

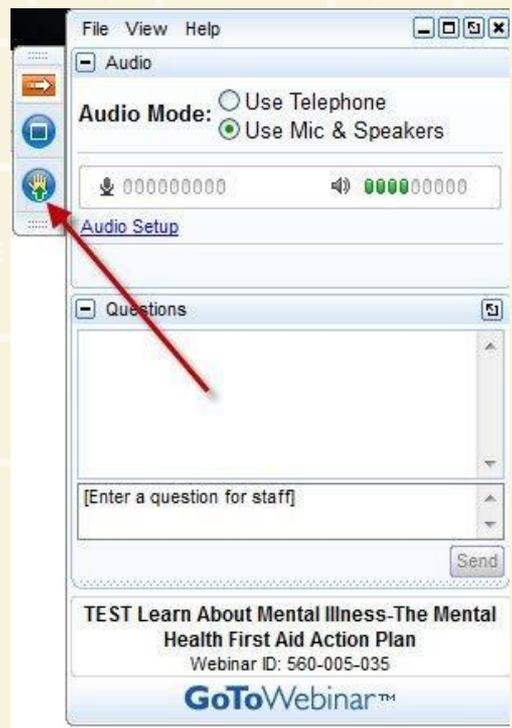


SAMHSA-HRSA Center for Integrated Health Solutions

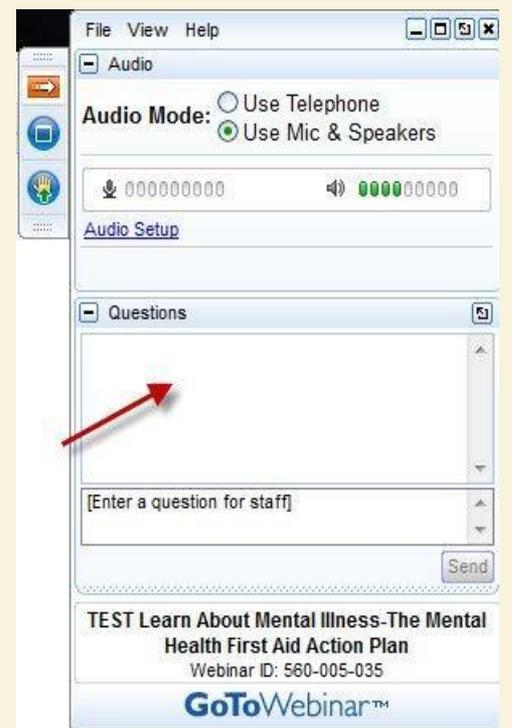
Is your Organization a Leader around Nutrition?

March 31, 2014

How to ask a question during the webinar



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Agenda

Nutrition Efforts within PBHCI

- Asian Counseling and Referral Service
- Capital Area Human Services District
- Presteria Center for Mental Health Services
- Weber Human Services

Creating a Culture of Wellness through Healthy Eating

- Common Ground, Oakland, MI

Discussion

Healthy eating activities and resources

- Field trips to farmer's markets or grocery stores
- Cooking classes
- Recipes and cookbooks
- Culturally sensitive resources
- Healthy snacks provided as incentives/during classes

Community Resources

- SNAP-Ed (Supplemental Nutrition Assistance Program Education)
- Agricultural Centers
- Students
- YMCA
- Community Centers

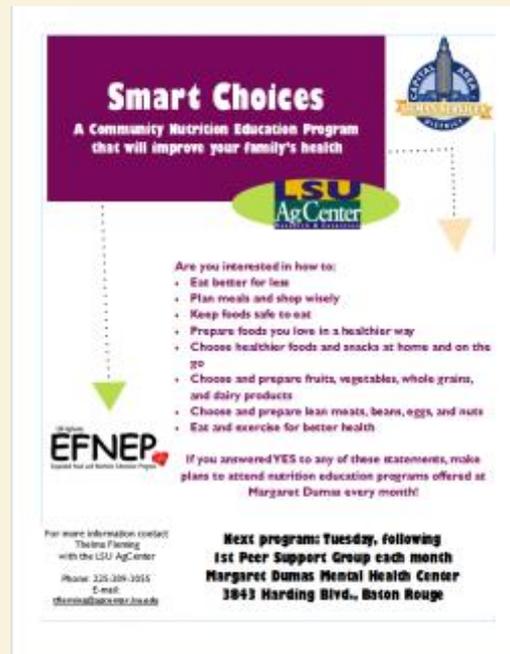
Grantee efforts



Asian Counseling and Referral Service Seattle, WA

Grantee efforts

Capital Area Human Services District Baton Rouge, LA



Smart Choices
A Community Nutrition Education Program
that will improve your family's health

