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Happy, Healthy and Well Project Report: May 1, 2009 - August 2010

Nadine Edris MSW

University of Southern Maine, Muskie School of Public Service

Kate Corbett

University of Southern Maine, Muskie School of Public Service

Madeleine Martin

University of Southern Maine, Muskie School of Public Service

Chris G. Sady

University of Southern Maine, Muskie School of Public Service

Allison Vercoe

University of Southern Maine, Muskie School of Public Service

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**Happy, Healthy and Well
Project Report:
May 1, 2009 – August 2010**

November 2010



UNIVERSITY OF
SOUTHERN MAINE

Happy, Healthy and Well Project Report
May 1, 2009- August, 2010

Prepared by:

Nadine Edris, Senior Policy Associate
Kate Corbett, Policy Associate I
Madeleine Martin, Research Associate I
Chris Sady, Policy Associate II
Allison Vercoe, Policy Associate I

University of Southern Maine
Muskie School of Public Service

Prepared for:

DHHS Office of Adults with Cognitive and Physical Disabilities

November, 2010

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Happy, Healthy and Well Project Report May 1, 2009 – August, 2010

Purpose

This report was prepared by the Muskie School for the Maine Office of Adults with Cognitive and Physical Disabilities as specified in the Cooperative Agreement between OACPD and the Muskie School. This Project Report describes the activities related to the implementation of the Happy Healthy and Well Initiative (HHW) in the past year as well as a brief overview of the development of the project. Additionally, recommended next steps are included.

I. Introduction

The Surgeon General's **Call to Action To Improve the Health and Wellness of Persons with Disabilities**, issued in 2005,ⁱ recommended that steps be taken to improve the health of this population. It suggests that "Persons with disabilities can promote their own good health by developing and maintaining healthy lifestyles" (Office of Surgeon General, 2005). Generally, adults with cognitive and physical disabilities are less likely to adhere to a healthy diet or regular exercise regimen (McGuire, 2007)ⁱⁱ and experience poorer health than the general population (Rimmer, 2008). Also, a lower percentage of adults with intellectual disabilities have body weights in the healthy range (Yamaki, 2005)ⁱⁱⁱ. There are also concerns that persons with disabilities living in community settings have less access to nutritious foods. (Rimmer, 2002).^{iv}

Research indicates that the best practice for health promotion activities for this population is one that engages both consumers and staff who support them in group interventions. (Rimmer, 2008; Ravesloot, 2007)^{v vi}. Rimmer, in particular, suggests that the aims of a health promotion program for people with disabilities are to reduce secondary conditions, such as obesity and hypertension; to maintain functional independence; to provide an opportunity for leisure and enjoyment; and to enhance the overall quality of life by reducing environmental barriers to good health. He concludes that a greater emphasis must be placed on community-based health promotion initiatives for people with disabilities in order to achieve these objectives.^{vii}

II. Background

In 2006, a partnership was formed to address issues of nutrition, exercise and wellness among Maine adults with cognitive disabilities. Lead by the Department of Health and Human Services, Office of Adults with Cognitive and Physical Disabilities (DHHS/OACPD), the partnership also included the Maine Nutrition Network (MNN), the Center for Learning (CFL) at USM's Muskie School and the consumer group Speaking Up for Us (SUFU). The project was funded initially by DHHS but for the past three years has been jointly funded by MNN. Based on information from the literature review and discussions with staff and consumers, the workgroup developed Happy, Healthy and Well (HHW), an initiative to support healthy lifestyles for consumers with cognitive disabilities. The HHW team has included Chris Sady, Madeleine Martin, Paul Tabor, Alli Vercoe, Helen Hemminger and Nadine Edris. Both Vercoe

and Hemminger no longer work for the Muskie School so Kate Corbett joined the team late in 2010.

During 2007, the group developed the Happy, Healthy and Well (HHW) materials, which include consumer guides, caregiver guides and resource notebooks. The HHW guides, written in plain language, are organized into four major topics areas: daily habits, healthy eating, being active, and staying well. The guides were field tested with consumers and caregivers throughout development and revised based on feedback collected during that period.

During January and February, 2008, the Muskie School conducted five regional HHW workshops for staff of agencies serving adults with cognitive disabilities. The workshops were attended by 109 service agency staff, including direct support professionals, case managers and agency training coordinators from statewide agencies. Content focused on nutrition education, an overview of the HHW materials and suggested approaches for using the materials to educate consumers. In addition, hard copies of the materials were distributed to each agency. All HHW materials continue to be available on the Maine Nutrition Network website (<http://www.maine-nutrition.org/Projects/DevelopmentDisabilitiesNutritionEd.htm>) to enable agencies to access these materials as needed. Evaluations from these 2008 workshops indicated satisfaction with the training and the HHW materials, and a need for increased agency support to continue to implement HHW. Based on feedback obtained from the training sessions, the HHW Team revised its approach for implementing the program in 2009. The Team committed to:

- Working with fewer agencies,
- Providing more intensive support and technical assistance for incorporating HHW at each agency, and
- Evaluating training efforts conducted for both staff and consumers.

III. Project Activities May 2009-June 2010

Initial activities during this period focused on providing training for both staff and consumers at the four participating agencies: Project for Supported Living (PSL) in Portland, Life Enrichment Supporting People (LEAP) in Farmington, Downeast Horizons in Ellsworth and Community Living Association (CLA) in Houlton. Each agency received a one-to-three hour training that provided an orientation to the HHW resource materials. The project team this past year included: Alli Vercoe, Helen Hemminger, Nadine Edris, Chris Sady and Madeline Martin from the Muskie school. Paul Tabor from OACPD has continued as the lead from the state agency.

Project staff have observed that issues of poor diets and obesity are problems for the staff as well as the consumers they support. This reflects national trends with these health conditions. Direct service providers need similar health education and support, so the project was re-tooled to include staff from the four participating agencies as direct beneficiaries.

