



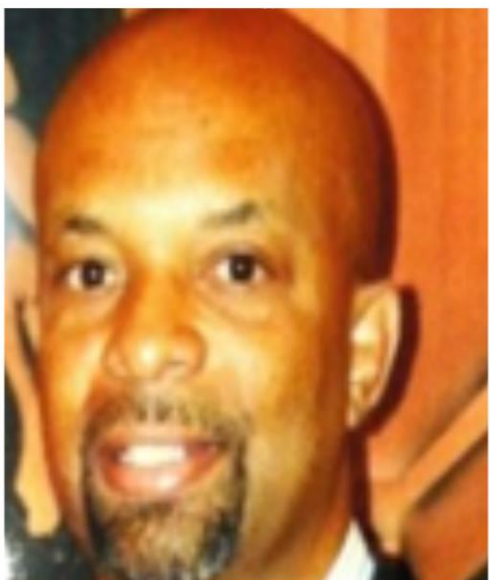
IUPUI

RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH

INSIGHTS & INNOVATIONS

CULTURE OF HEALTH

Improving Population Health, Well-Being, and Equity



Brent Anderson

Medical Practice Coach
Indiana State Department of
Health



Tess Weathers, MPH

Research Associate
IU Richard M. Fairbanks
School

Agenda

- *Introduction*
- *Culture of Health Framework*
- *Stress: How the Social World “Gets Under the Skin”*
- *Brief Action Planning: A tool to help manage chronic disease, reduce stress, and health care costs within Indiana’s safety net*
- *Questions, comments, open discussion*
- *Close*

Learning Objectives

Participants will be able to articulate factors that support the full continuum of health and well-being, including a) enhanced individual and community well-being, b) managed chronic disease and reduced toxic stress, and (c) reduced health care costs.

CME Learner Information

Learning Objectives

At the conclusion of this program, participants should be able to:

- Identify linkage to electronic medical record as an instrument to health system integration
- Identify strategies for partnering with hospitals
- Identify using the consumer experience as an indicator of quality

Accreditation Statement

Indiana University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement

Indiana University School of Medicine designates this live activity for a maximum of 1.00 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, educational programs sponsored by Indiana University School of Medicine (IUSM) must demonstrate balance, independence, objectivity, and scientific rigor. All faculty, authors, editors, and planning committee members participating in an IUSM-sponsored activity are required to disclose any **relevant financial interest or other relationship** with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services that are discussed in an educational activity.

CME Learner Information - *Continued*

Disclosure Summary

The following planning committee and those in a position to control the content of this activity have disclosed no relevant financial relationships:

JoBeth McCarthy, MPH, CPH

Joan Duwve, MD, MPH

Carole Kacius, PhD

Brent Anderson

Tess Weathers, MPH

CME credit will be awarded and certificates emailed within 3 weeks. The course evaluation will be sent immediately following the activity. For questions and concerns, please contact **IU School of Medicine, Division of Continuing Medical Education** at 317-274-0104 or cme@iu.edu

Please note: CME credit will not be awarded for viewing the recording of this live activity.

CEU Information

InSOPHE

Indiana Society for Public Health Education

The Indiana Society of Public Health Educators (InSOPHE) has approved this session for 1.0 CEUs. If you are a member of InSOPHE and wish to receive credit for this webinar, please email Tiffany King at president.elect@insophe.org to receive the CEU evaluation.

CEUs can only be issued from the live webinar.

CEU Information continued



The National Board of Public Health Examiners has approved this session for 1.0 CEU. Be sure to maintain your credentials by applying this session to your online CEU log at <https://www.nbphe.org/staycertified.cfm>.

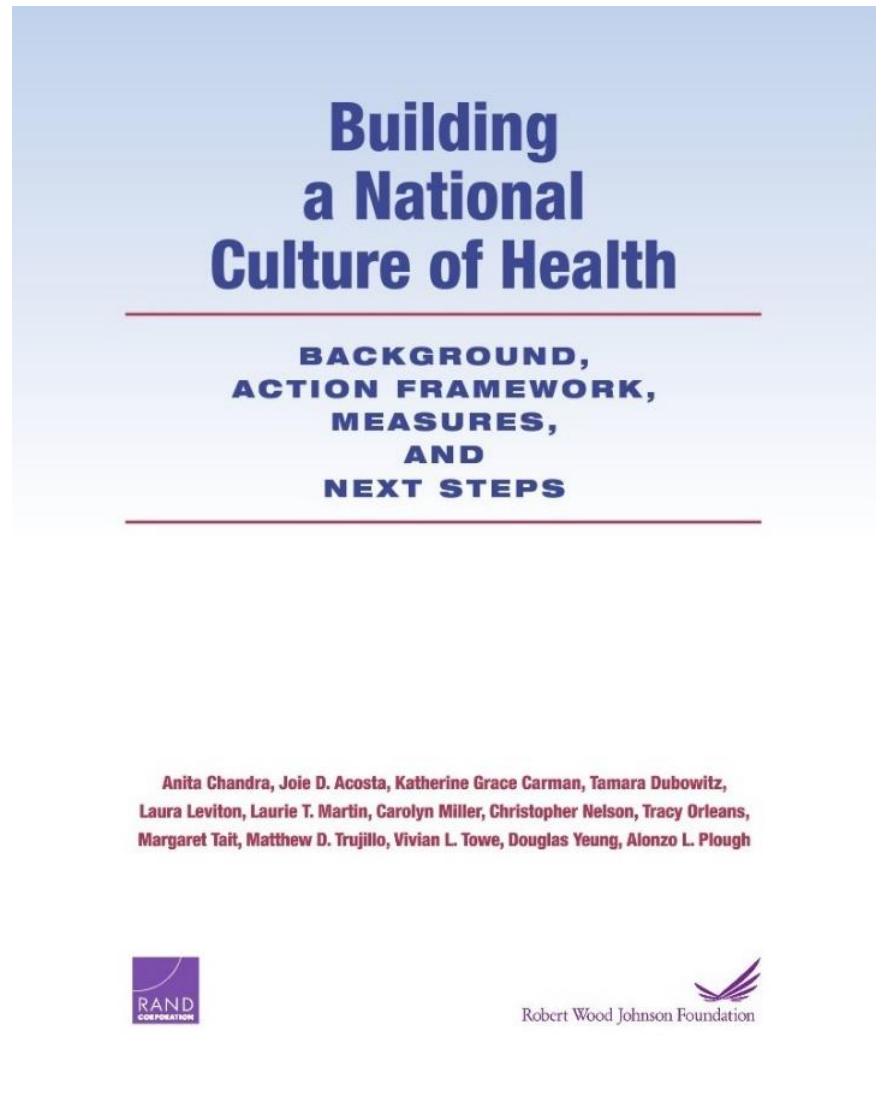
Registration is required for use of this credit.



Building a Culture of Health in Indiana

Improving Population Health, Well-Being, and Equity

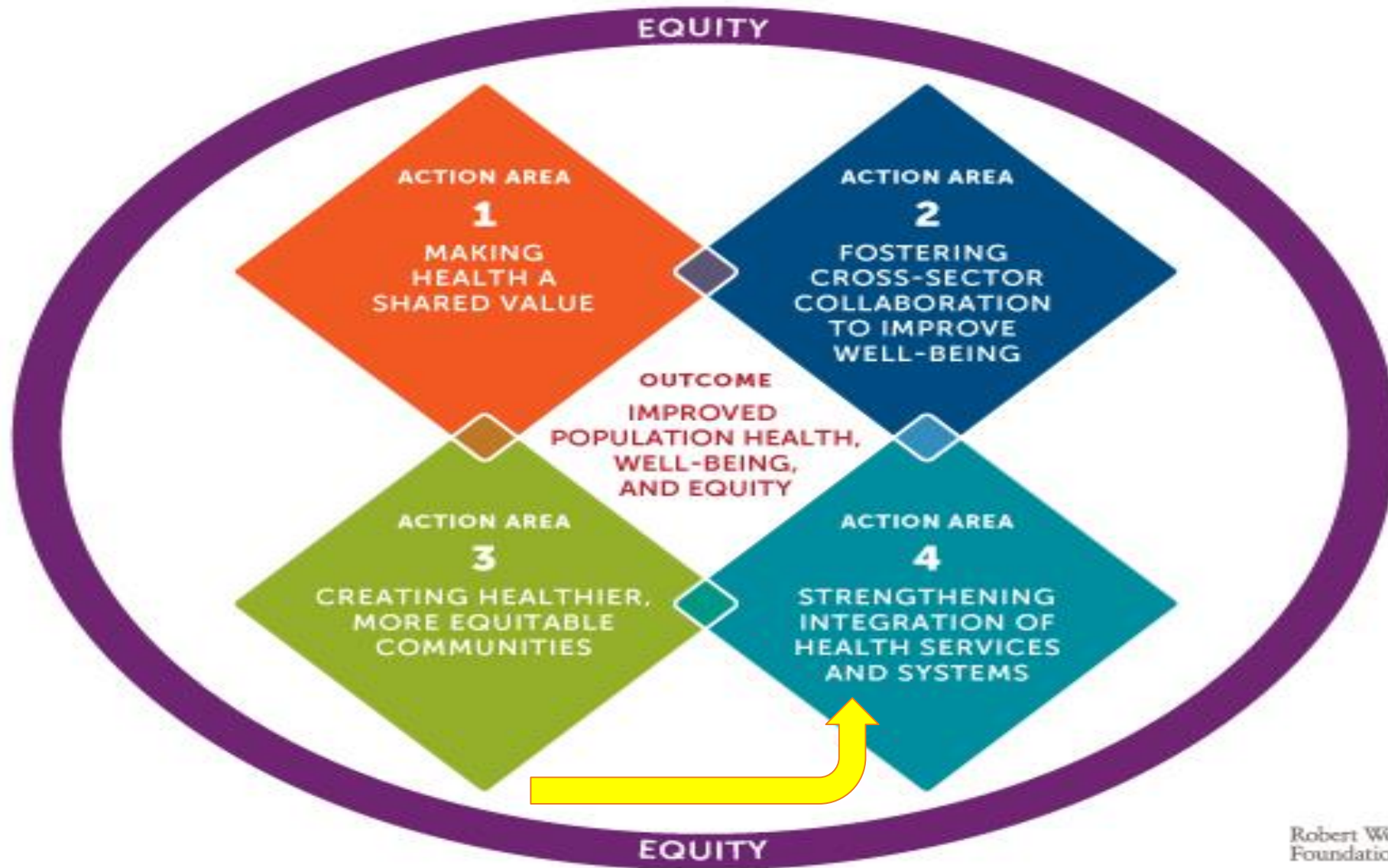
Evidence Base for Building a Culture of Health



