



Your Voice, Your Choice!

MEMORANDUM

TO: Gaye Tolman
FR: Christy Dye
DT: January 20, 2010

RE: Peer Whole Health Initiative

Partners In Recovery is pleased to participate in this initiative, which aligns nicely with our Wellness City expansion (east Valley) and Community of Wellness collaborative events.

All PIR peer/family mentors will participate in the training. Our understanding is that the training imparts skills on how to set goals with participants on addressing specific health/wellness issues. Participants will be assisted in developing a plan and “enroll” in the whole health initiative at our two East Valley locations (Gateway and East Mesa). Other PIR campuses will carry out planning and education services, but participation in data collection will be voluntary. Our staff would then provide general orientation groups and targeted education sessions and activities (walking clubs, phone trees for smoking reduction, relaxation and stress groups) to assist participants in meeting their goals. All services would be billable as peer/family support, living skills, and (if other participating staff have a specialty certification, such as nurses) health promotion services.

PIR intends to focus on the east valley for data collection and evaluation. Gateway currently offers several wellness-focused groups that can be folded into this initiative. East Mesa is currently working directly with RIAz to open our first PIR Wellness City Center. The two campuses believe they can easily recruit 20-25 ongoing participants per campus. Campus Advisory Councils will also receive information on the initiative, our program strategies and review aggregate outcome data (no identifiers).

Participants will be asked to see their doctor and get a sign off to participate if their goals are to exercise, lose weight or manage diabetes. They will also need to sign a consent and be “enrolled” in the project for purposes of evaluation of outcomes.

Evaluation

PIR would maintain the enrollment list and goals for each person. We recommend participants self-monitor their own progress through a daily diary which MBH would



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make available. PIR also suggests a weekly “how am I doing” type survey for participants that would capture general well-being, attitude, hopefulness, etc.

The outcome areas proposed are:

Decreased BMI

Decreased weight

Improved blood pressure

Improved sleep

Increased distance in walking

Smoking less

Increase in PCP visits from baseline visit

In addition, PIR recommends an outcome that measure change in readiness to take action on health goals, such as:

of individuals who move from an education/orientation session to a plan goal

PIR recommends an evaluation team define the operational definitions for each measure in a manner that captures and celebrates incremental progress as well as longitudinal outcomes. Ease of data collection and minimal paperwork should be key criteria for the evaluation system.