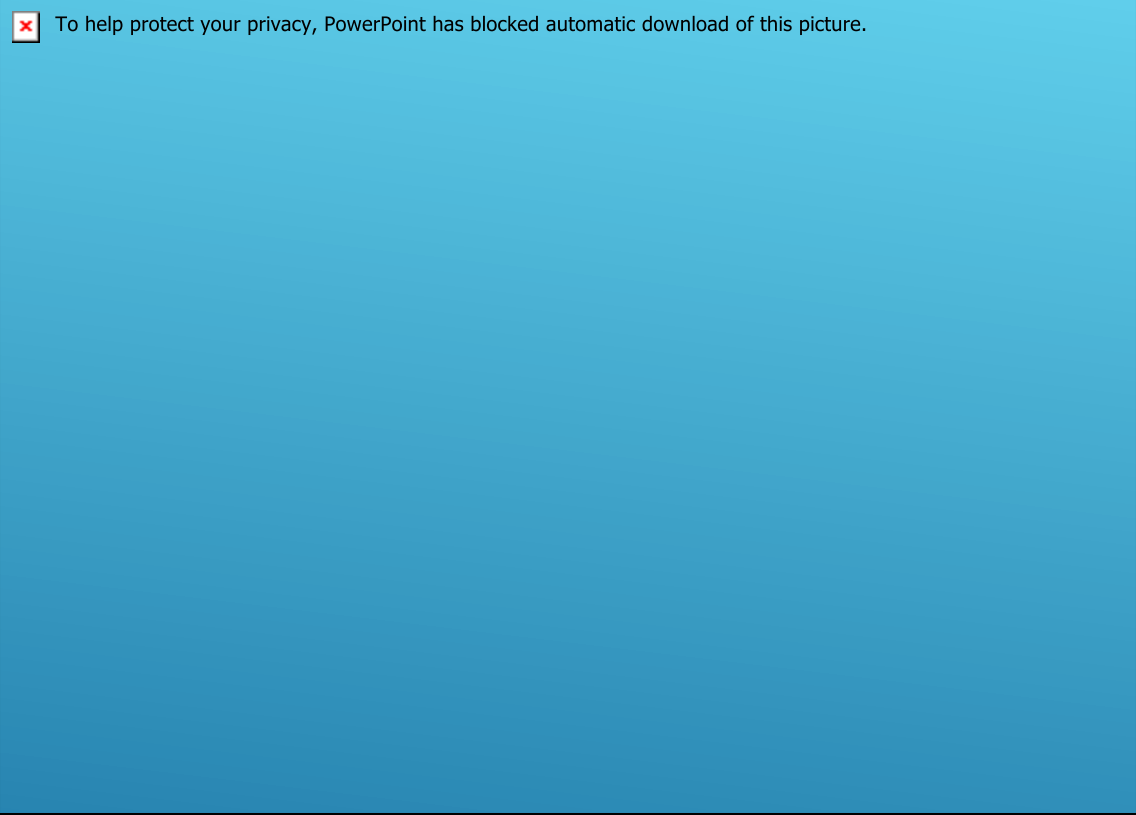
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DEVELOPING AND IMPLEMENTING YOUR WELLNESS PROGRAM




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WHY DOES WELLNESS AND PREVENTION MATTER?



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Food for thought....



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WHAT ARE THE IMPLICATIONS OF A LACK OF FOCUS ON PREVENTION?

Poor Outcomes...

- U.S. expenditures on healthcare are more than all industrialized nations
- According to the OECD the U.S. has some of the poorest health outcomes of all developed nations
- According to the OECD the U.S. lags behind all other developed countries in life expectancy
- U.S. has the highest infant mortality and highest number of mothers dying in child birth



DISCUSSION OF WELLNESS PROGRAMS THAT WORK

- CDC DPP Program
- The Promotora Model (Trained Lay Health Educators)
- Evidenced Based Teach-back
- Healthy Lifestyles Program (HLP)
- Activities: Salsacize, Zumba
- One on One Nurse Teaching



1ST THINGS FIRST

Behavioral Risk Factors

- Adults
 - While only 29% of adults have been told they have high blood pressure, 29% of those with high blood pressure are not taking their required medicine.
 - 30.3% of adults are considered obese and 38.3% are considered overweight.
 - The number of current smokers in Will County has decreased, but is still higher than the HP2020 target.