Source: Chandra, A., Acosta, J., Carman, K., Dubowitz, T., Leviton, L., Martin, L., Miller, C., Nelson, C., Orleans, T., Tait, M., Vivian, T., Douglas, T., Plough, A. (2016). Building a National Culture of Health: Background, Action Framework, Measures, and Next Steps. Retrieved from the RAND Corporation on June 10, 2016

http://www.rand.org/content/dam/rand/pubs/research_reports/RR1100/RR1199/RAND_RR1199.pdf

CULTURE OF HEALTH ACTION FRAMEWORK



CULTURE OF HEALTH ACTION FRAMEWORK

ACTION AREAS	DRIVERS	MEASURES
1 MAKING HEALTH A SHARED VALUE	MINDSET AND EXPECTATIONS	Value on health interdependence Value on well-being Public discussion on health promotion and well-being
	SENSE OF COMMUNITY	Sense of community Social support
	CIVIC ENGAGEMENT	Voter turnout Volunteer engagement
2 FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING	ENUMERATION AND QUALITY OF PARTNERSHIPS	Local health department collaboration Opportunities to improve health for youth at schools Business support for workplace health promotion and Culture of Health
	INVESTMENT IN CROSS-SECTOR COLLABORATION	U.S. corporate giving Federal allocations for health investments related to nutrition and indoor and outdoor physical activity
	POLICIES THAT SUPPORT COLLABORATION	Community relations and policing Youth exposure to advertising for healthy and unhealthy food and beverage products Climate resilience Health in all policies
3 CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES	BUILT ENVIRONMENT/PHYSICAL CONDITIONS	Housing affordability Access to healthy foods Youth safety
	SOCIAL AND ECONOMIC ENVIRONMENT	Residential segregation Early childhood education Public libraries
	POLICY AND GOVERNANCE	Complete Streets policies Air quality
4 STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS	ACCESS	Access to public health Access to stable health insurance Access to mental health services Dental visit in past year
	CONSUMER EXPERIENCE AND QUALITY	Consumer experience Population covered by an Accountable Care Organization
	BALANCE AND INTEGRATION	Electronic medical record linkages Hospital partnerships Practice laws for nurse practitioners Out-of-pocket costs to health expenditure
OUTCOME	OUTCOME AREAS	MEASURES
IMPROVED POPULATION HEALTH, WELL-BEING, AND EQUITY	ENHANCED INDIVIDUAL AND COMMUNITY WELL-BEING	Well-being rating Caregiving burden
	MANAGED CHRONIC DISEASE AND REDUCED TOXIC STRESS	Adverse child experiences Disability associated with chronic conditions
	REDUCED HEALTH CARE COSTS	Family health care cost Potentially preventable hospitalization rates Annual end-of-life case management

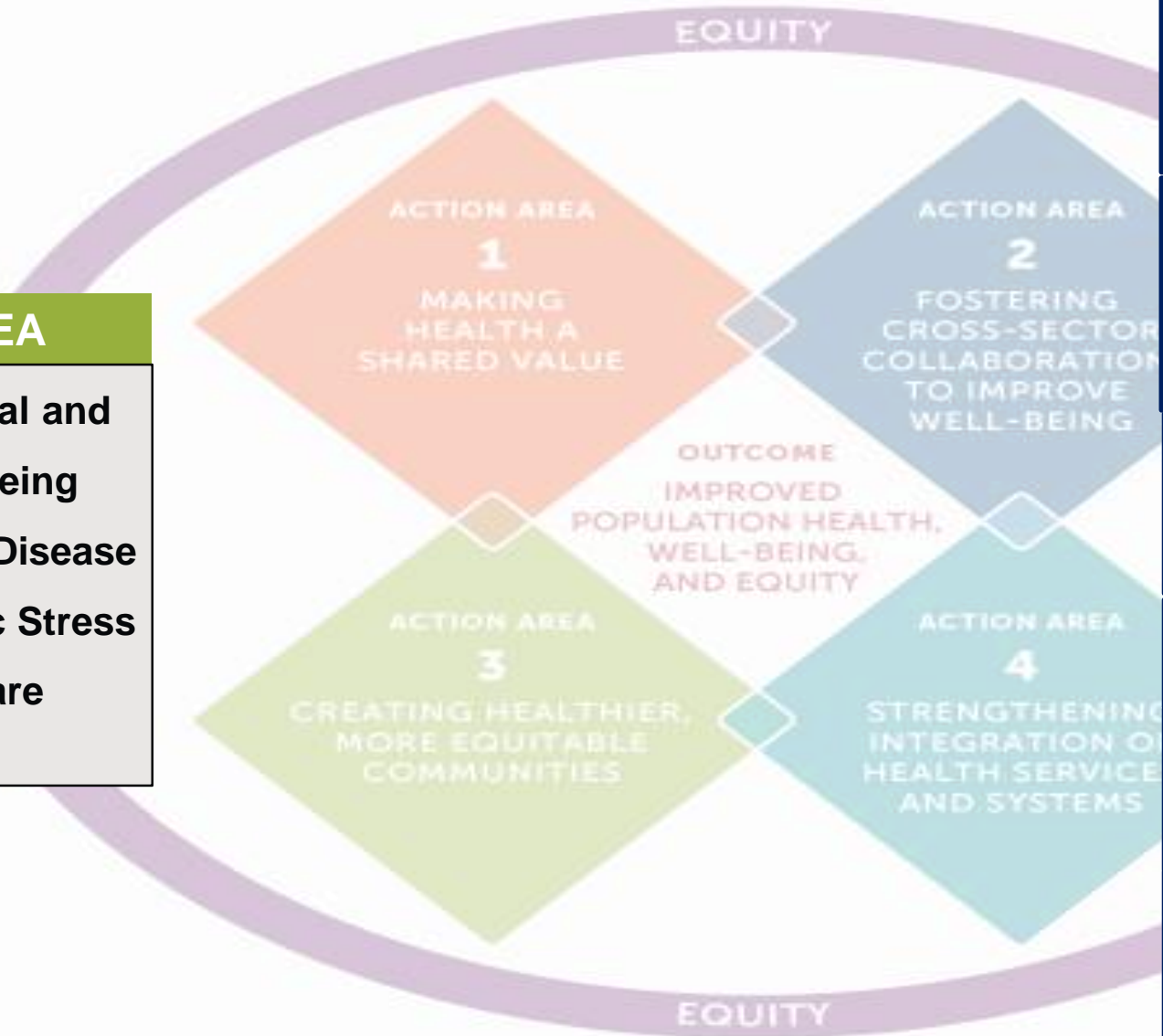


FOR DISCUSSION

CULTURE OF HEALTH ACTION FR

OUTCOME AREA

- Enhanced Individual and Community Well-Being
- Managed Chronic Disease and Reduced Toxic Stress
- Reduced Health Care Costs



