



The WIPHL Word

Wisconsin Initiative to Promote Healthy Lifestyles

December 2008

www.wiphl.org

Volume 2 No. 12

Director's Desk

Happy Holidays—and Safe Celebrations!

By Richard L. Brown, MD, MPH

The holidays are a joyous time of year, but as we know, they also can be stressful—particularly for people who are trying to abstain from alcohol. A lighthearted toast for you may be another person's trial.

“There's something in the alone-in-the-crowdness of the holiday party circuit, the forced pleasantries and laughter, the charge to be friendly and engaging—but only in a trivial and superficial way—that is very much like the existential condition of the alcoholic psyche. So the holidays not only remind me of drink; they remind me of how it felt to be a drunk,” writes Jim Atkinson in a piece for “Proof: Alcohol and American Life” a new blog at *The New York Times* (see, too, Harold Gates' reference to this piece on page 3).

But even those of us who do not have a drinking problem need to exercise extra caution around the holidays, especially when it comes to drinking and driving.

Even a few social drinks put our bodies to the test. Although the legal definition of intoxication is a blood alcohol level of .08, drivers begin to lose coordination at a level of .02. For a small woman, this happens with one standard drink. For a large man, this happens with one to two drinks. It takes about an hour for a drink to completely enter a person's system, and another hour for the liver to completely process the alcohol. That means allowing plenty of time between the last drink and driving home. If you think that most “drunk drivers” are repeat offenders, consider this: 92% of all alcohol-involved car crashes occur with individuals who have never had a DWI!

One good strategy for safe celebration—besides counting your drinks—is to alternate alcoholic drinks with non-alcoholic beverages. To make that easier, we are pleased to offer several recipes for tasty “mocktails.” They have all

been tested by Jessica Link, our intern and a UW graduate student in public health. From all of us at the WIPHL Coordinating Center, cheers—and safe, happy holidays!

Baby Bellini

Ingredients:

2 oz. peach nectar
chilled sparkling cider

Preparation:

Pour peach nectar into a champagne flute.

Slowly add the sparkling cider.



Virgin Bloody Mary

Ingredients:

3 oz. tomato juice
1/2 oz. lemon juice
1 dash Worcestershire sauce
celery salt
ground pepper
hot pepper or Tabasco sauce

celery stalk for garnish

Preparation:

Build the liquid ingredients into a highball glass over ice cubes.

Mix well.

Add seasonings to taste.

Garnish with celery stalk.

Virgin Sunrise

Ingredients:

orange juice
grenadine
orange slice for garnish

Preparation:

Fill a highball glass with ice and orange juice.

Slowly pour grenadine over the juice. It will sink to the bottom and slowly rise to the top as you drink.

Garnish with orange slice.

Feedback and Evaluation in an MI World

By Laura Saunders

This month marks the end of Quarter One for Contract Year Three. For the first two months, WIPHL sites have been receiving detailed monthly reports. In preparation for the end of the first quarter, that report has been amended in the hope that it will be even more useful.

Personalized feedback like this is something that the health educators use every day in their work with patients. We know that personalized, meaningful information is the most useful for recognizing success and making behavior change. In turn, the health educators get personalized feedback on their work with the patients. As a part of their monthly check in, we review their audiotape submission and discuss the strengths. If there are any areas needing improvement, we discuss those. After the discussion, the health educators choose which areas to work on and how they want to go about becoming more proficient.

At the WIPHL Coordinating Center, we strive to seek feedback and adjust accordingly. Examples include changing the curriculum and format for many of the sessions in our initial health educator training based on feedback from the health educators and reducing the number of questions on the Patient Satisfaction Questionnaire based on feedback from clinics.

We strive to use this same motivational interviewing (MI) philosophy in providing information to our clinic partners. In the spirit of motivational interviewing we strive to:

- 1) Celebrate successes—all successes should be celebrated, both large and small. All are indicators toward change!
- 2) Frame previous attempts as learning opportunities. What has worked in the past? What would have to be different for this to work now?
- 3) Present a menu of options. When posing a plan, it is important to present a menu of ways to change. People want to hear all the ways that they can change and choose the one that works best for them rather than be told how the change will happen.