LSU AgCenter
LIFE & WELLNESS

Are you interested in how to:

- Eat better for less
- Plan meals and shop wisely
- Keep foods safe to eat
- Prepare foods you love in a healthier way
- Choose healthier foods and snacks at home and on the go
- Choose and prepare fruits, vegetables, whole grains, and dairy products
- Choose and prepare lean meats, beans, eggs, and nuts
- Eat and exercise for better health

EFNEP
Expanded Food and Nutrition Education Program

If you answered YES to any of these statements, make plans to attend nutrition education programs offered at Margaret Dumas every month!

For more information contact
Thelma Fleming
with the LSU AgCenter
Phone: 225-336-3555
E-mail: thelma@agcenter.lsu.edu

**Next program: Tuesday, following
1st Peer Support Group each month
Margaret Dumas Mental Health Center
3843 Harding Blvd., Baton Rouge**

Grantee efforts

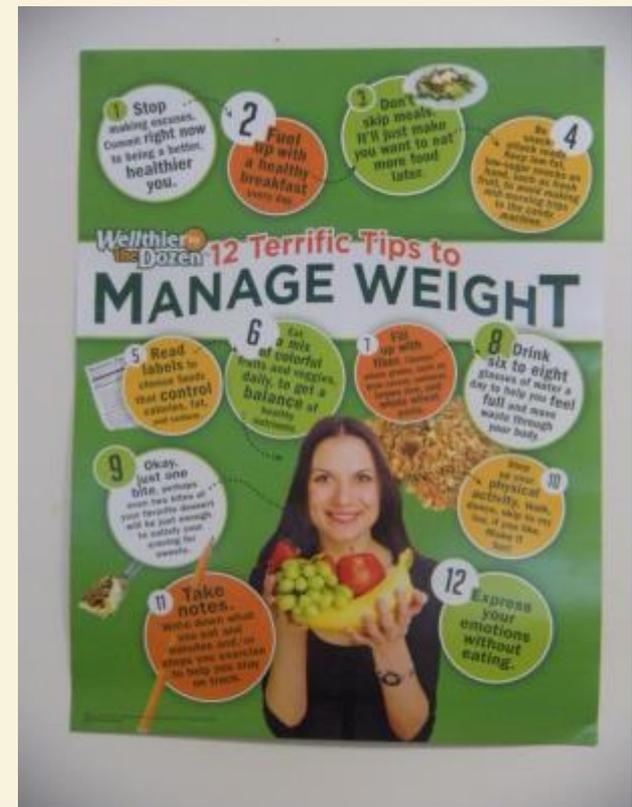
Prestera Center for Mental Health Services Huntington, WV



Grantee efforts

Weber Human Services

Ogden, UT

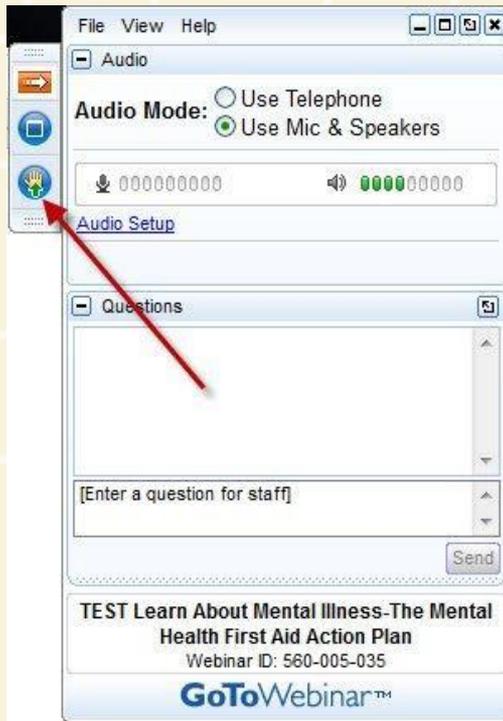


How are you Tracking Success?