Measures
<i>Average amount of out-of-pocket spending on caregiving; impact on caregiver financial and emotional health</i>
<i>Percentage of parents or guardians reporting that their child had two or more family-related ACEs.</i>
<i>Number of disability-adjusted life years (DALYs) of the top ten U.S. chronic diseases.</i>
<i>Average health care expenditure by family.</i>
<i>Overall U.S. hospitalization rates for chronic and acute conditions per 100,000 population,</i>
<i>Annual average Medicare payment per decedent in the last year of life.</i>

Table 9.1. Population Health, Well-Being, and Equity: Measures by Outcome Area

Outcome Area	Measure	What It Means for Outcomes/ Culture of Health Overall
Enhanced individual and community well-being	Well-being rating on three sub-action areas: health, life satisfaction, work-life balance	Indicates how much communities and individuals are thriving and flourishing, a key set of indicators for well-being
Enhanced individual and community well-being	Caregiving burden: Average amount of out-of-pocket spending on caregiving; (<i>additional measure</i>) impact on caregiver financial and emotional health	Includes a substantial proportion of the population that is not routinely considered in health research. The well-being of nonprofessional care providers is often overlooked but also has implications for the overall health and well-being of those for whom they are caring
Managed chronic disease and reduced toxic stress	Adverse childhood experiences: Percentage of parents or guardians reporting that their child had two or more family-related ACEs	Provides information about events during a key period of life that may influence people over their entire life span and increase the chance of chronic disease and poor well-being



RICHARD M. FAIRBANKS
SCHOOL OF PUBLIC HEALTH

INDIANA UNIVERSITY
Indianapolis

Source: PSYBLOG at http://www.spring.org.uk/images/poor_child.jpg

Stress: How the Social World “Gets Under the Skin”

Tess D. Weathers, MPH

Public Health Insights & Innovations Culture of Health Webinar

December 16, 2016

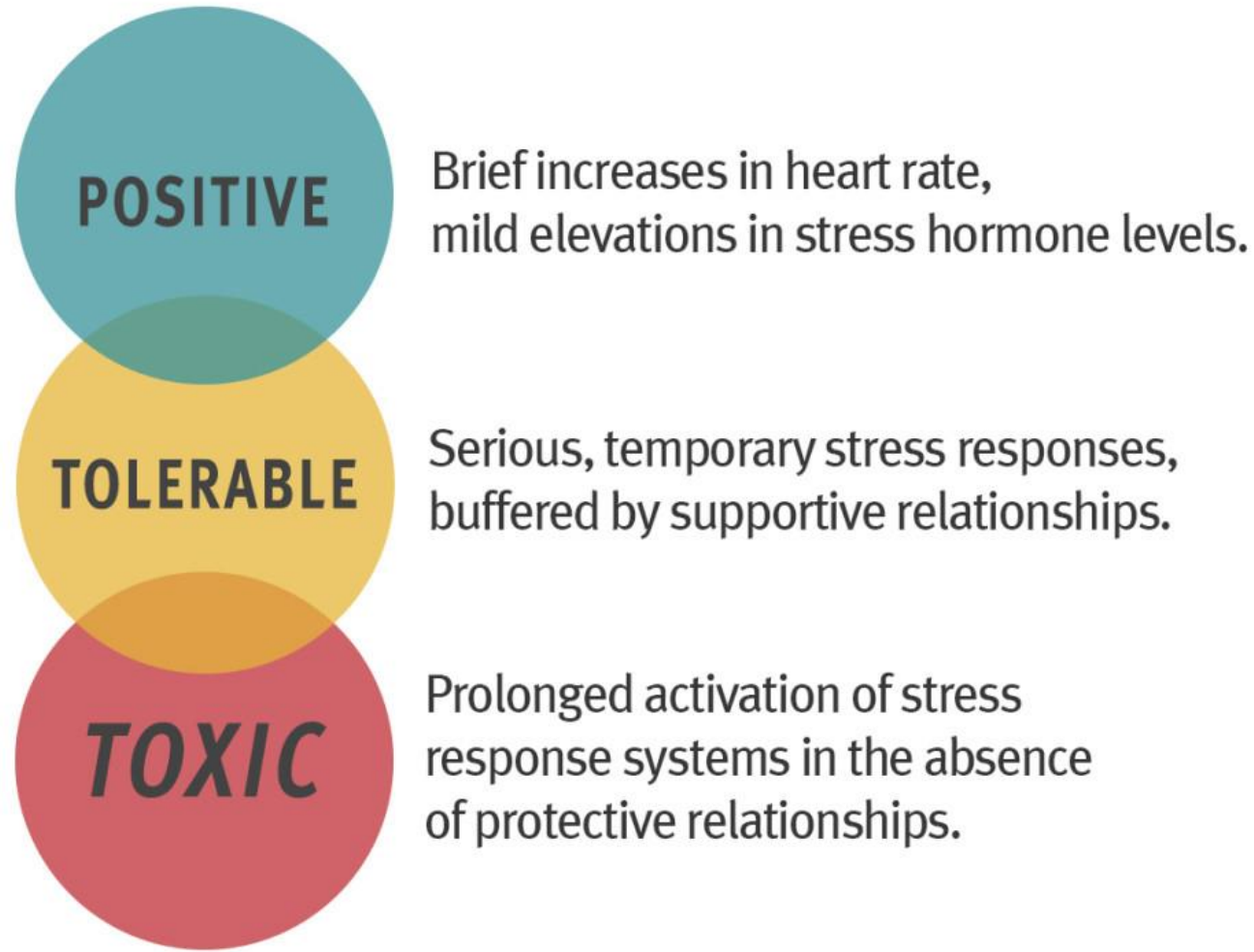
*What do you think of when you hear the
word “stress”?*

What is stress?

- ▶ “The brain’s response to any demand” (National Institute of Mental Health)
- ▶ Walter Cannon (1932): “Any action or response that creates a change in homeostasis”
- ▶ “A state of mental or emotional strain or tension resulting from adverse or very demanding circumstances” (Merriam Webster Dictionary)



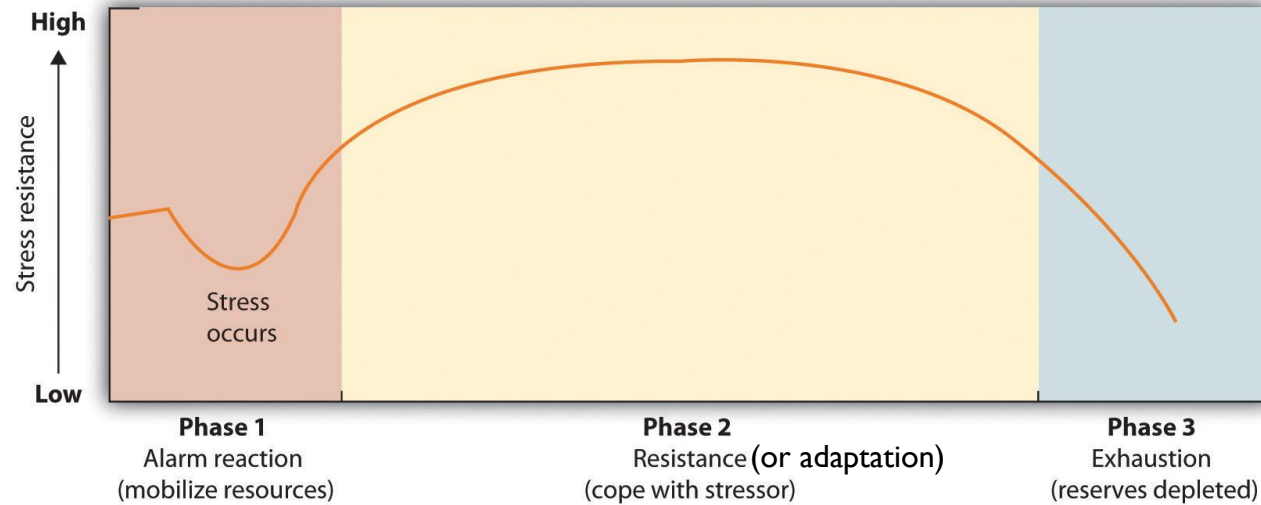
Stress – good, bad,...and “toxic”



Harvard University, Center on the Developing Child:

<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Selye's Physiological Stages of Stress



Stress hormones released, including epinephrine, norepinephrine, and cortisol. Helps us to respond to stressor.

During prolonged stress, the body adapts and tries to return to normal function. Glucose levels (for energy) and blood pressure increase. Cortisol production persists.

Eventually the body's reserves are depleted by chronic stress. This stress weakens the immune system, damages DNA and body's ability to repair/heal, and affects the coronary system. Ultimately organs fail, and illness or death occur.

How can we observe the biological effect of chronic stress on the body?

