

WELLNESS INTEGRATION PROGRAM

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Hispanic Population

Over the last 6 months of monitoring populations entering into the Wellness Integration Program, we have observed that the next largest subgroup is the Hispanic population at 15% of all Wellness Participants.

Our program will specifically reach out to Hispanic patients to help them improve wellness, and collaborate with community partners to better serve this population.

Both AspenPointe (CMHC) and Peak Vista (FQHC) see a high number of Hispanic patients with both physical and mental health concerns.

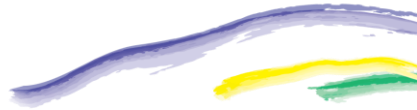
We hope to reach at least 70 patients (10% of the total grant population) over the life of the PBHCl grant.



Implementation Practices

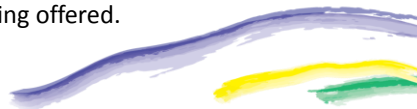
Strategies we are implementing to help recruit more Hispanic patients is to have wellness materials in both Spanish and English.

- When possible we hire staff of diverse groups that will meet the needs of our patients, which may include hiring bilingual clinician and staff members.
 - We also use the language line when bilingual staff are not available.
- When working with Hispanic patients, we have a list of Hispanic specific resources, such as support groups in the community, to be able to refer our patients.
- The majority of Hispanic patients speak both Spanish and English and therefore engage in activities that English speaking patients utilize. If Spanish speaking only both AspenPointe and Peak Vista will provide translation services.
- Engaging more Hispanic patients is an area of potential growth for our Wellness Program. We will train our Wellness Staff to work with clinicians/prescribers to better identify more Hispanic patients for potential recruitment.



Implementation Practices (cont)

- Both AspenPointe and Peak Vista are prepared to work with Hispanic populations. We both make extra effort to recruit talented and diverse staff.
- AspenPointe is still in the process of reviewing policies regarding works with Hispanic groups.
 - We work to make treatment plans language friendly for all that are engaged in behavioral health.
- Spanish services are being offered, through the recruitment, specifically for bilingual/multilingual staff.
 - Additional posters, signage is being purchased. We have brochures for both English and Spanish speaking patients about our program's various services being offered.



Challenges and Barriers

- The initial challenge is to identify more Hispanic patients are being served under the grant. The Wellness team feels we have not captured a high enough participant group to have an accurate data pool around their health indicators.
- The outcome of the identification process is that we have more Hispanic patients being served by the grant than was expected. Now it is developing better comprehensive information packets in the patients language so that they can get their health care needs met.
- AspenPointe has contacted the Colorado Department of Health and Public Environment to get more Spanish specific Tobacco Cessation products to educate the Spanish speaking patients ways to reduce/stop smoking or Tobacco use
- Both AspenPointe and Peak Vista use a language line when non-English speaking patient is in services. We also recruit bilingual staff to interact with Spanish Speaking patients.



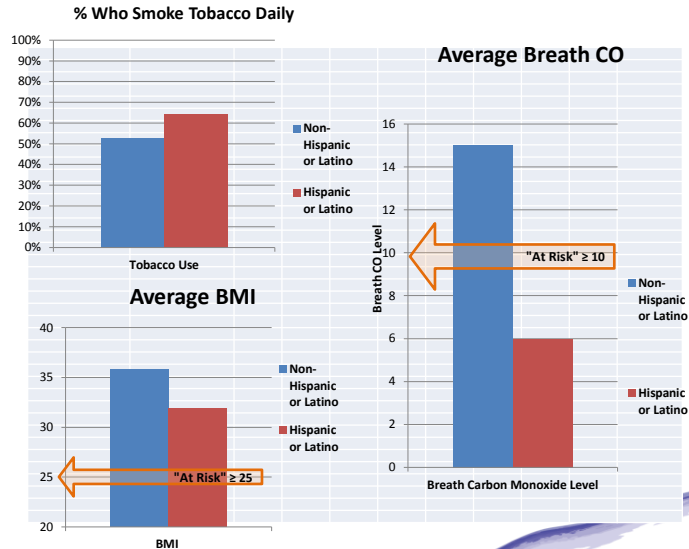
Data & Collection Measures

Our wellness program's plans for collecting, analyzing, and using data for practice improvement include:

- AspenPointe collects the data from the Hispanic subgroup through the same means as collecting data from the general population.
- The next slide illustrates a baseline of a sample of health indicators we are tracking. We will show improvement when we take another survey of health indicators and compare those results with the baseline measures.
- AspenPointe's program is comparing our subgroup to the overall total number patients in AspenPointe's program. We could easily gather the data from the TRAC system to make a National comparison in the future.



Data & Collection Measures



Successes Story

- Medical History: Diabetes, obese, high cholesterol
- Mental Health History: Bipolar I Disorder, Schizoaffective Disorder
- Admit Wt: 236 lbs Ht: 67.5 BMI: 36.4
- Current Wt: 236lbs BMI: 36.4
- Currently his blood sugar is averaging in the 90-100 range.
- patient has been working on getting his GED and is also taking classes to find a job.
- He is now walking one mile three times a week. He is now routinely checking his blood sugar and is taking his medications.
- On admit he was not eating any vegetables. Now patient is eating more vegetables and is making some healthier choices from the fast food menu than when he started (i.e. grilled chicken sandwich and salad rather than burger with fries)
- Current goal: Walk one mile three times a week (he has been meeting this goal)
- Smoking ½ ppd on admit. We have not been able to focus on quit smoking yet due to focus on diabetes.

Looking Ahead

AspenPointe's next steps with regards to working with the Hispanic sub-population includes the following:

- We will continue to data to drive our service and marketing to the Hispanic population.
 - This program has pushed us to examine this subgroup as compared to the general population that AspenPointe is currently serving.
- Over the next 6 months, AspenPointe is considering hiring a Care Coordinator who's main purpose is to improve recruitment, not only with the general population, but specifically with the Hispanic population.
 - This role will include educating both BH and PH providers about holistic wellness.