Muskie staff conducted seven workshops for consumers and staff as outlined in the tables below. A total of 130 staff and 72 consumers participated in these workshops. A sample training agenda can be found in Appendix A.

Happy, Healthy and Well Trainings for Caregivers May - August 2009

Date	Site & Town	Trainers	Agency	Audience	Total Attendance
5/15	Wishcamper USM, Portland	Chris Sady Laurie Kimball Helen Hemminger (observing)	PSL	Day program DSP staff	20
6/17	Abromson, USM, Portland	Chris Sady Laurie Kimball Helen Hemminger (observing)	PSL	Residential support staff	13
8/12	Downeast Horizons, Ellsworth	Madeleine Martin Chris Sady Alli Vercoe (observing)	DEH	All staff	8
8/20	Franklin Hospital, Farmington	Madeleine Martin Chris Sady Alli Vercoe (observing)	LEAP	Staff	61

Happy, Healthy and Well Trainings for Consumers May - August 2009

Date	Site & Town	Trainers	Agency	Providers	Consumers	Total Attendance
6/17	STRIVE, South Portland	Chris Sady Laurie Kimball	PSL	3	13	16
8/26	Houlton	Diane Smith Chris Sady Madeleine Martin	CLA	11	17	28
9/24	Ellsworth	Alli Vercoe Chris Sady Madeleine Martin	DEH	2	9	11
9/22	Franklin Hospital, Farmington	Alli Vercoe Madeleine Martin	LEAP	12	33	45

A. Assisting Agencies to Implement Health and Wellness Activities

After the initial training sessions were conducted, Muskie staff met with key staff at each of the four agencies to develop a tailored plan for implementing health and wellness activities from the HHW program. One agency, Downeast Horizons, declined continued participation in the project. The remaining three agencies selected objectives and activities which would improve consumer health through better nutrition and increased physical activity. Muskie staff provided on-site and phone consultation to each of the agencies in developing their individualized plans. Copies of agency implementation plans can be found in Appendix B.

Muskie staff also developed and carried out several activities designed to enhance implementation of the agency developed plans. Monthly teleconferences were convened with participating agencies. During these calls agency coordinators identified successes and challenges in implementation. Peers and project staff offered other strategies, advice and shared experiences. A web-based forum allows for on-going communication among the participating agencies. These efforts encourage peer learning and sharing with the goal of strengthening implementation across the agencies. Muskie staff, including a nutrition specialist and policy specialist, also provided on-site technical assistance to support agencies' efforts at implementing their plans. Staff provided training and coaching for staff particularly in nutrition education and strategies to support consumer's healthy food choices. Technical assistance is being tracked for each agency.

Specific teaching strategies to enhance the learning for individuals with cognitive disabilities were taught by Muskie staff. Hands on, interactive methods proved to be the most effective. Muskie staff also worked with agency staff to identify and engage local community resources to support the implementation of health and wellness goals. This set of activities not only supported goals to improve consumer health and wellness but also advanced the goal of having consumers with intellectual disabilities actively participate in their community.

B. Development of a Nutrition Education Kit for Adults with Cognitive and Physical Disabilities

Project staff identified a need for more consumer-friendly materials for nutrition education. During the spring of 2010, nutrition staff from the Maine Nutrition Network began the development of a Nutrition Kit specifically designed for staff to use with individuals who have intellectual disabilities.

The kit is a modularized approach to nutrition education. Each module will have eight to fourteen nutrition education activities. The activities are being designed to be adaptable to the needs of different consumers. Direct service providers or other staff can conduct these focused educational activities with consumers in short sessions of approximately 10 -15 minutes, either individually or in small groups.

Two modules are currently in development. Portion Control and Learning About Carbohydrates, have been informally field tested. Agency staff have provided feedback about how well the activities work and suggestions to improve the format or simplify the activity. CD & M Communications has been hired to design an initial version of the kit and activities. Plans are to edit and pilot test these versions of the activities in August and September. Once the final version is printed, kits will be distributed to the agencies and training on use of the kit will be provided to agency staff and direct service providers.

IV. Project Evaluation May – October 2009

Muskie staff use a mixed method approach to evaluating both training and implementation of the HHW initiatives.

A. Consumers

The HHW workshops for consumers were evaluated using two methods.

- Oral feedback gathered from consumers as a group after workshops
- Muskie and agency staff debriefs after workshops

A summary of the oral feedback provided by consumers in attendance is included in Appendix C. Consumers spoke about what they learned, how they liked the workshops and materials and how agency staff could work with them to help them lead healthier lifestyles. Overall, consumers reported satisfaction with the appearance of the materials and with the learning tools provided, such as checklists and placemats.

B. Staff

HHW workshops for staff were evaluated using three methods.

- Written training evaluations from staff after workshops
- Success Case Impact Interviews
- Muskie and agency staff debriefs after workshops

Muskie staff developed separate summaries of the evaluations for each workshop to reflect the varied structure and content. These are included Appendix D. Almost half the respondents identified learning something in at least half of the topic areas. Agency staff reported that they learned the **most** about ways to help the agency implement a plan as well as how to make and use personal wellness plans. Although the structure and content of the staff workshops varied, 82 - 94% of those present at each workshop rated the effectiveness of the trainers and the quality of the materials as good or excellent.

The third approach used to evaluate the training from the staff's perspective was the Success Case Impact Interview, a qualitative research method. This approach is based on the concept that one can learn best from those workshop attendees who either have been exceptionally successful in applying their learning in their work, or have been the least successful.^{viii} Muskie researchers interviewed five direct care or front line supervisory staff, including at least one person from each agency. Each staff person indicated that he or she had been successful in implementing HHW. The interviewees told the interviewer how the consumers they worked with were eating healthier or exercising more or both. Interviewees also spoke about positive changes they had made for themselves and/or their families and how their residences or day programs had made use of some of the HHW materials. Interviewees emphasized that small changes made over time were beginning to lead to lasting changes in healthy lifestyles.

