

Community and Clinical Linkages Jenn West, *MS, ACSM*

Objectives/Road Map

- Define Lifestyle Medicine (LM).
- Increase knowledge of community and clinical LM intervention strategies reaching high risk populations.
- Build awareness of the value of nutrition in the complete model of LM.
- Identify opportunities to implement LM as a community and clinical linkage strategy.

Increase PHYSICAL ACTIVITY Of whole, plant-based food Develop strategies to MANAGE STRESS

LIFESTYLE MEDICINE FOCUSES ON 6 AREAS TO IMPROVE HEALTH







What is Lifestyle Medicine?

ACLM Clinically-Based: Use of evidence-based lifestyle therapeutic approaches, such as a predominantly whole food, plant-based diet, regular physical activity, adequate sleep, stress management, avoidance of risky substance use, and other non-drug modalities, to prevent, treat, and, oftentimes, reverse the lifestyle-related, chronic disease that's all too prevalent.

HEALTHFUL EATING of whole, plant-based food

LIFESTYLE MEDICINE FOCUSES ON 6 AREAS TO IMPROVE HEALTH







What is Lifestyle Medicine?

ACPM Community-Based: Scientific approach to decreasing disease risk and illness burden by utilizing lifestyle interventions such as nutrition, physical activity, stress reduction, rest, smoking cessation, and avoidance of alcohol abuse. Lifestyle medicine is the recommended foundational approach to preventing and treating many chronic diseases.



SLEEP. Lack of, or poor quality, sleep can lead to decreased ability to recover from illness, a strained immune system and chronic disease. Lifestyle medicine identifies dietary, environmental and coping behaviors to improve sleep health.



RELATIONSHIPS. Social connectedness is essential to our emotional resiliency and overall health. Studies show that isolation and loneliness are associated with increased mortality and morbidity, especially among individuals already diagnosed with lifestyle-related conditions.



STRESS MANAGEMENT. Stress can either lead to improved health and productivity, or to anxiety, depression, obesity, immune dysfunction and poor health outcomes. Helping patients recognize negative stress responses, leading to coping mechanisms and stress reduction techniques leads to improved health and wellbeing.



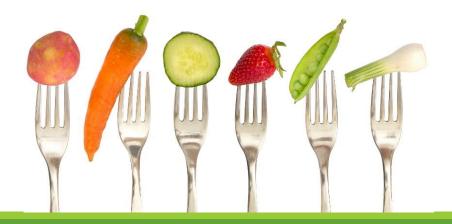
TOBACCO. Well-documented dangers of tobacco use include an increased risk of many cancers, heart disease and chronic obstructive pulmonary disease (COPD). Cessation counseling combined, when necessary, with medications, helps patients successfully quit the habit.



EXERCISE. Regular and consistent physical activity that can be maintained on a daily basis throughout life—walking, gardening, push ups and lunges—is an essential piece of the optimal health equation.

Nutrition

Food trumps all. Choose whole, plant-based foods that are fiber-filled, nutrient dense, health-promoting and disease-fighting! Consider veggies, fruits, beans, lentils, whole grains, nuts and seeds as your dietary "North Star."



Interventions

Community-Based Intervention:

Healthy Lives Healthy Futures
Healthy Corner Stores
Faithful Families
Faithful Kitchens
Healthy Food Pantries

Clinically-Based Interventions:

Exercise is Medicine (2010-current)
Lifestyle Medicine/Food Pharmacy Grant



Community Based Lifestyle Medicine



Program Components

Recruitment

Atrium Health Faith Community Health Ministry and word of mouth

Training

Introductory Exercise Instructor and Nutrition Education Training

Assessment

- Physical Assessments (bi-annually)
- Self-Report Health Behavior Surveys (bi-annually)

Intervention/Community Engagement

- Free exercise classes
- Specialty and evidence based classes (Chronic disease/nutrition/exercise)

Intervention: Nutrition Programming

Eat Smart Move More Program (15-weeks)
Healthy Living Workshop (6-weeks)
Nutrition Education/Cooking Demonstration Trainings





Nutrition Demonstration Trainings

- Averaged 40 participants per training
- Impacted at least 10 churches per training
- Training structure: 3-4 recipes; group teach back







Outcomes

- 41% increased fruit/vegetable consumption (ave. increase 3 to 5 servings)
- 75% of participants (n=82) completed at least one nutrition education/cooking demo after attending a training.
- 55% (n=41) of program participants lost at least 5 pounds after completing the Eat Smart Move More Weigh Less Program.
 Participants lost 300 pounds collectively.