Allostatic Load

- ▶ **“Allostatic load”**

- ▶ “The wear and tear on the body” which grows over time when the individual is exposed to repeated or chronic stress.
- ▶ “physiologic changes across different biological regulatory systems in response to **chronic social and environmental stress**” (Braveman & Gottlieb, 2014, page 129)



Allostatic Load

- ▶ 10 Main Biomarkers Used:

1. 12 Hour Urinary Cortisol Levels	2. Systolic Blood Pressure
3. Diastolic Blood Pressure	4. Epinephrine Output
5. Norepinephrine Output	6. Waist-to-Hip Ratio
7. Glycosylated Hemoglobin Levels	8. Total Cholesterol (TC) to HDL Ratio
9. Good (HDL) Cholesterol Level	10. DHEA-5 Level

- ▶ Ranges from Score of 0 -10 (based on a 0/1 score for each biomarker)

McEwen, B., & Seeman, T. (2009, August 15). Allostatic Load and Allostasis. Retrieved March 4, 2015, from <http://www.macses.ucsf.edu/research/allostatic/allostatic.php>



Epigenetics

- ▶ Recent advances in epigenetics have drastically changed our understanding of the gene-environment interaction
- ▶ The epigenome = chemical compounds that attach to DNA (DNA methylation)
- ▶ Change gene *expression* –not genes themselves –like on/off or dimmer switches
- ▶ Alter the body's physiologic function
- ▶ Can be triggered by the physical *or social* environment

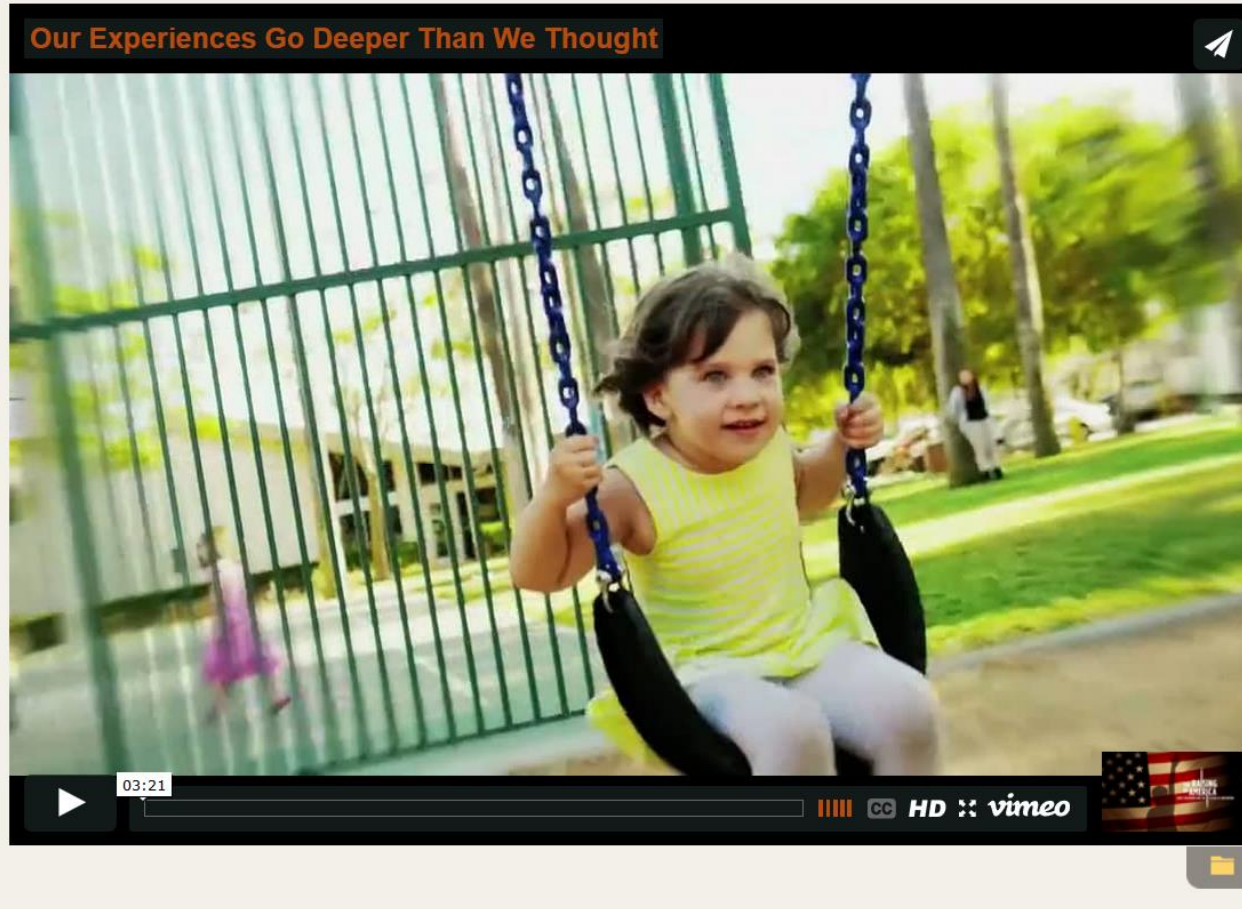


Epigenetic processes

- ▶ “Social adversity shapes humans’ immune systems – and probably their susceptibility to disease – by altering the expression of large groups of genes.” (Cossins, 2015)
- ▶ Cole and Cacioppo studies show a consistent pattern with social stress
 - ▶ Increase in inflammatory gene expression
 - ▶ Decrease in antiviral gene expression
- ▶ Observed in association with loneliness, death of a loved one, low SES, physical abuse in childhood, doctors working in intensive care
- ▶ Growing evidence of reversibility

[Play clip](#)

Our Experiences Go Deeper Than We Thought

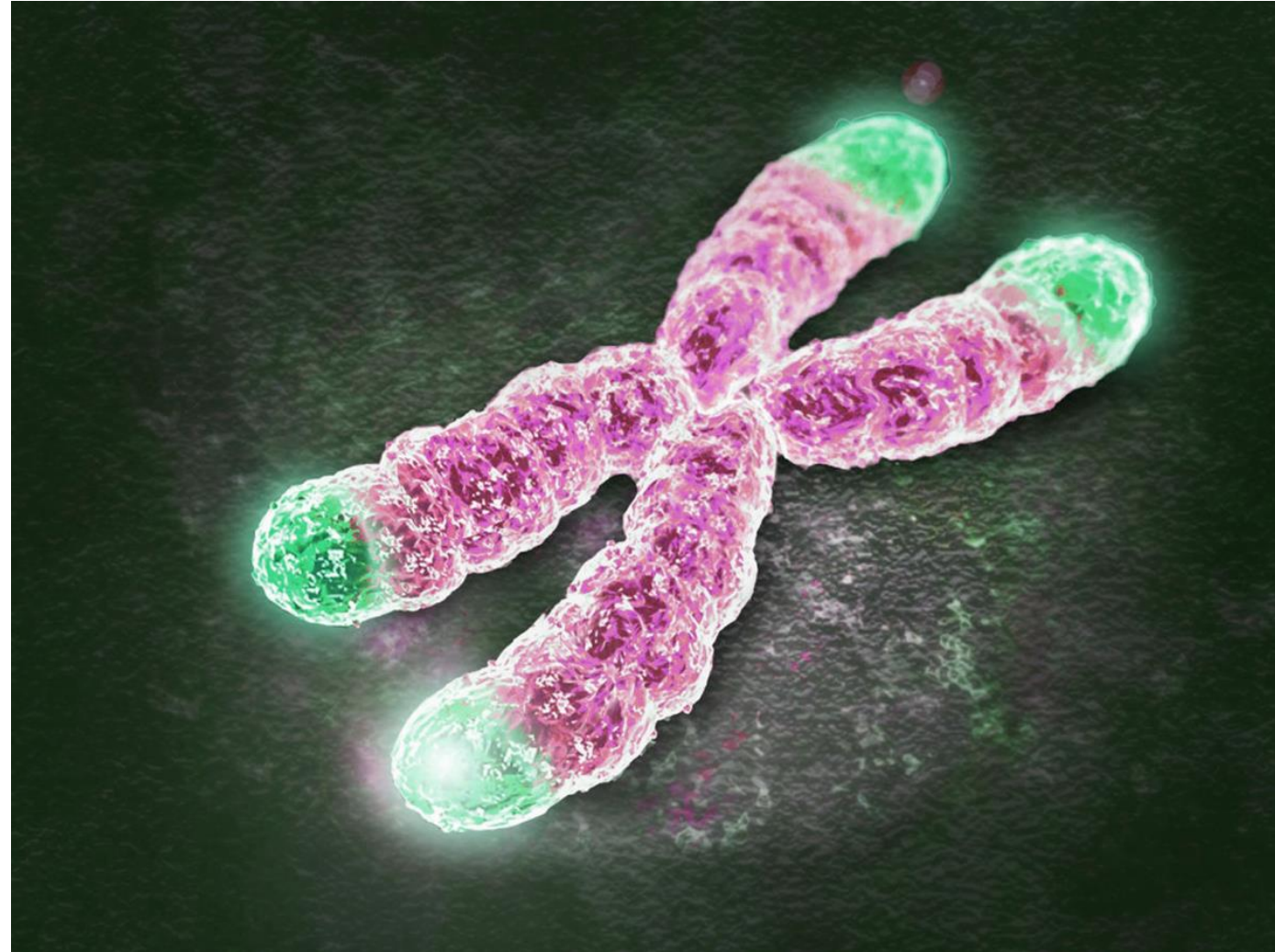


The Raising of America Documentary Series. 2015.