C. Learning Synthesized

The HHW Workgroup met on November 18, 2009 to identify common themes from the evaluation, including the comments expressed by consumers and staff at the consumer workshops, the staff written evaluations and the success case impact interviews. A detailed discussion of the findings is in Appendix E. The discussion of themes helped the HHW team understand what style of workshop presentation, materials and assistance were most successful and why. The team learned the following:

- 1.) Staff and consumers valued healthy eating and wellness education
- 2.) Staff and consumers identified effective teaching strategies (visuals, hands-on learning and fun activities)
- 3.) Flexibility for incorporating HHW into agencies' ongoing health promotion activities was helpful. The workshops strengthened what the agencies have already been attempting to do in health promotion.
- 4.) Coordinators felt that sharing HHW implementation strategies with other agencies would enhance their projects
- 5.) Coordinators expressed a need for continued technical assistance
- 6.) Staff and consumers identified topics of interest for further education, including:
 - Portion size
 - Exercise
 - Cooking healthy and good nutrition
 - Carbohydrates and control of diabetes
 - Snacking and moderation of impulse eating
 - Weight control

The mixed methodology of the evaluative process generated a great deal of feedback from those involved in implementing the Happy, Healthy and Well Initiative.

V. Early Lessons Learned: Implementing HHW May 2009- August 2010

To better understand the successes and challenges agencies experienced during the implementation phase, Muskie staff talked with HHW agency coordinators during regularly scheduled teleconference calls. In addition, the coordinators were interviewed individually over the phone, during May 2010. Agency coordinators shared information about what was working well for them, as well as areas presenting challenge as they continue to implement HHW. Coordinators were also asked about future training and resource needs. The results of these conversations and interviews were summarized by Muskie staff and are documented below.

A. Flexibility in Implementing HHW Activities is Important

Each agency has individualized their approach to HHW implementation with three agency coordinators holding different roles in their agencies. The **LEAP** coordinator has management responsibilities as LEAP's residential services director. The HHW coordinator at **PSL** is also the training coordinator responsible for all aspects of staff training. The **CLA** HHW Coordinator has medical responsibilities as the agency nurse. In addition, agencies use multiple approaches to implement HHW because the service populations vary, and the agencies range in size, have different resources and different cultures.

LEAP uses a "top-down" approach with the management team leading the implementation. The residential services director guides the managers of LEAP sites to incorporate health and wellness initiatives for both staff and consumers into their programs. Agency management meets regularly and monitors and develops wellness policies and training activities. LEAP partners with the healthy Communities Coalition and the University of Maine at Farmington to offer multiple wellness events for their staff and consumers.

The agency nurse at **CLA** formed a wellness committee and the committee established a system of mentors. One mentor at each of the sixteen agency sites helps implement health promotion activities with consumers at their individual sites. Mentors also coordinate with agency-wide activities. At **CLA**, individual sites have more autonomy in the implementation of HHW.

PSL implements HHW by providing training and giving staff access to resources they need. The training coordinator offers weekly healthy cooking classes at one of their residential sites. The training coordinator plans to expand this to other residential sites.

Common strategies: All of the agencies are offering creative wellness tips and incentives to their staff. Wellness tips are distributed in **PSL** staff paychecks. Incentives are provided to staff that learn those wellness tips.

B. The Right Educational Materials Make a Difference

Existing nutrition education materials are not appropriate for an audience of consumers with intellectual disabilities.

USM Muskie staff has devoted a great deal of time to developing materials appropriate for this audience. They use a plain language approach, tailoring consumer training to specific learning styles for adults with cognitive disabilities. Visual materials, interactive and hands-on demonstrations, concrete examples and tools are all examples of successful approaches. HHW resources that were created in 2008 continue to be used for consumers and are the mainstay of materials for the project. In addition, non-HHW supplemental resources, such as meal portion kits and portion control plates, have been purchased and used at some of the agencies.

The priority has been to train the direct service professional (DSP) who work directly with the consumers and those who supervise and train those DSPs. The DSPs work with the consumers on a daily basis, and are able to provide health messages at teachable moments during the day. They also know what types of strategies will work for the consumer with whom they work.

C. Technical Assistance, Training and Community Resources Work Together

The focus this past year was helping selected agencies make use of HHW materials and develop an implementation plan for improving nutrition and physical activity at their agency. Training and information sharing is not enough. Technical assistance in various forms has been provided by project staff and opportunities for peer learning have strengthened the project.

Technical assistance is provided in the form of workshops, monthly phone calls, resources, a web forum and quarterly teleconferences. Two of the three agencies stated that the technical assistance from Muskie had been essential in getting their project organized. The third agency welcomed Muskie's assistance, noting that their agency had done a great deal of work incorporating health and wellness in agency activities before Muskie's introduction of HHW, so the timing of the HHW Initiative was ideal to reinforce and support their work.

All agencies noted that the HHW workshops were valuable. In particular, it was noted that it is essential for the agency coordinator to participate in the initial training workshop. Two of the three coordinators were not able to attend orientation workshops due to their new roles within the organization. They expressed tentativeness and uncertainty about how to implement HHW at their agency at first. Training is essential not only for administrative staff, such as coordinators, but also DSPs. High rates of DSP staff turnover is noted as a major barrier to the effectiveness of a consistent health promotion program at all the agencies.

Incentive Funding

The HHW project provided \$1200 grants to each agency during the course of the year. Funded by the Maine Nutrition Network with funding from the SNAP-Ed program, these funds enabled agencies to purchase items such as educational materials, cookbooks, food for demonstrations and incentive items such as jump ropes and pedometers. These additional funds were valued by the agencies and allowed them to purchase items that support their goals.

Using Local Resources

Agencies reported that they were more successful in achieving HHW goals when they partnered with local community resources.

LEAP noted that they collaborate often with their local Healthy Communities Coalition and the University of Maine at Farmington, Health Education Program. Utilizing experts that are in the community for training is valuable. **PSL** noted that they have coordinated with the Maine DHHS Diabetes Prevention and Control Program to provide diabetic specific training within their residential homes. **CLA** has engaged the services of a local dietitian for help with clinical diets for consumers.