Other Outcomes

- One of 47 programs in the country to receive the 2012 President's
 Council on Fitness, Sports, and Nutrition Community Leadership Award.
- 27 church sites; 1401 participants/members
- 150 trained volunteers
- Over 40 free exercise classes open to community
- Over 2,500 assessments
- Biggest Loser Challenge over 800 pounds lost among 11 churches
- HBS: 66% increased exercise minutes and 55% reduced waist circumference

Success Stories



Linda Beatty



Pleasant Hill Baptist Church Garden to Kitchen



Biggest Loser Winners 168 pounds lost (66%) 40 participants

Connector to other programs





Program Components

Recruitment

- Drop-in to eligible stores
- "Nominate Your Neighborhood Corner Store"

Assessment

- Store owner interview
- Environmental Assessment
- Customer Intercept Surveys

Intervention

Merchandising/Promotion

Merchandising

Store Appearance

Cleanliness, clear entrance and aisles, maximize available space

Displays

- Designate a well stocked and organized healthy items section
- Include visible and clear prices; simple labels, baskets (instead boxes)
- Incorporate color and levels

Product Placement

- Place featured items at eye level
- Limit product rows of the same item
- Place grab and go items at the register
- Couple products together



Before



After



Before



After





Before

After

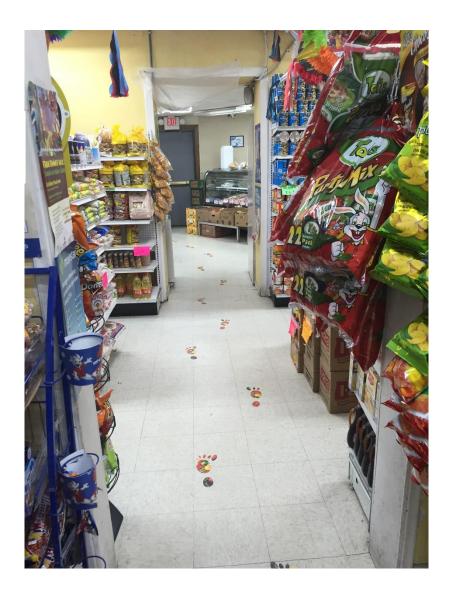


Before



After











All stores increased the number of healthy items sold and completed merchandiser training.



Brenda Councill painted a mural on Center City Maxx' exterior.













Faithful Families

Recruitment:

Hood Theological Students/Alumni, media, and previous partnerships

Training/Intervention:

9-week Faithful Families Program

Assessment

Pre/post faithful families program survey (NC State)

Outcomes

- 100% (n=19) reported increased confidence in being able to prepare well-balanced affordable meals.
- 100% plan to make at least one change after completing the class.
- Increases in behaviors across several areas for healthy meal preparation
 - 125% increase in using nutrition facts to make food choices
 - 700% increase using MyPlate and cooking dinner at home
- Connections to other program
 - 80% attended Faithful Families Walking Challenge
 - 70% attended other programs: cooking demos



Faithful Kitchens Certification Program

Recruitment:

Past program participants (HLHF, REACH, Faith Ministry) and partnerships

Training/Intervention:

- Part 1: Healthy Eating Information Workshop (Invite to Part 2)
- Part 2: Faithful Kitchens Workshop (includes food policy development)
- On-site roll out at each FK location

Assessment

- Inventory of existing kitchen equipment, policies, and recipes to better inform what items are need to identify barriers to healthy food preparation.
- 6-month follow-up survey congregation
- 6-month follow-up survey leadership

Training/Intervention

Part 1: Intro to healthy eating and connection to chronic disease.

Part 2: Intro to Healthy eating policy development and Faithful Kitchens.

*Follow-up at each site: Inventory of equipment, equipment purchase, and roll-out.





Sample Healthy Foods Policy

For use within any organization/agency or community group where foods or beverages are served.