<http://www.raisingofamerica.org/our-experiences-go-deeper-we-thought>

Telomere shortening

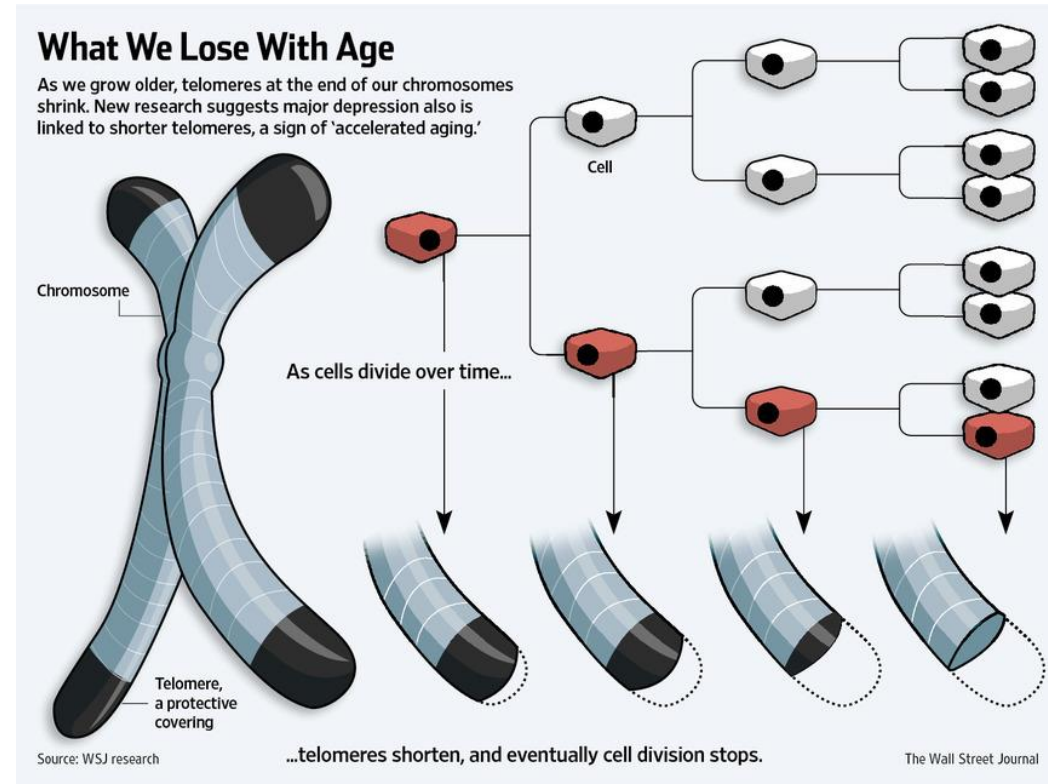
Telomeres are protective caps on the ends of chromosomes (like tips on shoelaces) that naturally shorten each time the cell replicates.



Source: Stanford University, <http://med.stanford.edu/content/dam/sm-news/images/2015/01/telomeres.jpg>

Telomere shortening

- ▶ Marker of cellular aging
- ▶ Cortisol suppresses immune system, including telomerase
- ▶ More stress → less active telomerase → faster aging → **more chronic disease at earlier age**
- ▶ Some evidence that telomeres can lengthen



Which of these neurons has been exposed to toxic stress?



IMAGE #1

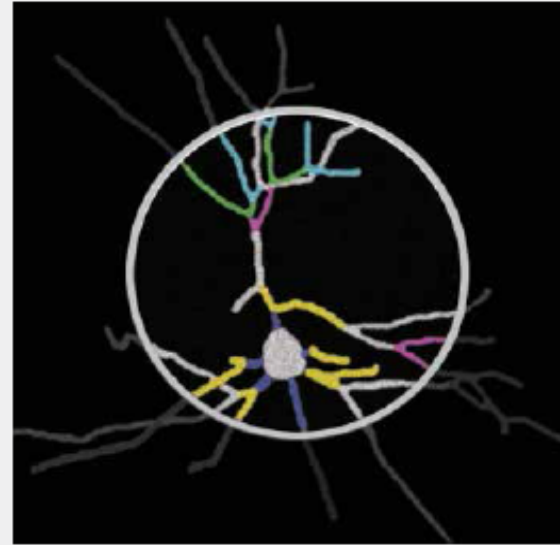


IMAGE #2

For scientists at the [Harvard Center for the Developing Child](#), the answer is clear. In Image #1, the neuron is surrounded by numerous healthy connections that indicate the typical development of a strong brain architecture. In Image #2, there are fewer connections branching out, indicating a weaker brain architecture and the exposure to chronic, toxic stress.

[To learn more, play clip](#)



▶ The Raising of America Documentary Series. 2015. The Amygdala-Prefrontal Cortex Connection is Crucial.

What health outcomes are associated with chronic stress exposure?

Stress Effects on Health

- ▶ Many health conditions are associated with stress and the related biological markers of stress
- ▶ Including, but not limited to:
 - ▶ Cancer
 - ▶ Heart disease
 - ▶ Stroke
 - ▶ Lung disease
 - ▶ Depression and Suicide
 - ▶ Alcoholism & IV drug abuse
 - ▶ Liver disease
 - ▶ Diabetes
 - ▶ Chronic Fatigue Syndrome



Stress Effects on Health

- ▶ It matters **WHEN** and for **HOW LONG** one is exposed to stressors.
 - ▶ **Lifecourse effect**- Particular vulnerability in early life and other critical life transitions
 - ▶ **Cumulative effect** – over time, impacts add up and compound to affect long-term health trajectory (potential)
- ▶ **Protective effects can buffer impact, increase resilience**
 - ▶ Social support, self-esteem, self-efficacy
 - ▶ Societies with programs to address needs and lower stigma
 - ▶ Stress management interventions like yoga, mindfulness



[Play clip](#)

Adversity in Your Environment



The Raising of America Documentary Series. 2015.

<http://www.raisingofamerica.org/adversity-your-environment>

Table 4. Number of categories of adverse childhood exposure and the adjusted odds of risk factors including current smoking, severe obesity, physical inactivity, depressed mood, and suicide attempt

Health problem	Number of categories	Sample size (N) ^a	Prevalence (%) ^b	Adjusted odds ratio ^c	95% confidence interval
Current smoker ^d	0	3,836	6.8	1.0	Referent
	1	2,005	7.9	1.1	(0.9–1.4)
	2	1,046	10.3	1.5	(1.1–1.8)
	3	587	13.9	2.0	(1.5–2.6)
	4 or more	544	16.5	2.2	(1.7–2.9)
	Total	8,018	8.6	—	—
Severe obesity ^d (BMI ≥ 35)	0	3,850	5.4	1.0	Referent
	1	2,004	7.0	1.1	(0.9–1.4)
	2	1,041	9.5	1.4	(1.1–1.9)
	3	590	10.3	1.4	(1.0–1.9)
	4 or more	543	12.0	1.6	(1.2–2.1)
	Total	8,028	7.1	—	—
No leisure-time physical activity	0	3,634	18.4	1.0	Referent
	1	1,917	22.8	1.2	(1.1–1.4)
	2	1,006	22.0	1.2	(1.0–1.4)
	3	559	26.6	1.4	(1.1–1.7)
	4 or more	523	26.6	1.3	(1.1–1.6)
	Total	7,639	21.0	—	—
Two or more weeks of depressed mood in the past year	0	3,799	14.2	1.0	Referent
	1	1,984	21.4	1.5	(1.3–1.7)
	2	1,036	31.5	2.4	(2.0–2.8)
	3	584	36.2	2.6	(2.1–3.2)
	4 or more	542	50.7	4.6	(3.8–5.6)
	Total	7,945	22.0	—	—
Ever attempted suicide	0	3,852	1.2	1.0	Referent
	1	1,997	2.4	1.8	(1.2–2.6)
	2	1,048	4.3	3.0	(2.0–4.6)
	3	587	9.5	6.6	(4.5–9.8)
	4 or more	544	18.3	12.2	(8.5–17.5)
	Total	8,028	3.5	—	—

Felitti, et al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am J Prev Med* 14(4):245-258.