An expressed need by all is to have a greater awareness of resources available in their communities.

D. Creating an Agency-wide Wellness Culture Takes Time and Commitment

Each agency had been conducting occasional wellness activities before they incorporated HHW however agency coordinators report that wellness activities have become more consistent with the incorporation of the HHW project. Two of three agencies have hosted successful wellness events for consumers and staff, including volleyball and a Healthy Summer Eating event. Frequent reminders about HHW help create a wellness culture. All three agencies mentioned e-mailing all employees every month or every two weeks. Other methods, such as weekly health tips on pay check stubs, quarterly wellness events, and health promotion events for DSPs are used.

Coordinators reported that consistent health and wellness messages throughout all agency work in various settings, including day-to-day activities between DSPs and consumers; person-centered planning; and management policies and meetings would support long term behavioral change. All three agencies discuss HHW at agency meetings. **LEAP** includes health and safety as a regular agenda item at management meetings. **CLA** has regular Wellness Committee meetings and **PSL** regularly discusses HHW at staff meetings.

Champions Matter

Not every staff person and consumer was “on board” with HHW right away. Two of the three agency coordinators expressed concerns about client rights and choice. Empowering staff members and consumers to make healthy choices over time is both a more positive and effective approach than outright directives about what they should or shouldn’t eat. Coordinators report an expressed need to train DSPs in this approach. Coordinators also acknowledged that staff need to feel supported by management as they promote healthy living skills with consumers they support.

The PCP Makes it Happen

Identification of a health and wellness goal for each consumer in their person-centered plan has been recognized as essential at all three agencies. The person-centered plan is the driving force that shapes how DSPs support the consumer. Incorporating HHW goals in the plans is a strong contribution toward institutionalizing HHW objectives for consumers. At **PSL**, it has been made a priority. Enhanced training is needed for person-centered planning coordinators and case managers to ensure that HHW goals are addressed in pre-planning, added to the PCP and addressed with the consumer on a consistent basis, even if there is staff turnover.

Challenges

Implementing HHW has been time-consuming and involved a lot of coordination throughout each agency. Coordinators expressed that their HHW work was added to their responsibilities in a busy full-time position. One coordinator stated that while she valued the HHW project, she wasn’t sure she could continue doing the work it entails. In addition, significant staff turnover particularly at the DSP level impacts the project. There is a need for on-going training and technical assistance to meet the demands of new staff that join agencies throughout the year.

VI. Action Steps: July 1, 2010 – June 2011

The mixed methodology of the evaluative process generated a great deal of feedback from those involved in implementing HHW. Using that information, the HHW Project staff have identified a number of action steps to continue to support this initiative including:

- Strategize with HHW coordinators to develop sustainable approaches to the initiative. This includes helping agencies to deal with regular training needs as staff turn-over, and identifying mechanisms to incorporate HHW activities into the workflow of staff beyond the coordinator.

- Improve the training for new Happy Healthy and Well coordinators and PCP coordinators in how to use the HHW materials and how to tailor HHW to their agency and the consumers they serve. Two specific additions are:
 - Incorporating learning strategies for persons with cognitive disabilities
 - Exploring clients' right to eat what they want and spend their time how they choose, versus empowering clients to choose to live healthy lives
- Continue development of the Nutrition Education Kit. This approach will address coordinators' concerns that HHW be made more specific and concrete. Provide training on how to use the kits.
- Recruit, train and provide technical assistance to one more agency in FY2011. Add more agencies in FY2012. Refine the recruitment packet for new agencies. Maintain consistent criteria for involvement in the program. Agencies with residential and community support programs are the most effective targets for HHW programs.
- Pursue grant opportunities to expand the Happy Healthy and Well pilot.

Conclusion

Implementation of Happy Healthy and Well is underway at the three pilot agencies. Though each agency took a different approach, each has made progress in implementing their plans to help consumers and staff lead healthier lives. The three agencies report that they are learning from each other and that resistance to change from staff at their agencies has diminished. In addition, the evaluation process conducted in May 2010 will inform the planning for Happy Healthy and Well for 2011. Plans will be developed to help agencies address the issue of sustainability.

¹ US Department of Health and Human Services, The Surgeon General's Call To Action To Improve the Health and Wellness of Persons with Disabilities, US Department of Health and Human Services, Office of the Surgeon General, 2005.

¹ McGuire, B. E., Daly, P. & Smyth, F. (2007) Lifestyle and health behaviours of adults with an intellectual disability. *Journal of Intellectual Disability Research*, Vol. 51, July 2007, p. 407 – 510.

¹ Yamaki, K. (2005) Body Weight Status Among Adults With Intellectual Disability in the Community. *American Association on Mental Retardation*, Volume 43, February 2005, p. 1 -10.

¹ Rimmer, J.H., Health Promotion for Individuals with Disabilities: The Need for a Transitional Model in Service Delivery, *Manage Health Outcomes*, 2002; 10 (6): 337 -343.

¹ Rimmer, J.H. and Rowland, J.L., Health Promotion for People With Disabilities: Implications for Empowering the Person and Promoting Disability-Friendly Environments, *American Journal Of Lifestyle Medicine* May 2008; 2; 409.

¹ Ravesloot, C. H. , Seekins, T, Cahill, T., Lindgren, S., Nary, D. E. & White G. Health Promotion for People with Disabilities: Development and Evaluation of the Living Well with a Disability Program. *Health Educ. Res.* 22:522-531, 2007.

¹ Rimmer JH, Braddock D. Health promotion for people with physical, cognitive and sensory disabilities: an emerging national priority. *Am J Health Promotion.* 2002;16: 220-224 .

¹ Brinkerhoff, R.O., The Success Case Method: A Strategic Evaluation Approach to Increasing the Value and Effect of Training; *Advances in Developing Human Resources* Vol. 7, No. 1 February 2005 86-101

Appendix A

Sponsored by LEAP, Inc.