Whereas:			
the	health of our	(fill in your worksite, church, school, etc., name here) is concerned about (employees, members, kids, youth, and families);	
Whereas: People have become more and more interested in eating smart and moving more;			
Whereas: Chronic diseases – such as heart disease, stroke, cancer and diabetes – are among the most common, costly and – preventable of all health problems in the US and NC and are largely affected by what we eat, how physically active we are and how supportive our communities are in helping us make healthier food and physical activity choices;			
Whereas: Foods such as vegetables, fruits, whole grains, fat-free or low-fat milk and milk products, seafood, lean meats, eggs, beans, nuts and seeds are better choices for preventing many diseases;			
	erefore:	entransf	
Effective(today's date), it is the policy of(fill in your organization's name) that all activities and events (examples of events may include: meetings, potluck events, catered events, community sponsored events, like health fair, etc.) sponsored or supported by this organization (where food or beverages are served) will always include opportunities for healthy foods and beverages by (select as many of these as is feasible):			
	Offering water as a beverage option and o with sugar)	mitting sugar-sweetened beverages (regular soda, sweet tea, other drinks	
		option - Examples of such items include fresh, frozen, canned or dried apples, raisins) and fresh, frozen or low sodium, canned vegetables	
	Offering lower-sodium foods – Most of the sodium Americans eat is found in processed foods. Eat highly processed foods less often and in smaller portions—especially cheesy foods, such as pizza; cured meats, such as bacon, sausage, hot dogs, and deli/luncheon meats; condiments (ketchup, pickles, olives, salad dressings, and seasoning packets)and ready-to-eat foods, like canned chili, ravioli, and soups. Fresh foods are generally lower in sodium. Purchasing or serving fat-free/low-fat milk and dairy products - Examples include skim, nonfat or 1% milk; low-fat and fat-free yogurt and cheese		
		- Examples include whole-grain crackers, breads and pastas	
	Serving more "right-size" portions - Smalle hungry	er servings allow people to cut calories and always have more if they are still	
		 Foods grown locally and purchased in-season are often more fresh, tasty call economy. Buy and serve NC grown foods (and ask caterers and others 	
	Identifying restaurants and/or caterers wh	ere healthy choices are available	
	Organizational leadership serve as role mo	dels for healthy food choices and encourage healthy food policies	
Signature Title			
Name of Organization, Church, Community Group, Worksite, School, Health Care Facility			

Adapted from a variety of materials. by the NC Division of Public Health Physical Activity & Nutrition Branch & the Eat Smart Move More Program—February 2013.

Date



Crown in Glory's Faithful Kitchen Food Policy

It is the policy of Crown in Glory that all activities and events sponsored or supported by this organization, which include the serving of food, will always include healthy food and beverage options. Crown in Glory is committed to improving the health of our members and our community.

We commit that our church will:

- Offer water at all events.
- 2. Offer one fruit and/or vegetable at each meal.





1 Corinthians 10:31

So, whether you eat or drink, or whatever you do, do all to the glory of God.

Pastor, Crown in Glory

William F. Pilkington, CEO and Health Director

On-Site Roll Out #1





Outcomes-4 churches

6-month follow-up survey to church leadership:

- 100% have used recipes learned at training
- 100% water served at events
- 100% lowered salt use (removed shakers from tables, serving more fresh food)

6-month follow-up survey to congregation:

 Over 75% were aware of policy and have noticed water and more fruits and veggies being served.



Healthy Food Pantries - CCM

- Main Food Pantry & Warehouse in Concord
- Satellite pantries in Kannapolis, Concord and Midland
- One-Day Mobile Food Pantries
- Samaritan's Table Evening Meal Program
- School Back Pack program

*1 million pounds of groceries and over 8,000 meals are provided through CCM's food programs each year.

Healthy Food Pantries - CCM

Main Food Pantry annually distributes:

- >557,000 lbs (278 tons) of food
- ➤ To 6,200 households
- > Representing about 21,000 individuals

"Waste Not-Want Not" – clients may "shop" the pantry, choosing food their family will eat, based on availability and size of household.