- Run the numbers; take a look at nutrition education engagement (reducing sugary drinks) and key health indicators (blood glucose)
- Provide individualized wellness reports to PBHCI wellness/nutrition education participants
- Add nutrition/wellness goal into the clinical registry to alert staff when individuals may need some additional support
- Tracking engagement via passport-style wellness books with incentives to attend nutrition groups
- **Other examples?**

Q & A

How to ask a question



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SAMHSA-HRSA Center for Integrated Health Solutions

Wellness through Food Assessment Process

**Tony Rothschild
Rita Patel**



Common Ground

*helping people move
from crisis to hope*

Moving From Hot Pockets to Spinach Pancakes

How?

Step 1: Core Value

As part of *strategic planning* process
designate **WELLNESS** as a *Core Value*

How?

Step 2: Information gathering from people we serve

Workshop on how to eat well on a Michigan Bridge Card (food assistance program) as a test case

How?

Step 3: Develop an awareness as an agency starting with *board leadership*

- Generative discussion (part 1)
- What does wellness mean?
- How affect community we serve (SAMHSA)
- Findings of workshop

How?

Step 4: Generative discussion (part 2): What is our responsibility as an agency?

(Inform next steps)

- Food is always a natural part of services provided
- Food is also a central component to address wellness
- Links both physical and mental together and addresses whole person
- Foundational and related to other aspects of wellbeing including mental health
- Immediate and relevant: we all eat and identifying inter-relationships raises overall health awareness

How?

Step 5: Setup Task Force - assessment of programs and meetings

(Members: Board & Staff)

- Current State
- Staff Defined Needs
- Improvement Areas
- Gaps
- Report of State & Plan of Action

How?

Task Force Objective

Common Ground Core Value = **Wellness**

Task Force Objective = R & D current practices and new plan to improve wellness throughout the agency. 1st priority: **Food** common to all, foundational, and the gateway to other dimensions of wellbeing [physical & mental health]

Aligned with SAMHSA's Recovery Support Strategic Initiative (health, home, purpose & community) = to **support a life in recovery**

Why relevant? In the young field of nutrition and a market society, the messaging can be fragmented, incomplete, outdated, and biased leading to confusion and ill effects from varied beliefs inconsistent with true health.

Assessment

Purpose:

Review assessment of practices in place, methods, logistics, environment and type of food at Common Ground programs where food is either served or prepared for clients and staff in order to identify improvement opportunities for wellness.

General:

Collect information for each data point from multiple sources
Summarize and re-interview same and other staff
Gather basics from finance and from program staff
Summarize themes (addresses operations and culture)

Assessment

Basics: Collect information from finance/program operations and program staff

1. Number of individuals served at any given point
2. Age range and average age
3. Length of time in program/frequency
4. Budget for food/approximate expenditures – what is the corresponding line item in accounting and in the financials
5. Does staff eat with people served? How often?

Assessment

State of the State: Collect information from program staff at different levels (e.g., leadership, manager, peer supervisor)

1. Food sources (donated, purchased, delivered) - document frequency, who decided and when on the source, who is point person, process (including overflow), previous sources, staff observations
2. Food decisions - who decides and what are their perceptions about food in general and about the process
3. Environment - what type of facility and equipment, any voiced issues

Assessment

4. Food served / preparation - how often are the people served food while in the program and type (breakfast, lunch, dinner, snack, beverage)?
 - Menu planning?
 - Who prepares? How (e.g., microwave, cooking)
 - Level of training on skills required to prepare food
 - Perceptions about food / “healthy” eating
 - Any teaching of nutrition/cooking/health?
5. Who are staff accountable to for their role in procuring, preparing and serving food?
6. Culture of the program