In the true spirit of MI we view lack of success as a weakness in the plan, not the person. When all doesn't go as planned, it's important to look at the plan for getting there. People don't fail, plans do. Oftentimes we just need to reconsider what will work better and try that. Even things that didn't work before might work now, depending on what else has changed.

Sign Up Now for January 20 Talk on Domestic Violence

The **WIPHL Speaker Series** continues with a talk about domestic violence by Rachel Rodriguez, RN, Ph.D., an assistant professor of nursing at Edgewood College and the former director of Unidos Against Domestic Violence in Madison. She will discuss her work with patients experiencing domestic/intimate partner violence and how SBIRT services can help such patients in general medical settings.

When: Tuesday, January 20, noon to 1 p.m.

Where: At your desk! (Free teleconference, with PowerPoint slides and other materials to be made available beforehand.)

How to register: Go to Wisline registration: <http://www.uwex.edu/ics/wlreg/wlwelcome.cfm>. If you do not already have an account, you will be guided through steps to create one. If you have any registration questions or problems, please contact Wisline at 608/262-0753 or e-mail wislineaudio@ics.uwex.edu. For any other questions, please e-mail info@wiphl.org.

Please sign up at your earliest convenience—waiting until the last minute can result in event cancellation or unnecessary charges to us.

Looking Ahead to the New Year

By Harold Gates

As 2008 comes to a close, this has been a time of transition both nationally and locally. President-elect Barack Obama will usher in a “new era” in Washington on the heels of Dr. Martin Luther King Day, which is now a federal holiday. We here at WIPHL will start the new year with much accomplished and more work ahead of us. We will be gearing up to move into more clinics around the state with training for Wave 6 health educators. These are just a few of the things that will keep us busy as we begin 2009.

This month’s column will cover a number of areas. The first is a reference to *The New York Times*’ blog, “Proof: Alcohol and American Life.” In a piece called “It’s the Holiday. How About Just One?” writer Jim Atkinson recounts in vivid detail what it’s like to be clean and sober in a society that celebrates a lot with alcohol—and the effect of those traditions on people who want to remain sober. We’ve posted the piece on our website at under News/Related News, www.wiphl.com/news/index.php?category_id=3218.

The next item is a public policy document prepared for the National Highway Traffic Safety Administration (NHTSA) in October titled “An Examination of the Criticisms of the Minimum Drinking Age 21 Laws in the United States from a Traffic-Safety Perspective.” This report makes the case for keeping the minimum legal drinking age 21, taking into consideration lives saved, underage drinking drivers, and fatal crashes. This document can be of use to WIPHL’s Governor’s Policy Subcommittee working on access for adolescents or other organizations looking at this problem. It is posted on our website under Policy/Increase Patient Access to WIPHL Services/Related Articles, www.wiphl.com/policymakers/index.php?category_id=3667&subcategory_id=5021.

Wisconsin Literacy will hold its 2009 Health Literacy Summit in Madison March 31–April 1 at the Alliant Energy Exhibition Center. The summit will include presentations on the National Agenda for Health Literacy from the National Institute of Health and the Center for Disease Control’s

Health Literacy Workgroup, the Joint Commission’s new health literacy standards, health literacy initiatives from other states, refugee health literacy, health literacy curricula, and literacy interventions in health care. For more information, contact Wisconsin Literacy at (608) 257-1655 or info@wisconsinliteracy.org.