Healthy Food Pantries

Assessment

Focus groups and surveys (CCM management, staff, volunteers and clients)
Healthy Food Pantry Environmental Assessment Tool
Post Client Access Survey

Training

Nutrition guide developed

Volunteer trainings to equip food pantry volunteers with the tools to assist clients in making healthier choices.

Intervention

Physical changes
Techniques to influence healthy choices

Healthy Food Pantries

Physical changes include:

A complete cleaning and re-painting of the food pantry space.

The addition of a refrigerator to increase the shelf life of produce.

New shelving units to hold an increased amount of food items.

Healthy Food Pantries

Techniques to influence healthy choices include:

Healthier foods at eye level and at front of the food pantry.

Organized items by like types. Healthier options are highlighted when applicable (low sodium, whole wheat, no sugar added, etc.).

Posters, recipe cards, point of decision prompts ("shelf talkers"), and product labeling on shelves.

Wellness Wall for additional nutrition information.

Volunteer training

Merchandising Application





Before After

Merchandising Application





Merchandising Application





Before After



Shelf Talkers



Wellness Walls

Of the 58 food pantry clients surveyed that said environmental prompts were helpful:



90% said fresh produce was easy to find and91% chose fresh produce items.



84% chose low sugar items.



80% said low sodium items were easy to find and 74% chose low sodium items.



53% said water was easy to find.



94% said whole grain items were easy to find and 54% chose whole grain items.

During the one week survey period:



605 pounds of fresh produce was distributed to clients



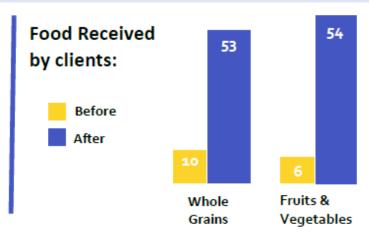
89% reported that volunteers pointed out healthy items during their shopping experience.

Volunteers Said:

"Clients take more fresh produce since it comes first"

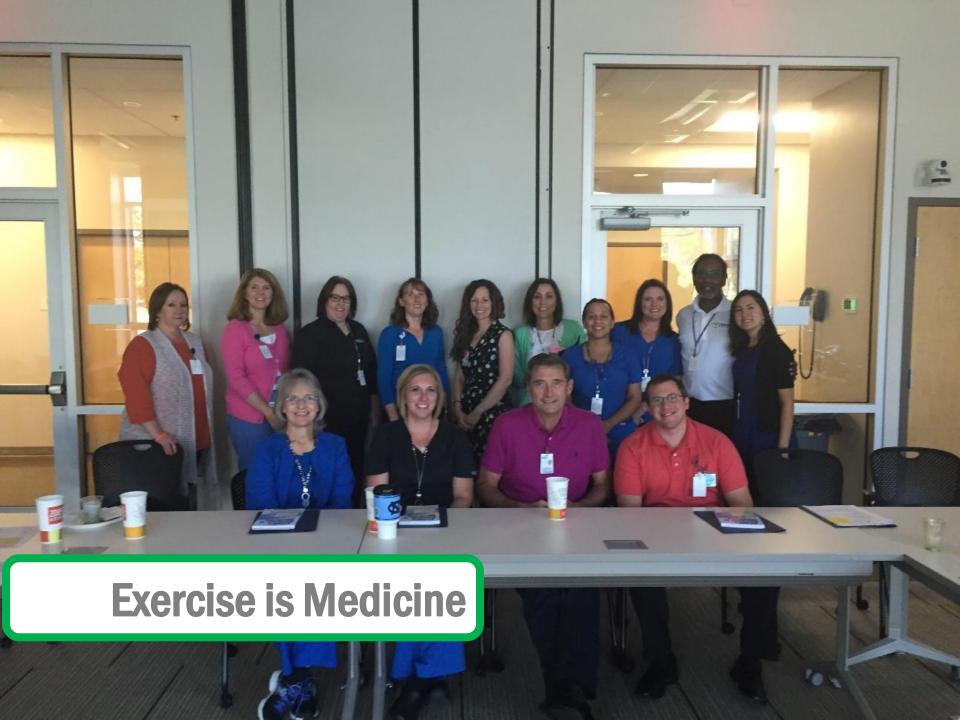
There is a "decrease in [the] number of desserts clients are taking"

Clients are "more aware of healthy items"





Clinical Lifestyle Medicine Interventions



Exercise is Medicine (EIM) Global Health Initiative Presence



The 3-Step EIM Model for Healthcare Systems







Assessment Electronic Health Record

Prescription ON PAPER

Referral Active Programs and Places

Concord Community Free Clinic

Patient Prescriptions: Every patient, every time

- Tailored RX based on patient need
- 43.6% of patients discussed physical activity with their healthcare provider and received a written exercise prescription.