Held at Franklin Memorial Hospital, Farmington

September 22, 2009 2:30 – 4:00 PM

Agenda



Welcome 10 minutes

Daily Habits.....10 minutes



Healthy Eating.....30 minutes

Be Active.....10 minutes



Staying Well15 minutes

Wrap-up10 minutes

The End



Happy, Healthy and Well

Agency Implementation Plan

Agency Name

PSL Services

Contact Person

MJ Dougherty

Contact Phone

207-879-0847

Number of Staff

DSP

Consumers

Other

Implementing HHW

Goal: PSL Services will implement HHW strategies to agency staff and consumers which promote living a healthy lifestyle.

Objective 1

By June 30, 2010, 80% of all direct support staff and individuals served will be provided training and support on HHW materials.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Provide overview of HHW materials to all new staff during agency orientation	HHW materials	Training Coordinator	Number of new staff provided with training	Monthly Orientation	
2	Provide quarterly in service training to staff on health and wellness related topics	HHW materials Guest speakers	Training Coordinator Program supervisors	Number of staff attending quarterly training	Quarterly	
3	Provide healthy cooking classes and recipes to recipients of service and staff	HHW materials, cookbooks, kitchen space	Training Coordinator Program supervisors Support staff	Number of participants at quarterly training	Quarterly	



Happy, Healthy and Well

Agency Implementation Plan

Objective 2

By June 30, 2010, agency management will incorporate 3 new administrative strategies that promote HHW initiative to staff and recipients of services.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Incorporate wellness tips into weekly paychecks, offer incentive to a monthly winner who can report one of the tips when contacted.	Wellness tips Prize incentives	Training committee	Number of staff and/or service recipients who win incentives by remembering tips	Weekly: Tuesday mornings for tips Monthly: contact with staff and recipients of service.	
2	Add HHW materials, tips and pointers to agenda for one staff meeting each month	Agenda, resources	Program supervisors, Training Coordinator	Number of staff meetings with HHW topics as agenda items.	Monthly	
3	Support implementation of an agency wellness initiative, focusing on education of staff and increase of awareness of healthy food choices, portion control, exercise, and weight loss.	Incentives, guest speakers, scale, personal weight tracking form, food and exercise journals, possibly pedometers	Training Coordinator, Training Committee	Number of staff and service recipients reporting weight loss or increase activities.	Weekly weigh-ins, activity reports, quarterly progress updates.	



Happy, Healthy and Well

Agency Implementation Plan

Objective 3

By June 30, 2010, PCP Coordinator and Case Managers will incorporate health and wellness as part of the planning process for 80% of individuals in their case loads.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Provide resources and support to all case managers and PCP Coordinator that support service recipients.	HHW trainer and supplies	Training Coordinator	Number of case managers and PCP Coordinators trained	Quarterly	
2	Create and support pre-planning to ensure that health and wellness goals are considered for each person's PCP	Addition of health and wellness categories in the pre-planning paperwork for PCP's	PCP Coordinator	Number of PCP's that incorporate health and wellness goals	Annual PCP and six-month reviews	
3	Ensure access to community resources related to health and wellness for service recipients	Identified resources, plan for accommodations	Case managers, PCP Coordinator, DSP's	Documented evidence of contact with community resources.	Annual PCP and 6-month review	



Happy, Healthy and Well

Agency Implementation Plan

Agency Name	Contact Person	Contact Phone
<input type="text" value="Community Living Association"/>	<input type="text" value="Julie Angotti, RN"/>	<input type="text" value="532-9446, ext 13"/>

Number of Staff

DSP	<input type="text" value="183"/>	Consumers	<input type="text" value="161"/>	Other	<input type="text" value="Association Nurse, QAP, Training Staff, Supervisors and Directors"/>
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Implementing HHW

Goal:

Objective 1

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Prepare and update the Wellness Committee to be the coordinating group for the implementation of HHW	HHW materials	HHW contact person, the Wellness Cmt	# of members at monthly Wellness Cmt meetings	quarterly	Jan 3 Feb 4 March no mtg
2	Identify and maintain 16 Healthy Lifestyles Mentors	funding for Mentor training + incentives HHW materials	HHW contact person Wellness Cmt CLA Directors	# of Mentors trained on HHW	bi-weekly contact with Directors until all Mentors identified	Jan 16 Feb 16 March 16
3	Provide Mentors with on-going support and wellness related information and resources in a monthly e-mail	HHW materials and other Wellness related resources	Wellness Committee	# of monthly e-mails sent out to Mentors	quarterly	Jan 1 Feb 0 March 1



Happy, Healthy and Well

Agency Implementation Plan

Objective 2

By August 2010, 75% of CLA's program sites and residences will incorporate an activity which promotes health and wellness on a monthly basis

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Encourage participation of staff and consumers through the use if incentive items	Incentive funding	Wellness Committee and Mentors	# of staff and consumers that receive incentive items	quarterly	Jan 31 Feb 15 March 0
2	Request monthly/quarterly data from Mentors	Data indicating topics presented and #of participants	Healthy Lifestyles Mentors HHW contact person Wellness Cmt	# of sites turning in monthly data	monthly	Jan 10 Feb 9 March NA
3	The Wellness Committee will prepare and promote a wellness related activity in Dec 09, March 2010 and June 2010	HHW materials and other wellness resources	Wellness Committee	percentage of participation from each site	quarterly	7 of 16 sites had participation in March event (move and improve)=44%

Objective 3

By August 2010, 75% of waiver homes and day program sites within CLA will utilize HHW resources consistently during mealtimes

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	Monthly e-mails to Mentors will include tips on how to utilize HHW resources at mealtime	HHW materials	Wellness Committee	% of monthly e-mails which include mealtime tips	quarterly	100%
2	QAP will review the use of HHW resources at the Quarterly Meal Time Assessments	HHW materials	QAP	# of sites utilizing HHW resources during mealtimes	quarterly	100%
3						

COMMENT FROM WELLNESS COMMITTEE: we recognized the poor outcome of Objective 2, action step 2. We have now divided the 16 sites among the 4 committee members and will be making regular contact with each site to offer support and request feed-back data.