Main Messages: Stress-Health Connection

1. The more fully we measure stress, the greater the **impact on health** appears to be.
2. **Exposure to stress is unequally distributed** and fosters health inequities.
3. **Stressors proliferate over the life course and across generations**, sustaining (and widening) the health gaps between advantaged and disadvantaged social groups.
4. Persons with high levels of **mastery, self-esteem, or social support** are **buffered** from the effects of stress.

CCMI

Centre *for* Collaboration
Motivation & Innovation

Brent Anderson
ISDH Practice Coach
branderson@isdh.in.gov

BRIEF ACTION PLANNING

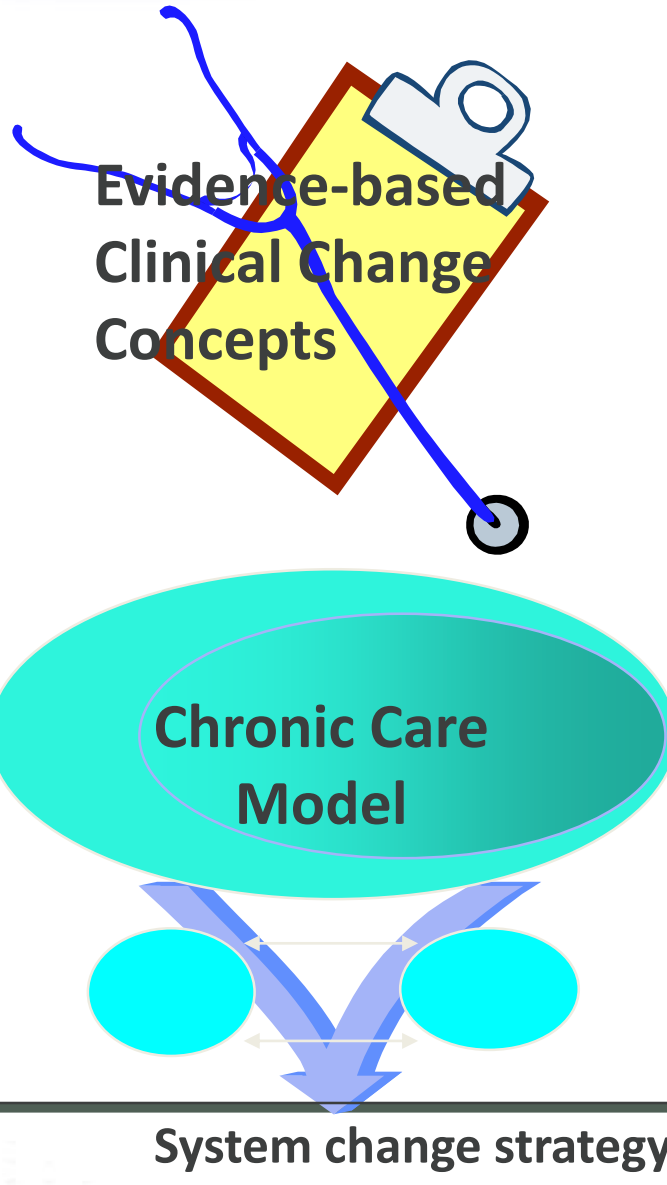


Indiana State
Department of Health

www.centreCMI.ca

CCMI
Centre *for* Collaboration
Motivation & Innovation

A Recipe for Improving Outcomes

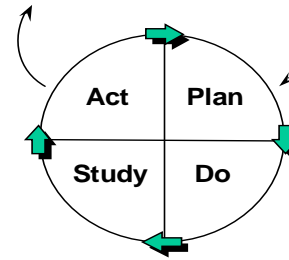


Model for Improvement

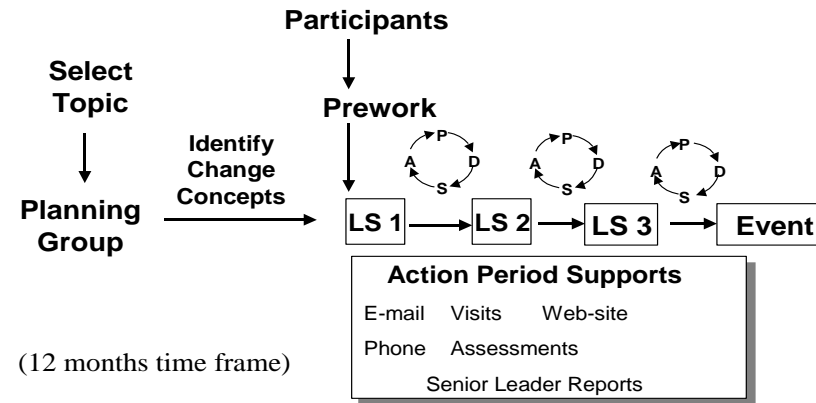
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



QI strategy



Learning Model

CMI
Collaboration
& Innovation

Chronic Care Model



SUPPORT THEM DIFFERENTLY

	Good Clinical Control	Poor Clinical Control
High Self-confidence	Usual Care	Clinical care, Action Planning
Low Self-confidence	Action Planning	Partnership Interview +

SPIRIT OF MOTIVATIONAL INTERVIEWING

- > **C**ompassion
- > **A**cceptance
- > **P**artnership
- > **E**vocation



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation



CAPE



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

WHAT IS MOTIVATIONAL INTERVIEWING (MI)?

- › Motivational interviewing is a collaborative conversation style to strengthen a person's own motivation and commitment to change.

› *Miller and Rollnick*

Motivational Interviewing: Helping People Change

3 ed, 2013

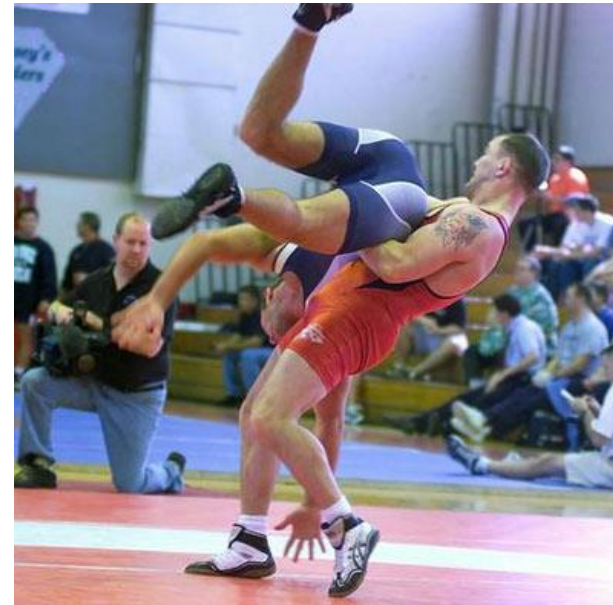
- › It's a collaborative conversation, never a lecture!



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

ANOTHER DEFINITION OF MI



Indiana State
Department of Health

Dancing vs. Wrestling

CCMI
Centre *for* Collaboration
Motivation & Innovation

WHAT IS BRIEF ACTION PLANNING?

- › a highly structured
- › patient-centered
- › stepped-care
- › evidence-informed

self-management support technique based on the principles and practice of Motivational Interviewing.



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

“Is there anything you would like to do for your health in the next week or two?”

Behavioral Menu

SMART Behavioral Plan

Elicit a Commitment Statement

“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”

If Confidence <7, Problem Solve Barriers

“Would it be helpful to set up a check on how things are going with your plan?”

Check on progress

“Is there anything you would like to do for your health in the next week or two?”



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

POSSIBLE RESPONSES TO QUESTION 1

- › Have a specific idea
- › Have a general idea
- › Need some help with an idea (or not sure what you mean)
- › Not at this time
 - › Healthy
 - › Not interested



SKILL #1

Behavioral Menu

Offer a behavioral menu when needed or requested.



Indiana State
Department of Health

CCMI
Centre for Collaboration
Motivation & Innovation

Behavioral Menu

1. “Is it okay if I share some ideas from other people who are working on something similar?”
2. If yes, share two or three varied ideas briefly all together in a list. Then say...
3. “Maybe one of these would be of interest to you or maybe you have thought of something else while we have been talking?”



Action Planning is “SMART”: Specific, Measurable, Achievable, Relevant and Timed.

With **permission**:

- What?
- When?
- Where?
- How often/long/much?
- Start date?



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

SKILL #3

Elicit a Commitment Statement

After the plan has been formulated, the clinician/coach elicits a final “commitment statement.”



Strength of the commitment statement predicts success on action plan.

