Putting It Into Practice: Weaving Activation and Health Literacy Into Community Organizations

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- We are working towards a fully integrated Behavioral Health System.

- We have just started to break the barriers of stigma. Our maturation has been slow.

- It has been trial and error, and trial again.
Health Literacy

Health Literacy is "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions."

National Network of Libraries of Medicine

Health Literacy is an prerequisite to Health Activation
Health Activation

- Health Activation is having the knowledge, skills, and confidence to manage one's health (prevention, unhealthy behaviors, clinical indicators, and costly utilization).
Why is health activation important in the community?

- Improve decision-making and choices.
- Improve self-esteem and self-confidence.
- Helps people gather information about Mental Health and Substance Abuse.
- Create and initiate a plan.
- Develop skills to move towards a goal.
- Help keep people out of crisis.
- Cost effective.
What prevents people from managing their own health?

- Recovery is difficult.
- Feeling overwhelmed with the smallest task.
- Lack of understanding of the process.
- Difficulty making a choice.
- Lack of skills.
- Experience with repeated failure.
- They would rather just not think about their health.
- Changes due to aging, new diagnosis, changing of the DSM, new illegal drugs coming out, trauma, hopelessness, and changes in life expectancy.
- *Internalized-stigma* and *stigma* in everyday speech.
- Madeline’s story.
Purpose and Objectives

- How do we instill confidence and knowledge in someone’s ability to help them manage their own healthcare?
- How do we get somebody to understand the care process so that they feel capable managing their own health/recovery?
- How do we get a person’s involvement and actively engage participation?
Involvement and Participation

- The most important quality characteristic commonality is trust.

- How do you promote cooperation? (We need “buy-in” every time we see them.)

- You can’t dictate other people’s priorities and tell people what to do.
The Benefit of the Hassle

- **Obstacle:** We live in an underdeveloped healthcare system, where needs are immediate, and the community resources are ill-equipped to respond at top speed.

- **The Hassle:** It takes executive functioning to access services and navigate both the system and the life changes that come with recovery.

- **There’s not one place to get every single thing that you need, but that hassle is important for building skills necessary for better health.**
Emotional Practice Field using "FPS"

FPS is short for Feeling Problem Solution. Each base, first, second, and third, represent the goal of communicating effectively. Think of doing so as hitting a home run in a baseball game. You are the Speaker up at bat. The Lister acts like the "pitcher". Your job as the batter is to make it to each base, safety, in order of how the game of baseball is played. Using PSF or SPF to speak to others is considered a "Foul," in other words it’s not how you want to communicate. Playing baseball isn’t about going to Third base, first, and neither is using FPS! Visit us at: https://www.facebook.com/groups/AngerManagement101/

(F) = Feeling

Second Base

"Second Base" is about identifying the Problem. What is it to you. State it clearly after the feeling.
- The problem I noticed was
- The problem is
- The problem I see

(S) = Solution

Third Base

"Third Base" is about you presenting a negotiable Solution. Present a solution, after the problem.
- We should solve this issue together by...
- I would like it if there was more of...
- Can you help me out?

(F) = Problem

First Base

"First Base" is about noticing your Feelings.
- I feel
- I’m annoyed
- I don’t appreciate

Listener

Speaker

Home Plate

Foul Line (SPF)

Foul Line (PSF)

Created and developed by Ijomere Joseph, 3/30/15
Different Levels of Activation

1. People tend to be passive and overwhelmed by the thought of managing their own health. They do not understand their role, or the process.

2. People have a lack of knowledge and skill of how to manage their own health.

3. People appear to be taking action, but lack confidence and self-esteem to truly participate in their own health care management.

4. People have incorporated and adapted different behaviors to support their recovery needs. They still need assistance maintaining their health.
Patient activation has been found to be highly relevant to the outcomes of people with mental health disorders, including depression, post-traumatic stress disorder, bipolar disorder, anxiety, and schizophrenia (Cabassa et al 2013; Kukla et al 2013)
For Consideration

- Invite discussion of best practices.
- Suggest what to do next (strategies).
- Identify action items.
It’s imperative that we work collaboratively as a community, and motivate each other to be part of the change.

The person in need of services is the only person who can effect the changes in their lives that they need.

When that person trusts the community that provides the resources, success happens.
ACMHA

ACTIVATION OF RECOVERY PRINCIPLES AND PRACTICES FOR HEALTH LITERACY

Joe Powell LCDC, PRSS
President/CEO
APAA - Association of Persons Affected by Addiction
PRINCIPLES

• **ALL PATHS/ROADS OF RECOVERY HAS PRINCIPLES**

• Honesty about how healthy am I   (Step I)

• Hope  (Step II)
  • Do I believe that a power greater than me could restore my physical health
  • Do I believe that I have sane thinking about my health

• Willingness to change my health status  (Step III)
  • Am I willing to connect and communicate my mental, physical emotional self/health with my healthcare provider, Peer support, family, friends for my wellbriety

• Trust the process
  • How did I get here?
  • How am I staying clean and sober
  • Uncover to discover, how we Recover
• WHAT WE ARE TAUGHT, WE LEARN
• WHAT WE LEARN, WE PRACTICE
• WHAT WE PRACTICE, WE BECOME
• WHAT WE BECOME HAS CONSEQUENCES,

• GOOD OR BAD

• THE CHOICE IS OURS
• WHAT ARE WE TEACHING? HEALTH LITERACY
• PEERS LEARN FROM PEERS
HEALTH LITERACY

ACCORDING TO HEALTHY PEOPLE 2010, AN INDIVIDUAL IS CONSIDERED TO BE "HEALTH LITERATE" WHEN HE OR SHE POSSESSES THE SKILLS TO UNDERSTAND INFORMATION AND SERVICES AND USE THEM TO MAKE APPROPRIATE DECISIONS ABOUT HEALTH.