Happy, Healthy and Well

Agency Implementation Plan

Agency Name

LEAP, Inc.

Contact Person

Darryl Wood, RN, RSD

Contact Phone

778-4817 x 112

Number of Staff

DSP Consumers Other

Implementing HHW

Goal: LEAP will utilize information and strategies from HHW to impact decision making related to health and wellness with consumers and their support staff.

Objective 1

By January 1st, .2010, All LEAP staff will be trained in, and familiar with, HHW goals and strategies.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	All staff and consumers will be oriented to HHW goals and implementation strategies.	HHW materials	RSD, (Residential Service Director) managers	Records of in-service in HHW will be kept by LEAP managers	All new staff within 30 days All existing staff by January 1 st , 2010.	
2	HHW information will be reviewed during Health module of DSP training, or during CDS training seminars	HHW materials Trainers	RSD, trainers	# of staff being trained	Quarterly	



Happy, Healthy and Well

Agency Implementation Plan

Objective 2

By September 30th, 2010, all consumers PCP's will address the need for a wellness plan for individual consumers.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	All DSP's will be encouraged during Health training and consumer orientation to promote wellness plans for consumers they support and bring recommendations to the individuals PCP.	HHW materials DSPs	RSD managers DSPs	Records of in-service in HHW will be kept by LEAP managers	Annual PCP date for individual consumer	
2	The PCP coordinator will ensure that each consumer PCP addresses the individuals need for a Wellness plan	HHW materials PCP materials PCP coordinator	RSD PCP coordinator	PCP notice, agenda and plan will reflect the action step	Annually for each person served	
3	For PCP's not coordinated by LEAP, each coordinator will be notified of the need to address a Wellness plan	Communication modality	LEAP administrators Case managers	PCP notice, agenda and plan will reflect the action step	Annually for each person served	

Objective 3

By January 1st, 2010, LEAP management staff will incorporate Wellness policies and HHW materials into strategies to improve the health and well being of consumers and employees of the agency.

	Action Steps	Resources Needed	Person Responsible	Progress Indicators	Deadlines	Quarterly Progress
1	After safety, wellness will be the next topic on the agenda at staff and management meetings	Agenda	RSD Managers	Percentage of meeting with wellness on the agenda	January 1, 2010 agency wide	
2	In accordance with our Wellness policies and HHW, LEAP encourages healthy food options at all work related meetings or events.	Policy Communication modality	managers	The majority of LEAP functions will provide healthy food options	immediately	



Appendix B-3

Happy, Healthy and Well

Agency Implementation Plan

3	LEAP will promote healthy eating, physical activity and the reduction in self destructive behaviors through education and incentive	HHW materials LEAP Policy Incentives S-com	Wellness Committee RSD managers	Healthy food options Increased physical activity Increased participation in wellness events	immediately	
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Appendix C

Feedback from the four 2009 Consumer Workshops:

What Was Learned	
Learning about portion control	Smaller portions of potatoes and meat
Portion control	Portions
Smaller portions of ice cream	Smaller helpings
Portions	Learning about portion sizes
Recommended portions of different foods	Ice cream portion
A little bit of ice cream	Eat less food
Thinking about eating healthy	Watch snacking
I can eat healthy	Eating proper foods
Cut down on junk food	Buy fruit that will keep
Eat more fruits and vegetables	More fruits and vegetables for snacks
Learned about eating lots of vegetables	Eating Grapefruit, more fruits
Learned about watching sodium	Follow what you are supposed to be eating
How to get more fruits and vegetable servings in a day	Understanding and using the portion placemat
Learned about all kinds of food	It will help me lose more weight
How to tell if you need to drink more water (color of urine)	Throw out the “8 glasses a day” recommendation
More water	Drink more water
Drink more water	How much sugar is in beverages
Drink more water and less soda	How much sugar is in beverages
How much sugar in beverages	Be careful how much coffee I drink
Do more physical activity	I’m going to go for a walk today
Be prepared when you go to doctor	Plan ahead
The checklists	

Consumer Comments About the Materials	
Would like larger print, for the visually impaired	Is the book binding sturdy enough?
Liked the visuals and the magnets; and tools	Like the color coded aspect of the booklets
Book is portable, easy to carry	Liked smileys and graphics on the materials
Visuals – placemat was helpful	Liked the placemats
Liked the checklist	I liked the water bottles
Liked the consumer guide	

Consumer Thoughts About the Workshops	
FUN	Interaction was encouraged
Include physical activity in the model	Liked the papers (ice breaker exercise)
Get up and do a little activity in the middle	I'm just not into this type of program
Liked being able to follow along in the booklet (the consumer guide)	

Consumer's Suggestions on How to Help Me
We just need to do it, don't need support
Do it until it becomes a habit
Use staff person to help plan meals
Menu planning
Staff
My nutritionist and doctor
Staff and family support
Getting to appointments
Need RTP to show up or getting staff to make arrangements
Helping each other – "You feel good afterwards"
Going into the pool with support
Going to Curves with a friend
Go with me
Have a cooking class to do healthy food
Popcorn as a healthy snack
Do more with healthy food
Be nice and respectful to staff

Happy, Healthy and Well (HHW) Staff Workshop Evaluation Summary of Evaluation Responses

Location: PSL Date: 5/15/09
 Trainer: Madeleine Martin
 Audience: Day program / DSP staff
 Attendance: Written evaluations turned in: 18 Response rate:

1. Learning

People were asked about their level of understanding of six specific content areas discussed in the workshop. They noted their understanding before the workshop and after the workshop by circling numbers as follows.

Circle the appropriate numbers using the following key:
 1 = No understanding (None);
 2 = Little Understanding;
 3 = Moderate Understanding;
 4 = Quite A Bit of Understanding;
 5 = Almost Complete Understanding (Complete)

If a person in the workshop reported that they had more understanding of a content area after the workshop than before this was counted as learning a little. If they went up two levels or more, this was counted as learning a lot.