“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”



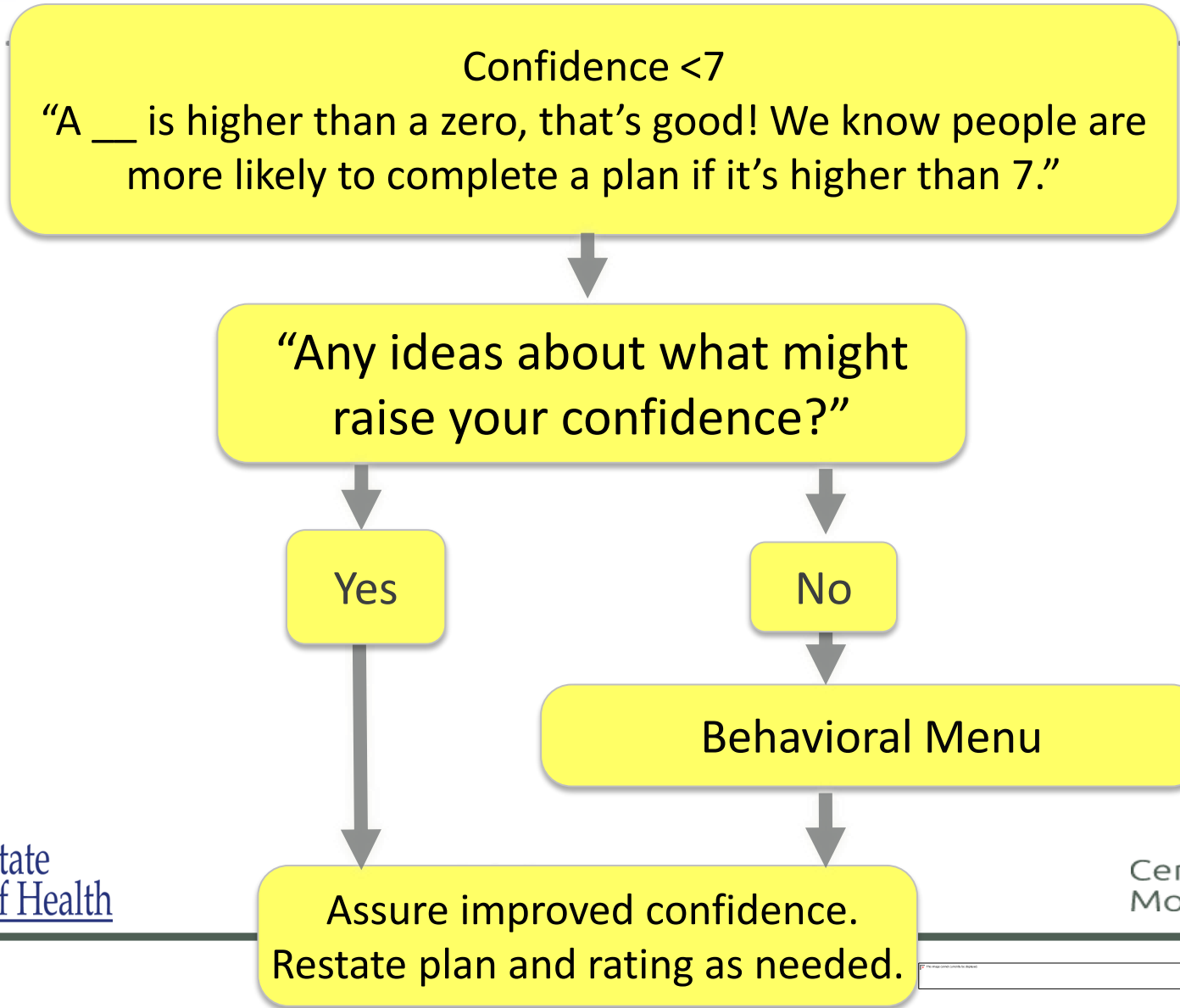
Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

Problem-solving is used for confidence levels less than 7.



PROBLEM SOLVING



“Would it be helpful to set up a check on how things are going with your plan?”



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

SKILL #5

Check on progress

Checking on the plan builds confidence.

Check often with new action plans and decrease frequency as behaviour is more secure.

When working with a clinician
Regular contact over time is better than 1x intervention.

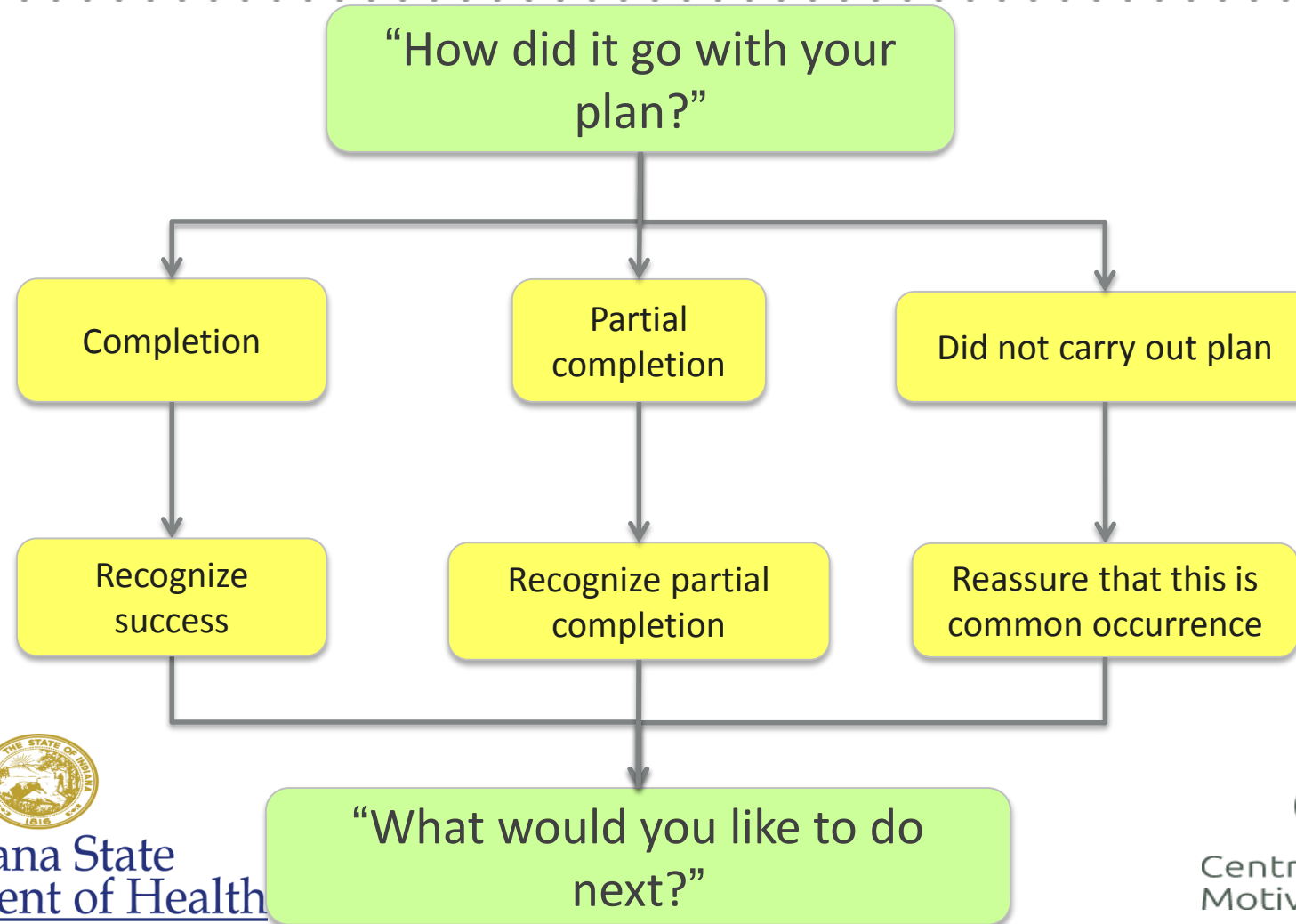
Follow-up builds a trusting relationship.



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

CHECKING ON PLAN WITH CLINICIAN



WHAT DO YOU DO WHEN PEOPLE REPEATEDLY HAVE DIFFICULTY DOING ANY OF THEIR PLAN?

- › Make sure the plans are really small
- › Screen them for depression
- › Refer them to a resource
- › Use additional skills if you have them
- › Accept that BAP may not work for them



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

“Is there anything you would like to do for your health in the next week or two?”

Have an idea?

Not sure?
Behavioral Menu

Not at this time

Permission to check next time

With permission:
What?
When?
Where?
How often/long/much?
Start date?

SMART Behavioral Plan

Elicit a Commitment Statement

1) Ask permission to share ideas.
2) Share 2-3 ideas.
3) Ask if any of these ideas **or one of their own ideas** might work.

“How confident or sure do you feel about carrying out your plan (on a scale from 0 to 10)?”

Confidence ≥ 7

Confidence < 7 ,
Problem Solving

How?
When?

“Would it be helpful to set up a check on how things are going with your plan?”