Finally, I invite you to our first quarterly Cultural Competency Committee meeting of the year. The meeting will take place at the WIPHL Coordinating Center at 5901 Research Park Blvd., Suite 110, Madison. You can also attend via teleconference:

Toll Number: (608) 265-1000

Toll Free Number: (800) 462-1257

Passcode: 0826

Tentative Agenda:

Welcome/Introductions

Round Robin/Hot Topics

Case Study

Health Literacy (i.e., protocol, patient brochures)

Announcements/Next Steps

Please join us as we start off our cultural competence efforts and generate thoughts for our upcoming 2009-2010 Cultural Competence Work Plan and Health Educators Teleconferences. As always, if you need technical assistance or want to discuss issues related to cultural competence, please do not hesitate to call (608) 265-4032 or e-mail me at Harold.Gates@fammed.wisc.edu. Have a happy holiday season. I look forward to seeing you next year.

Month End Data

November 15, 2008—December 14, 2008

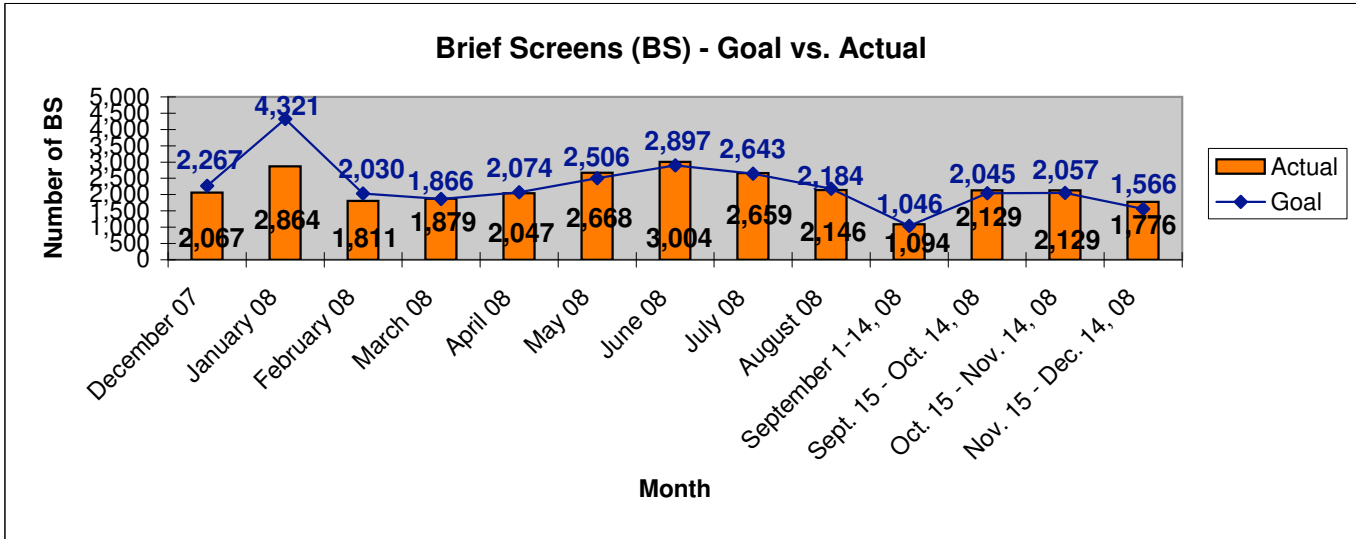
Clinics	Eligible for BS*	Completed BS	% BS Completed	Positive BS	% Positive BS	Completed FS	% FS Completed
Wave 1							
Northeast	286	249	87%	67	27%	59	88%
Polk County	88	86	98%	26	30%	20	77%
St. Joseph's	94	92	98%	28	30%	30	107%
<i>Totals</i>	468	427	91%	121	28%	109	90%
Wave 2							
Amery	144	132	92%	43	33%	32	74%
FamHit/LaCl. (0.5 FTE)	82	82	100%	26	32%	21	81%
Menominee	181	131	72%	24	18%	31	129%
<i>Totals</i>	407	345	85%	93	27%	84	90%
Wave 3							
Mercy Clinic South	179	157	88%	38	24%	28	74%
Waukesha	208	143	69%	36	25%	26	72%
<i>Totals</i>	387	300	78%	74	25%	54	73%
Wave 4							
Minocqua	162	141	87%	39	28%	27	69%
St. Luke's	185	143	77%	35	24%	32	91%
<i>Totals</i>	347	284	82%	74	26%	59	80%
Wave 5							
Family Care Center	98	87	89%	32	37%	26	81%
Mayfair (0.5 FTE)	296	277	94%	58	21%	17	29%
Milwaukee Health Services (0.3 FTE)	31	30	97%	6	20%	4	67%
Scenic Bluffs (0.2 FTE)	19	19	100%	3	16%	3	100%
St Croix Tribal Clinic (0.5 FTE)	35	7	20%	0	0%	0	N/A
<i>Totals</i>	479	420	88%	99	24%	50	51%
Grand Totals	2,088	1,776	85%	461	26%	356	77%