1a. Learning by content area

How would you describe your understanding of ways to guide consumers to:	Learned a lot <i>After-Before</i> ≥ 2
• take responsibility for their own health	1
• encourage healthy daily living habits	2
• be physically active.	2
• create and follow wellness plans	6
• be involved in their medical care	4
What is your understanding of how to design a plan to help your facility implement these objectives:	7

- » One person showed knowledge increase=2 or more for all areas.
- » Could count again for learned something in each area- this only counts learned 2+

1b. Number of content areas in which people reported they learned something

# of content areas	People	Percents
None	3	17%
1- 2	6	33%
3 - 4	7	39%
5 - 6	2	11%

- » Half the people learned something in at least half the modules.

2. Rating the workshop itself: A summary of responses to question 5

Please rate your overall feelings about the day.	Poor	Fair	Avg	Good	Excellent	Percent G or E	Percent P or F
a) Meeting facility			1	7	10	94%	0%
b) Schedule of the day	3	2	3	7	3	56%	28%
c) Effectiveness of the trainers			1	5	12	94%	0%
d) Quality of HHW materials			1	5	12	94%	0%

1. Written comments about the workshops summarized into categories

Comments	
2. How can you contribute	Responses
• use the materials	6
• read materials and implement our plans	4
• set a good example/role model	4
• use personal wellness plans/checklists provided	4
• mood and wellness checks	2
• staff & supervisors "on same page?"	1
• organize a group activity	1
• make it an adventure to try	1
3. Like best	Responses
• the materials	7
• well-paced	4
• sharing experiences w/ other staff	3
• how important role model is	2
• variety of info	2
• informal	2
• clear presentation	1
• food discussion	1
• applicable to real world situations	1
4. What would you change about the training	Responses
• not a thing	3
• too early in the morning	2
• needed more time	1
• be more interactive	1
• how to deal with difficult consumers	1
• what about consumers who can't read?	1
5. Verbatim comments (sample)	
• Thank you!	
• "great books and resource guide, great packet, well-put together, awesome materials"	
• glad our company is participating	
• gave me tools to "make it feel like an adventure, something fun and new to try- something they're doing for themselves rather than a goal imposed on them."	

Happy, Healthy and Well (HHW) Staff Workshop Evaluation Summary of Evaluation Responses

Location: Downeast Horizons

Date: 8/12/09

Trainer: _____

Audience: All Staff

Attendance: _____

Written evaluations turned in: 6

Response rate: _____

1. Learning

People were asked about their level of understanding of six specific content areas discussed in the workshop. They noted their understanding before the workshop and after the workshop by circling numbers as follows.

Circle the appropriate numbers using the following key:

- 1 = No understanding (None);
- 2 = Little Understanding;
- 3 = Moderate Understanding;
- 4 = Quite A Bit of Understanding;
- 5 = Almost Complete Understanding (Complete)

If a person in the workshop reported that they had more understanding of a content area after the workshop than before this was counted as learning a little. If they went up two levels or more, this was counted as learning a lot.

1a. Learning by content area

The most learning occurred in the personal wellness plan questions: 4 of 6 indicated that they had learned something about personal wellness plans.

How would you describe your understanding of ways to guide consumers to:	Learned a little <i>After-Before = 1</i>	Learned a lot <i>After-Before = 2</i>	Percent learned
• take responsibility for their own health	2	0	33%
• encourage healthy daily living habits	3	0	50%
• be physically active.	3	0	50%
• create and follow wellness plans	3	0	67%
• be involved in their medical care	2	0	33%
What is your understanding of how to design a plan to help your facility implement these objectives:	2	0	50%

1b. Number of content areas in which people reported they learned something

# of content areas	People	Percents
None	1	17%
1 - 2	1	17%
3 - 4	3	50%
5 - 6	1	17%

2. Rating the workshop itself: A summary of responses to Question 5

Please rate your overall feelings about the day.	Poor	Fair	Avg	Good	Excellent	Percent G or E	Percent P or F
a) Meeting facility				4	1	100%	0%
b) Schedule of the day				4	1	100%	0%
c) Effectiveness of the trainers				4	1	100%	0%
d) Quality of HHW materials				4	1	100%	0%

- » Every respondent checked the same box for all 4 categories. 4 out of 5 rated all aspects of the workshop as good or excellent.
- » 1 out of 5 ranked every category "excellent."

3. Written comments about the workshops summarized into categories

2. How can you contribute	Responses
• Eating/choosing healthy foods and portion control	5
• Implement physical activity	1

3. Like best	
• Clear presentation/very informative	2
• Humor	1
• How important role model is	1
• Encouraged healthy habits	1
• Learning what is healthy and what is not	1

4. What would you change about the training	
• Not a thing	2
• Be more interactive	2
• Gear workshop to home staff not us	1
• Needed more time	1

5. Verbatim comments (sample)	
• "If we all try to work together this would be good for all of us."	
• "Gear more to training home staff [for?] those consumers [whose] eating planned is more controlled by home staff than themselves."	

- » This group was nearly unanimous in what it liked best about the training.
- » "Eating healthy", "buying healthy", or "food choices" was written without prompting by 5 of the 6 workshop attendees who filled out evaluations.

For trainer comment section -

- Perhaps this workshop spent the most time on the section about food choices?
- I understood there were some consumers' at workshop who would not be making any of their own food choices?

Happy, Healthy and Well (HHW) Staff Workshop Evaluation Summary of Evaluation Responses

Location: LEAP Date and Time: 8/20/09 10:30 AM – 1:00 PM
 Trainer: Madeleine Martin
 Audience: LEAP staff at various levels and sites as well as their community partners
 Attendance: 61 Written evaluations turned in: 37 Response rate: 61%

Trainer’s Comments: New props were used to teach food labeling and soda consumption. Group interaction was limited due to large size of workshop. Some logistics around food, microphones, room size could have been improved.

1. Learning

People were asked about their level of understanding of six specific content areas discussed in the workshop. They noted their understanding before the workshop and after the workshop by circling numbers as follows.