LACK OF HEALTH LITERACY IS ESTIMATED TO COST $106-$236 BILLION ANNUALLY.

ACTIVATION GOES BEYOND SEEING A HEALTH CARE PROVIDER AND UNDERSTANDING HOW TO PROMOTE RECOVERY; IT’S THE ART AND SCIENCE OF TAKING ACTION ON THE INFORMATION YOU HAVE BEEN GIVEN. IT’S DOING THE THINGS NECESSARY TO MOVE TOWARD RECOVERY AND WELLNESS.
Welcome to Recovery:

5 A’s of Activation

Available – be of service and support how peers live their lives, Strong Peer Network, ”Peers go where no man has gone before”

Consumer Choice

Accessible – Easy Access, Referral process, wait time for appointment, No wait time for service, hours and days of operation, travel time, travel access- by car, parking, public transportation

Affordable – No Cost to explore recovery, Peer driven

Appropriateness – 1) offer – Screening, tools, take cultural issues into account in recovery plans, implementation and recovery  2) Self-Assess health for literacy status, including assess medications to achieve recovery outcomes

Acceptable community services are Culturally Congruent with 16 year history of recovery principles, practices, performance of Peer Recovery
RECOVERY CAPITAL & LEVEL OF HEALTHCARE PLACEMENT

High Recovery Capital
Health Activation

Low Health Literacy
Severity/Complexity

Recovery Capital/Problem

Health Literacy Activation
Severity Matrix

Low Recovery Capital
Low Health Literacy

High Problem Severity/Complexity = In Patient Treatment
• 1st SAMHSA funded Peer to Peer Recovery Community Organization in Texas - 1998
• Value Options Peer Provider - 2007
• America Honors Recovery Award - 2010
• Currently the only RCO with a National Accreditation for Peer Recovery Support Services (CAPRSS 2014) in Texas
• Texas DSHS Trainers for Peer Specialist and Peer Recovery Support Specialist
• Million Hearts Collaboration 2014
ARCC – APAA
Recovery Community Center

Groups/Workshop
- Orientation
- Morning Meditation
- Criminal Justice
- Co-occurring
- Family Recovery
- Recovery 101
- Peer Leadership Development
- Dual Recovery Groups
- Relapse Prevention
- Life Skills
- Early Recovery intervention
- Recovery

COURT/CJ
- Court, Divert & Re-entry, Community Court
- Community Service

Coach/Peer Navigators
- Green Oaks Hospital
- Treatment Centers

Educational Trainings
- Computer Training
- GED Classes
- DSHS-PRS CERT. Training
- DSHS Co-occurring Module
- Media Message Advocacy Training

Health & Wellness
- Yoga
- HIV Awareness

12 Step Fellowship
- NA meetings
- AA Meetings
- Bilingual meetings
- Celebration Recovery
- Peer Hurdles

Social Engagement & Activation
- Jammin n’ Recovery Dances
- Recovery at the Movies
- Recovery Café
- Rally for Recovery
- Family Support & Events
- Recovery Walks
- Recreational and Social Outings
- Wellness Team
PEER WORKFORCE NETWORK

Peer Support: Integrity, Quality Recruitment

• Addressing fears by peer workforce that professionalism will lead to co-optation and fears by traditional workforces that peers will “de-professionalize” the workforce

• Negotiating and maintaining collaborations that promote integrity of the peer workforce and discover ways to educate providers on working with peers and on supporting the development of the peer workforce

Peer Support: Integration is an expectation

• Services: Mental health and addiction, Behavioral health and primary care, Manage Care Peer Support

• Roles for Peer Supports & Services: veterans, probation, parole, crisis intervention team, mental health and drug court initiatives, housing, child/family services

• Roles for Peer Support and Services: Wellness/health coaching and support services
APAA HEALTH LITERACY & ACTIVATION STRATEGIES

Strategies

• Educate on health literacy to the whole community about the reality that people, family and communities recover from addiction and mental health challenges.
• Advocate for Wellness, Recovery and Whole Health
• Change the language to strength base whenever possible
• Promote recovery at schools, hospitals, jail, treatment centers, courts, movies, celebrations, town hall meetings, everywhere.
• Have a seat at every table when possible and bring recovery to spread – “Recovery is contagious”
• Provide Healthy (warm) Handoffs, 24/7 Recovery line and traveling companions
PERFORMANCE OUTCOME

• Puts Health First / Recovery First
• Knowledge, Skills and Attitude of Being Grateful for.....
• Connected to higher self, others and healthy activation
• Friendly Cultural Congruent healthcare Support

✓ Learning daily revitalization (energy – healthy food, sleep, exercise, support groups, prayer, meditate, etc.)
✓ Connected to healthy pleasure for self care
✓ ACTIVATES OF NEW HELP/SUPPORT SEEKING SKILLS
✓ Find Time for relaxation and self revitalization
✓ Telling our story – healing the community
✓ Spiritually Connected / belonging and part of Community
WHAT ARE THE NEXT STEPS?

- Family Engagement & Activation
- Prevention & Integrated Services
- Community Health Literacy Development