*Eligibility varies by clinic

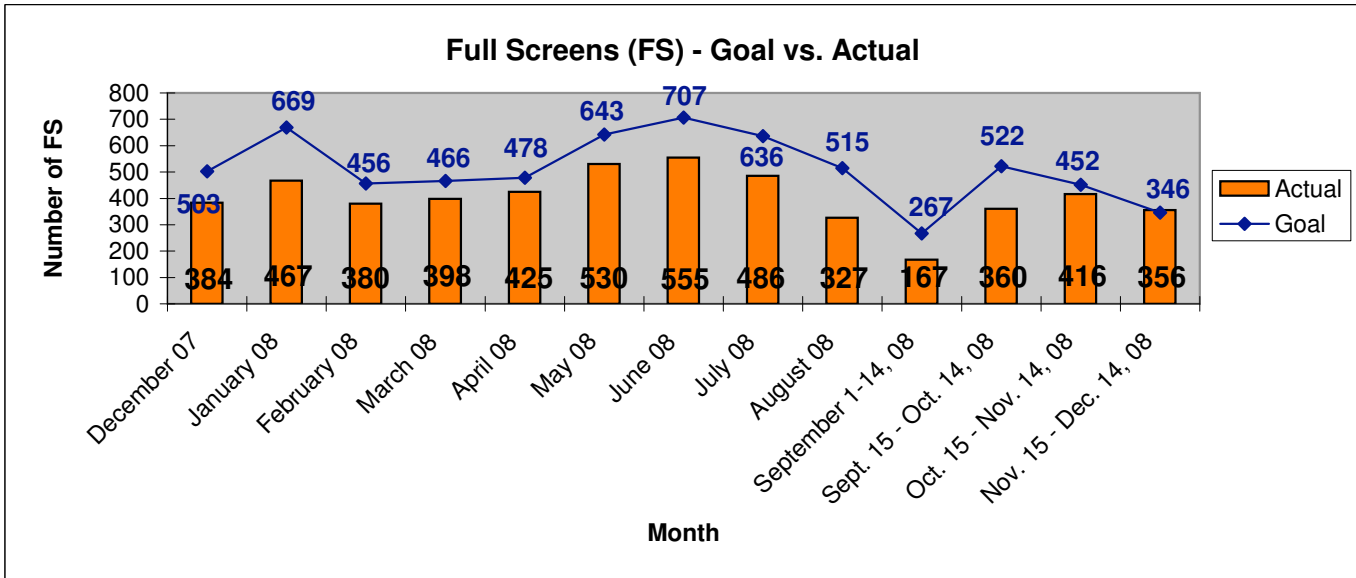
Data in this and accompanying charts compiled by Jessica Wipperfurth