Assessment

What is needed: Based on conversations and observations

- Standardized guidelines so everyone follows the same format for what is served and so that no one person becomes the only knowledgeable source
- Streamlined process
- Skills/awareness, tools and training for staff (food, cooking techniques, shopping, food preparation, storage, nutrition)
- Accountability to ensure proper implementation
- Knowledge of other options, healthy options and ideas on what to cook from other types of cuisines, foods and spices/herbs (e.g., Mediterranean)

Assessment

- Resource to address needs for different diets, health conditions or restrictions (vegetarian, gluten free, lactose intolerance, etc.)
- Life skills and other teaching resources
- Food management system
- Healthy ways to have food on the go and what to do with food choices when out
- How to re-work leftovers
- Health effects of food on weight and diseases
- Teaching resources
- Recipe resource

Assessment

Other wellness initiatives:

What are food or other wellness initiatives that staff, volunteers, people served have undertaken currently, past or planned for in the near future?

Assessment

Wish Lists:

In assessment ask staff what they would like for the people they serve

In assessment ask staff what they would like for the themselves from the agency

Assessment

Document Overall Themes – especially if multiple programs as an overall guide to discussion and planning

Example:

- Food and/or nutrition is not a focus in any program especially not as an opportunity to address wellness.
- There is not a specific budget line item for food. It is included in the line item of Supplies as Consumable Supplies so it is not fully separated from other items. As a result, it is not easy to see how much is spent on food without extra work.

Assessment

Example:

- There are no specified or standard guidelines or goals (designated internally or by funder) related to food or nutrition for each program.
- The current processes, methodologies and operations in place are directed by individuals in charge as determined by their constructs, preferences and knowledge. As a result, there is much variation and inconsistency in some programs.
- Quality and effort depends at times on individual's personal time and cost due to lack of organizational resources or designated funds.

Assessment

Example:

- It appears some of what is done in terms of food choices and places to shop is because of ease and cost perceptions. Also, some approaches and processes are performed a certain way because that is how they have been done in the past.
- Everyone wants to implement a program that focuses on being “healthy;” however, each person has a different idea of what healthy means.
- Staff members have competing views and approaches related to food and nutrition.
- There is a lot of sharing of food in some programs. This may be a possible opportunity.
- Staff members stressed that for any program to succeed there needs to be a way address accountability.
- There is a general scarcity mental model of thinking by staff.
- There is a need of for stress management/coping skills.
- The staff is on their own in terms of making choices for food to eat at work.

Plan Development

The plan developed and implemented will be within the framework of the current budgets and possible areas for savings.

Goals:

- Common Ground programs provide an environment and opportunity for clients and staff that support healthy (health sustaining) decisions for their ultimate wellbeing.
- Develop a "best practices" for industry that is consistent throughout Common Ground where both staff and clients benefit.

Plan Development, cont.

Categories addressed in assessment are used to outline the plan for each area

Common Plan Elements:

1. Policies / Procedures / Process / Measurement Tools for Assessment and Improvement
2. Accountability and continuous assessment at regular intervals for improvement built into the plan
3. Training and Tools (Life skills Teaching Resources and Health Education & Effects of Food Choices)
4. Integrated system to promote awareness and wellness among staff and clients
5. Collaborate with staff to ensure buy-in and viability
6. Based on goal for client: development of life skills through awareness for empowerment and fostering creativity and critical thinking. For example, educating the children in a family is a critical differentiating factor for changes to occur for a family as a whole. *Collection feedback from clients and essential component.*
7. Plan elements are independent modules developed for the program but can be adapted to other areas and uses
8. All tools, processes, etc. will meet / surpass standard, state/federal, USDA and program guidelines and be research based.

Plan Development, cont.

Points to highlight/discuss with task force:

1. Qualifications clarification
2. Three sections: Development, Implementation, Assessment for all programs
 - Implementation and Assessment plan same for all programs;
 - Development has multiple overlaps among programs
 - Highlighted sections are specific to that program
3. When materials developed – tailor to make available to staff (i.e. this format is employed in one-on-one coaching sessions.
4. Risks/Issues
5. How to proceed: Program by program or multiple at a time?
6. Regular communications (weekly) on progress of plan
7. What to present at September Board meeting

Post Plan Development: During Implementation

How?