Check on Progress

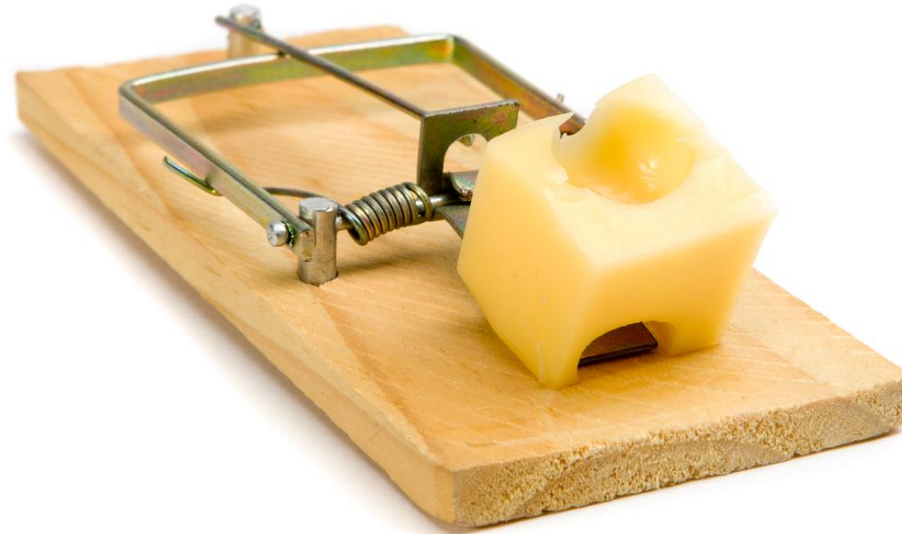
TIPS FOR USING BRIEF ACTION PLANNING



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

AVOID THE EXPERT TRAP



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

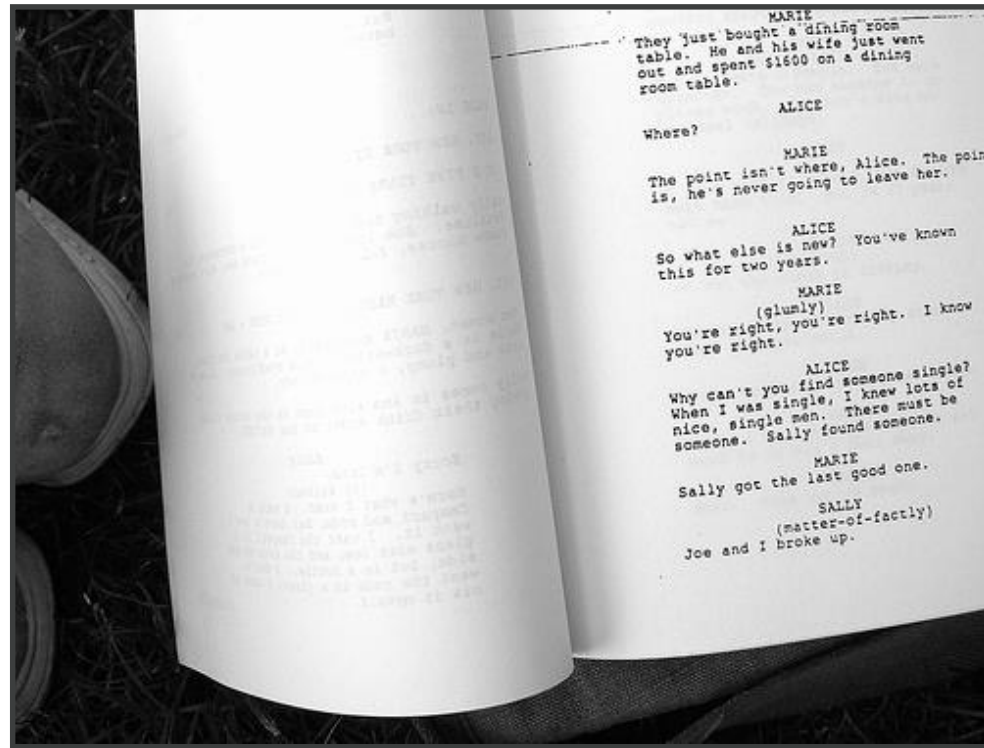
THE PATIENT DOES MOST OF THE TALKING IN BRIEF ACTION PLANNING



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

STICK TO THE GUIDE



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation

AVOID THE ASSESSMENT TRAP



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation



Indiana State
Department of Health

CCMI

Centre *for* Collaboration
Motivation & Innovation



Indiana State
Department of Health

PRIMARY CARE QI PRIORITIES

COMPETING QI PRIORITIES WITH LIMITED RESOURCES

- ISDH CHRONIC CARE
- PCMH INITIATIVE
- ICD-10 PREPARATION
- EHR UPGRADE
- HRSA SITE VISIT
- EXPANDED SERVICE HOURS
- STAR PROJECT – IPHCA
- PATIENT PORTAL PROJECT
- MU OBJECTIVES
- UDS GOALS



Indiana State
Department of Health

CCMI
Centre *for* Collaboration
Motivation & Innovation



- Alcohol Use
- Education/Learning
- Food Intake
- Illegal Drug Use
- Medication Intake
- Physical Activity
- Relaxation/Stress Managem
- Sleep Health
- Tobacco Use
- Patient Refused

SMART Behavioral Plan

Specific
Measureable
Achievable
Relevant
Timed

What?
When?
Where?
How often/long/much?
Start Date?

Patient is able to restate plan

Yes No

Confidence in Plan

1 2 3 4 5 6 7 8 9 10

If the confidence level is less than 7, ask what could improve the confidence in the plan and adjust accordingly.

Would it be useful to set up a check on how it is going with your plan?

Yes No

When would you like to follow up?

see your provider

How would you like us to follow up with you?

Phone Call
 Appointment
 E-Mail

Mark all as Reviewed

Social

+ Add Modify Display: All Unable to Obtain

Category	Assessment	Details	Last Reviewed
Alcohol		Denies	
Employment/Education			
Health/Wellness			
Home/Environment		Injuries/Abuse/Neglect in household: No.	
Nutrition			
Other			
Sexual			
Substance Abuse		Denies	
Tobacco		Smoking Status: Never smoker.	



Source: theconversation.com



Source: seattlechildrens.org

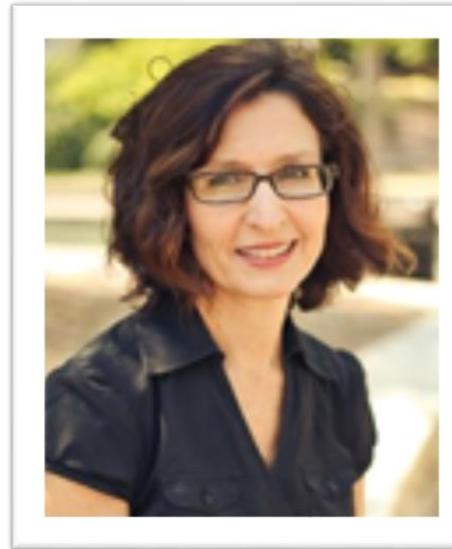


Source: theasianparent.com

Questions, Comments, Discussion?



Brent Anderson
Medical Practice Coach
Indiana State Department
of Health



Tess Weathers, MPH
Research Associate
IU Richard M. Fairbanks
School

Resources

Title	Description	Link
Robert Wood Johnson's Culture of Health	Building a culture of health	https://www.cultureofhealth.org/
AHRQ: The Practice Coaching Facilitation Handbook	A practice facilitation manual for the clinical setting	http://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/index.html
Improving Chronic Illness Care: A Practice Coaching Manual	A step-by-step guide on practice improvement	http://www.improvingchroniccare.org/downloads/იციკ_practice_coaching_manual.pdf
Adverse Childhood Experiences (ACEs)	Access ACEs data, resources, and journal article to better understand and implement strategies for reducing toxic stress	https://www.cdc.gov/violenceprevention/acestudy/about_ace.html
Health in All Policies	Can be used to leverage LHD role in health system interoperability	https://www.apha.org/~media/files/pdf/factsheets/health_inall_policies_guide_169pages.ashx

Thank you!

Evaluation: http://survey.constantcontact.com/survey/a07edjw17d7iwckfl94/_tmp/questions

Slides: <https://www.pbhealth.iupui.edu/index.php/iphtc/insights-and-innovations>



For more information about INsights & INnovations, please contact:

JoBeth McCarthy, MPH, Director
Center for Public Health Practice, Indiana Public Health Training Center, and
Liaison, [Public Health CORPS](#)

Indiana University
Richard M. Fairbanks School of Public Health
Health Sciences Building
1050 Wishard Blvd., Floors 5 and 6
Indianapolis IN 46202-2872
Direct: 317-274-3178
Cell: 317-370-8757
Fax: 317-274-3443
jomccart@iupui.edu
www.pbhealth.iupui.edu