Health Problems

- For respondents and their families, the following conditions are experienced at the indicated rates:

<u>Health Condition</u>	<u>Percentage in Household with Condition</u>
- Allergies**	51%
- High Blood Pressure	46%
- Back Pain	39%
- High Cholesterol	37%
- Arthritis	35%
- Dental Problems	25%
- Obese/Overweight	24%
- Diabetes	17%
- Asthma**	17%
- Digestive and Stomach Disorders	16%
- Heart Condition	15%
- Depression	11%

About **1 in 10** American adults has diabetes.



If trends continue, the number of people with diabetes is expected to **double or triple** by 2050.



Gestational diabetes occurs in about **2 to 10%** of all pregnancies.

Use Data to determine what type of programming your community/clinic needs?



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PROGRAM DEVELOPMENT AND IMPLEMENTATION-4 STEPS

Once you know what need you will address you simply:

- Identify resources
- Develop your plan
- Demonstrate evidenced based/historical effectiveness of your program and/or plan (Does it work?)
- Collect, report, utilize data (outcomes, participant retention, participant feedback)



IDENTIFY FOUNDATIONS, ACADEMIC RESEARCH INSTITUTIONS, AND OTHER ENTITIES THAT PROVIDE EVIDENCED BASED WELLNESS PROGRAMMING AND DISEASE PREVENTION INFORMATION

-RESOURCES

- Websites:
- NIH
- CDC
- AHA
- LPHS
- HRSA
- More....see handout



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DEVELOP A SIMPLE OUTLINE FOR A WELLNESS PROGRAM

Let's try it out.....

USING KNOWN DATA AND RESOURCES, DEVELOP A SIMPLE OUTLINE THAT:

- a. States community/clinic population need
- b. Proposes program that addresses health needs of population served
- c. Utilizes and references appropriate resources and/or programs
- d. Presents a compelling case to funders



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EXERCISE.....



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DEMONSTRATE EFFECTIVE STRATEGIES FOR THE IMPLEMENTATION OF A WELLNESS INITIATIVES

Don't Reinvent the Wheel...

- Utilizing Resources Determine What Has Worked in the Past
- If Using a Prepared Program, Follow the Directions of the Experts



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DATA COLLECTION, ANALYSIS, REPORTING AND MARKETING OF WELLNESS PROGRAM DATA

Once the Program Has Been Implemented...

- Data Collection: How are you doing?
- Analysis and reporting: quantitative & qualitative
- Marketing data to funders: tell someone about It



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SUSTAINING YOUR WELLNESS PROGRAM



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FUNDING is the key to sustaining health education programs

Funding can be used for...

- Full-time or part-time person to run the programs
- Incentives and supplies for health education class participants
- Updating and revising curricula with new information
- Hiring people to help with translation of documents and curricula



WHAT DO WE NEED IN ORDER TO GET FUNDING?

Funders want to see that your program already works before they invest.

How to show that a program works:

- Hard data = numbers
- Soft data = human stories



WHAT DO WE NEED IN ORDER TO GET FUNDING?

Quantifiable results/numbers

1. Clinical data
2. Attendance
3. % or value of change in behavior
4. Graduation rates of multi-week courses



Testimony

- Video
- Quotes
- Photos
- Stories



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DATA: THINKING TWO STEPS AHEAD

1. What types of data are my prospective funders asking for?
2. What kind of results do I want to show them?
3. What kind of evaluation tool is needed to get that data?
4. What is the best way to make this evaluation tool work for the patient population?

Before any surveys or data collection tools are created, the first step is to decide what kind of data needs to be collected.



ATTENDANCE: BASIC; BUT NOT EASY

Patient engagement pre- and post- education

- ▶ Focus groups
- ▶ Patient leaders as planners, recruiters, instructors, and idea-generators
- ▶ Relaxed and discussion-based educational environment
- ▶ Patient participants know they are valued and the education is there to benefit THEM



ATTENDANCE: BASIC; BUT NOT EASY

Patient recruitment

- Can be difficult and time consuming
- Word of mouth
- Plan for a long recruitment phase
- Attendance usually half of those who RSVP
- Simple way to sign up
- **Involve as many people as possible to help with recruitment**
 - Volunteers
 - Patient leaders
 - Other staff/providers



BE FLEXIBLE AND OPEN TO CHANGES

- Teaching methods
- Curricula
- Instructors
- Incentives
- Days and times
- Survey questions
- Funding sources