Step 6: Policy (Board approved)

Address

- Organizational change
- Staff adoption
 - Compliance & accountability

What we learned

(taking a step back – our step 7)

Knowledge

- In the young field of nutrition and a market society, the messaging can be fragmented, incomplete, outdated, and biased leading to confusion and ill effects from varied beliefs inconsistent with true health.

Staff wanted the same support

Training was not going to be effective in adoption;
we have to address culture

How? (Part 2)

Direct Experience, Sharing, Care for Caregivers (Employees), Employees' Voice

- Wellness Coaching
- Wellness Champion – migrate from external to internal ownership
- Leadership Team Engagement
- Employee Wellness Ambassadors – a representative Committee
 - Employee wellness survey
- Multiple opportunities to engage
- Non-punitive

How?

Step 8: Procedures (leadership team approved with staff feedback and discussion)

Collaboratively Developed
Address

- Organizational change
- Staff adoption
 - Compliance & accountability

How?

Step 10: Directives (employee wellness team approved)

Collaboratively Developed
Address

- Organizational change
- Staff adoption
 - Compliance & accountability

Contact

Tony Rothschild

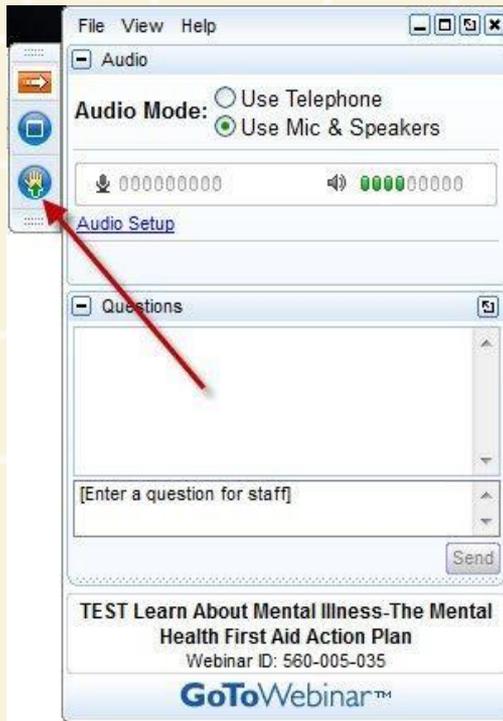
trothschild@commongroundhelps.org

Rita Patel

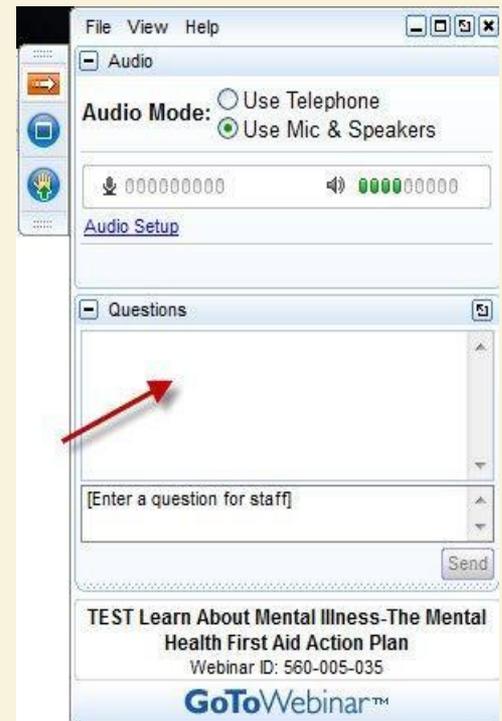
ritagpatel@gmail.com

Q & A

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April TA

- Tobacco treatment online training series – April 9, 16, 23 and 30 with follow up calls on April 11 and 21
- Peer specialists call – April 15
- Project directors leadership consultation calls – April 14, 15, and 16
- Health behavior change small group discussion call – April 25

For questions on the above or for other TA requests,
please contact Emma!

Emmag@thenationalcouncil.org