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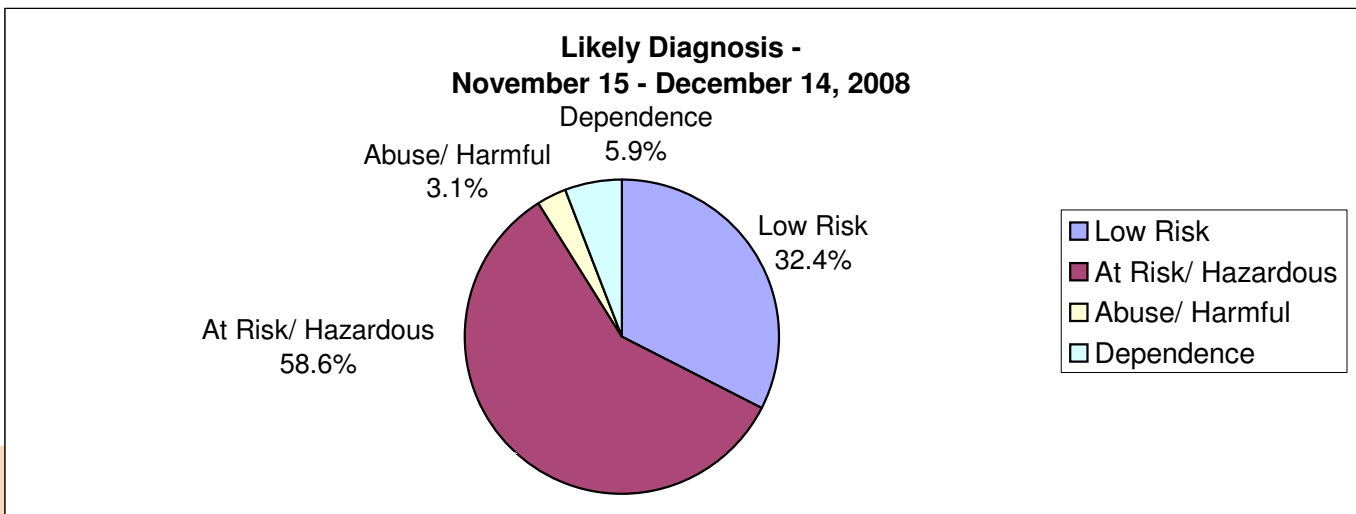
Year to Date Data



Actual: Number of brief screens completed
 Goal: Brief screen 75% of eligible patients



Actual: Number of full screens completed
 Goal: Year 3 (Sept. 15, 2008 - Sept. 14, 2009) - P4P Clinics: Full screen 75% of patients who brief screen positive
 Goal: Year 3 Quarter 1 Goal (Sept. 15 - Dec. 14, 2008) - WIPHL Funded: Full Screen 150 patients per clinic (prorated based upon % FTE)



Calendar

December 18

Governor's Policy Subcommittee Meeting, Access for Adolescents, 11 a.m.–1 p.m.

January 20

Governor's Policy Subcommittee Meeting, Co-Occurring Conditions, 11 a.m.–1 p.m.
WIPHL Speaker Series, Rachel Rodriguez on domestic violence, 12–1 p.m.

January 29-30

Health Educator Retreat

For other health educator meetings, please see www.wiphl.org

The Last Word

A+ healthy (except for one thing)

From a clinic in southcentral Wisconsin

The patient was leading a very healthy lifestyle in most areas of the brief screen. Exercise? She walks her dog every day, bikes to work, and in addition rides her bike for an hour three to four times a week. Fruits and vegetables? She eats a ton. Smoking? God forbid.

And to her, there was nothing amiss in her alcohol consumption, which was one to one-and-a-half glasses of wine a day. She was surprised when her health educator informed her that drinking that amount put her at risk for high blood pressure and elevated cholesterol and triglyceride levels.

Upon learning this, she decided to have just one glass of wine, and not necessarily every day. This was a case where no motivational interviewing was needed. The only thing the patient had been lacking was information.

“She did the work for me,” says the health educator.

The meaning of a story like this for WIPHL? Proof again that even the most health-conscious people can benefit from SBIRT services.

The WIPHL Word is the monthly newsletter of WIPHL, the Wisconsin Initiative to Promote Healthy Lifestyles, an SBIRT program funded by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by the Wisconsin Department of Health Services (DHS), and coordinated by the University of Wisconsin School of Medicine and Public Health's Department of Family Medicine. Readers are encouraged to send suggestions and submissions to editor Joan Fischer at Joan.Fischer@fammed.wisc.edu.