Date:// The Community Free Clinic	
Patient's name:	DOB:/
Walk minute	s days per week
for a total of minutes per week.	
Remember, you don't have to do all of your activity at once. Try three, 10 minute session throughout the day for a total of 30 minutes.	
Ask about The Community Free Clinic's Free Exercise Class	
Provider Signature: ExeRcise is Medicine®	
For office use only:	
How many days/week of moderate to strenuous exercise? 0 1 2 3 4 5 6 7	Find more exercise resources at
How many minutes per day? 0 10 20 30 40 50 60 90 120 or 150 or greater	www.cabarrushealth.org/EIM







Why This Program is Needed

Current medical education includes inadequate lifestyle medicine training

Doctors cited inadequate confidence and lack of knowledge and skill as major barriers to counseling patients about lifestyle interventions (JAMA. 2010;304(2):202-203)

Engaging patients to take responsibility for their care via an effective physicianpatient collaboration can have a substantial impact on health outcomes







Year 1 Pilot: Capacity Building

Sites

- Cabarrus Health Alliance- 17 providers
- Community Free Clinic- 6 providers
- Community Care Rowan 1 provider

Training

- Lifestyle Medicine Core Competency Course (\$17,000) training 24 providers
- Reconvene (May) to build framework, tools

Patient/Provider Engagement through waiting room tastings/education



Lifestyle Medicine On-line Core Competencies Program

Program Modules (Refer to LM Modalities Outline)

- Core competencies of lifestyle medicine
- Coaching behavior change
- Alcohol use risk reduction
- Nutrition
- Sleep Health
- Emotional wellness/Stress reduction
- Physical activity
- Tobacco cessation
- Electives (Choose three hours from five options)

Tastings- small sample survey

Out of 22 individuals tasting at least one recipe:

- 61% tried a new ingredient
- 40% made the recipe at home and plan to make it regularly
- •50% of the individuals that haven't made the recipe yet, plan to do so

Systems Change

Create policy to integrate LM into entire practice (3 years)

Technology amendments to capture LM metrics

- assessment
- counseling notes
- prescriptions
- follow-up contact

Program Components: Assessment

Personal Wellness Profile Assessment (50 patients per year)

What LM focus area do you need to work on?

What do you want to work on?

Assessment will drive counseling and prescription



Program Components: Counseling/Prescription

Counseling & Prescription

Coach patient using motivational interviewing mutually agree upon an prescription and action plan.

Patient must have confidence level of 7 or higher.

Shake on it!



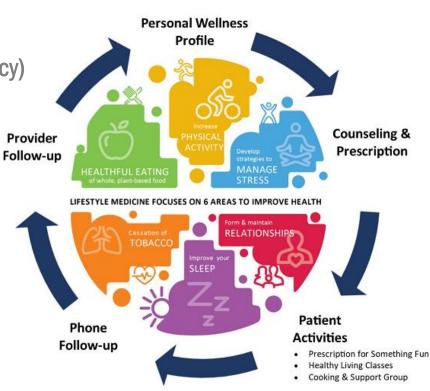
Program Components: Referral to Patient Activities

Patient Activities

Healthy Living

Cooking and Support Group (Food Pharmacy)

RX for Something Fun



Program Components: Follow-up

Phone Follow-up

Check-in

Adapt RX / Activity if needed

Provider Follow-up

Adapt RX/Activity if needed

Once RX achieved, reenter continuum of care



Our Connections

Lifestyle Medicine locations making connections to:

Pantries (80% of CFC patients access CCM)

Healthy Corner Stores

Healthy Living Classes and other community based education (i.e. cooking demos, diabetes prevention program)

Faithful Kitchens offer healthier meals to community in need

Faith Based Exercise Classes