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Population(s) of Focus

Firelands Counseling & Recovery Services Plus program has seen 267 patients as of 8/30/13.

We are focusing on the following populations:

African Americans, Hispanics & Veterans

Why these populations? RISK!

...RISKS associated with the populations

...RISKS of health disparity due to the low volume of persons served

...RISKS escalate due to co-morbid mental health and drug/alcohol issues



Baseline H-Indicator Data Indicators for Patients seen through Firelands Regional Medical Center Health Home Program	Total % At Risk – All HH Patients (n=267)	African Americans (n=64)	Hispanics (n=7*)	Veterans (n=14*)
Blood Pressure	48%	53%	29%	21%
Cholesterol	70%	45%	57%	57%
Fasting Blood Glucose: All samples	46%	41%	29%	57%
Wait Circumference: All Patients	62%	56%	86%	57%
BMI: Overweight	28%	22%	14%	29%
BMI: Obese	50%	56%	86%	50%
BMI: Overweight or Obese	78%	78%	100%	79%
Breath CO: >10	44%	59%	29%	50%
Breath CO :> 6	55%	14%	29%	50%

NOTES: *Small "N" size may impact reliability of these results. Items in red indicate % of risk is higher than total HH population. Largest concentration of Hispanic/Latino population is in the counties we will be expanding to in 2014. Thus this population is under represented at this point in time.

The Facts.....

- Cardiac **mortality rates** for African Americans are approximately **1.5 times higher** than those of whites.
- African American women are **20% more likely to die of breast cancer** than whites.
- **Prostate cancer incidence** and **death rates** for African American men are **consistently higher** than those for white men and the general population.
- In 2007, **31.8%** of Hispanics **did not have health insurance coverage** and Hispanics of Mexican descent have even lower rates of insurance coverage.
- Hispanics living in the United States are almost **twice as likely to die from diabetes** as are non-Hispanic whites.
- Hispanics account for a **disproportionate percentage of new cases of tuberculosis**.
- Hispanics have **higher rates of high blood pressure and obesity** than do non-Hispanic whites.
- **Disparities are exacerbated by a language barrier** for Spanish speaking Hispanics.

The Facts.....

- Military Veterans who have been exposed for prolonged periods to combat related stress or traumatic events have **higher rates of post-traumatic stress disorder, major depression, and traumatic brain injury**.
- **Over 18%** of returning service members meet the criteria for either **post-traumatic stress disorder or depression**.
- **Over 19%** report a probably **traumatic brain injury** during their deployment.
- Individuals with these conditions face **higher risks** for other **psychological problems, attempted suicide**, and unhealthy behaviors such as **smoking, drinking, overeating, and unsafe sex**.

SO WHAT ARE WE GOING TO DO?

- Culturally specific health care interventions, such as:
 - For African American Patients
 - Additional emphasis on cancer screening
 - Focused efforts for tobacco cessation interventions
 - For Hispanic Patients culturally specific care includes:
 - TB screening for all patients, however, emphasis with Hispanic patients
 - Forms translated into Spanish
 - Availability of interpreter services
 - For Veterans culturally specific care includes:
 - Trauma screening for all patients with additional screening questions to assess military history and combat history
 - Linkages with local VA services

Projected Numbers of Sub-Populations Served				
	GY1	GY2	GY3	GY4
African Americans	100	125	175	209
Hispanics	15	20	25	32
Veterans	40	50	60	80

Challenges & Barriers

- **Initial challenge:** Resources to pay for lab work
- **Solution:** Utilized “Point of Care” testing during scheduled visits at the Plus Program
- **Ongoing Challenge:** Recruitment of Advance Practice Nurses and RNs
- **Solution:** Utilized marketing resources of Firelands Regional Medical Center (FRMC), however, there is significant competition for staff with these licenses.
- **Ongoing Challenge:** Implementation of State HH Project has been delayed multiple times
- **Solution:** We continue to expand sites, however on a smaller scale that initially planned, until statewide implementation proceeds.
- **Ongoing Challenge:** Contractual negotiations to Plus Program services on campuses of other medical facilities
- **Solution:** Utilized legal resources, ongoing education with community stakeholders to come to common ground.
- **Ongoing Challenge:** Access to specialty healthcare services
- **Solution:** Leveraged the healthcare network associated with FRMC to gain access to specialty care. Also accessed available free clinics and screenings in local and surrounding counties. However, finding available and affordable specialty care services remains an ongoing challenge. Necessary services include, but are not limited to: Dental care, Physical Therapy, Neurology, and Podiatry.

Engagement & Utilization

- Engagement Efforts:
 - Sent out a letter and flyer to all eligible patients explaining the program
 - Developed Brochures to market the service to patients and stakeholders
 - Displayed one page “Ads” to post in the lobbies to highlight the program
 - Provide transportation assistance to appointments and wellness programming
 - Offer small participation incentive (\$5 gift card to Subway) for initial assessment and quarterly reassessments thereafter
 - Assertive outreach including phone calls, letters and home visits
 - Appointment reminders to improve compliance
- Service Utilization:
 - From January 31, 2013 through August, 2013 we have served **267 patients!**
 - Thirteen patients have completed their 6-month reassessments as of August 30, 2013 and we have twenty six more reassessments scheduled for the month of September. **So far NO ONE has failed a reassessment appointment!**
 - Our no-show rate for the Nurse Practitioner is **16% compared to 28%** for our traditional psychiatric services.

Patient Success



- A 57 year old female had education about heart care and how to recognize signs of a heart attack. She felt symptoms within 24 hours, called 9-1-1 and was treated at an ER. The patient reported she would have never known this was a heart attack without the education she had received from this program.
- A 41 year old, female patient has engaged in diet and exercise and lost over 20 pounds in less than 8 months!
She was recently taken off her blood pressure medication!
- A 53 year old male who was at significant risk for amputation of his foot due to an untreated bone infection is now receiving care from a specialty provider in order to try to save his limb.

Looking Ahead...

- Implementation of Wellness Self-Management Plus curriculum in Inpatient, Partial Hospitalization Program and Outpatient Services.
- Continued efforts to further develop tobacco cessation interventions
- Continued efforts to develop roles for peer involvement

**Thank you SAMHSA for your support, resources and opportunities
to help us help our patients recover!**