Circle the appropriate numbers using the following key:
 1 = No understanding (None);
 2 = Little Understanding;
 3 = Moderate Understanding;
 4 = Quite A Bit of Understanding;
 5 = Almost Complete Understanding (Complete)

If a person in the workshop reported that they had more understanding of a content area after the workshop than before this was counted as learning a little. If they went up two levels or more, this was counted as learning a lot.

1a. Learning by content area (37 responses)

How would you describe your understanding of ways to guide consumers to:	Learned a little <i>After-Before =1</i>	Learned a lot <i>After-Before >=2</i>	Percent learned
• take responsibility for their own health	12	3	41%
• encourage healthy daily living habits	13	5	49%
• be physically active.	10	5	41%
• create and follow wellness plans	10	9	51%
• be involved in their medical care	6	2	22%
What is your understanding of how to design a plan to help your facility implement these objectives:	12	9	57%

Discussion: The most learning occurred in the two questions about planning. Reportedly, 57% learned ways to help the agency implement a plan and 51% indicated that they had learned something about personal wellness plans. About half of the people reported learning something in each of the content areas except medical care. In that area, only 22% learned anything. One person showed an increase of understanding 2 or more for all areas.

1b. Number of content areas in which people reported they learned something

# of content areas	People	Percents
None	11	30%
1 - 2	7	19%
3 - 4	10	27%
5 - 6	9	24%

Discussion: The reported learning varied widely. Eleven people reported that they did not learn new concepts. It could be that these people had a great deal of knowledge before the workshop. Another plausible reason is that they did not understand the "before/after" format of the questions. Of those who did learn, 7 learned in one or two areas, 10 in three or four and 9 in five or six. Thus, over half of the 37 people learned something in at least three of the six areas.

2. Rating the workshop itself: A Summary of responses for Question 5 (33 responses)

Please rate your overall feelings about the day.	Poor	Fair	Avg	Good	Excellent	Percent G or E	Percent P or F
a) Meeting facility			2	14	17	94%	0%
b) Schedule of the day		2	8	17	7	73%	6%
c) Effectiveness of the trainers			8	12	15	82%	0%
d) Quality of HHW materials		1	1	16	15	94%	3%

Discussion: About a quarter of the respondents had concerns about the schedule of the day. Over 80% ranked the trainers as good or excellent. The vast majority ranked the HHW materials good or excellent. (94 %.)

3. Written comments about the workshops summarized into categories

Written Comments	
1. How can you contribute	Responses
• use the materials/ implement our plans w. these materials	9
• discuss this info w. consumers/ encourage consumers to answer question about their own health daily.	7
• discuss the topics w. other staff /have a method to train staff /reminders at team meetings	7
• assist in providing healthy choices/ meals	4
• set a good example/be a role model	3
• make it fun	2
• goal setting./ encourage involvement	2
• recognize role models	1
• find community activities our clients can participate in	1
• work w/ Board to provide any support needed.	1
• encourage documentation of success to help maintain govt. support for community activities, etc.	1
• understand and identify methods of healthy living	1
• use this knowledge to prompt in ways that would make being healthy less of a chore	1

2. Like best	Responses
• specific nutrition info esp. regarding labels	8
• the written materials	4
• sharing experiences w/ other staff	4
• information/explanations	4
• interactive	3
• the visuals/things passed around	2
• the Power Points	1
• the food	1
• fun ideas to stay healthy	1
• moved quickly, didn't get too boring	1
• simple and direct	1
• scenarios	1
• helpful hints	1
• consumer perspective	1

3. What would you change about the training	Responses
• not a thing	10
• needed more time/ information overload.	2
• be more interactive/less lecture	2
• don't have at meal time or serve lunch	2
• more in-depth info about nutrition/ more info for those who know the basics	2
• hard to hear/microphones for all speakers?	2
• more breaks	1
• timeframe	1
• more info about healthy diets	1
• include community contacts in the area, "not see our quarterly newsletter."	1
• more specifics that would relate to different situations/people.	1
• seemed redundant with previous trainings	1

4. Verbatim comments (sample)
• "This parallels our employee wellness activities to reinforce each other."
• "Ladies did a great job. Very helpful."
• "Very helpful for everyday usage."
• "Very well organized with easy to understand and follow information"
• "Great workshop with valuable info and imaginative ideas."
• "One of the best trainings of any sort that I have attended."
• "I got a lot of good ideas and knowledge about being healthy. I think I am more confident to help someone else along to be more healthy and make healthier choices."
• "Several of the worksheets provided and resource materials were age-appropriate and not degrading for individuals served so a big "kudos" for that."

Appendix E

Results of Internal Project Review Meeting

11- 18- 2009

Implementation findings from 5 staff interviews related to food

1. Visual tools / materials
2. Open dialogue between staff and consumers
3. Staff has individualized and adapted materials to level of function of consumer
4. Staff empowerment; for example, they feel more free to encourage healthier diets
5. Practical tips
6. New strategies one-on-one to approach a food situation
7. Openness to try new things (staff and consumers)
8. Changes that focus on nutritional value
9. Staff use of resource material
10. Consumers have a better understanding of portion control and the need for moderation
11. Some staff are making healthier meals; clients are choosing healthier foods

Implementation findings related to exercise

1. A little bit is better than nothing
2. Focus on small changes
3. Practical strategies
4. Asking friends and family for support
5. Very simple short messages
6. Trying different strategies with consumers
7. Staff feels supported
8. "Your materials fit"
9. Consumer reports feeling better being more active

Implementation findings – other themes

1. Use of tools – the materials fit
 - Use of hygiene checklist to help client make hygiene changes
 - Use of wellness check to identify her feeling and needs
 - Staff person uses portion control materials to make changes at home
2. Open door for communication
3. Small steps
4. Increased staff awareness
5. Ongoing training and support of staff identified as a need

Implementation findings

1. Teamwork (agency-wide)
2. Support built in (ISP's / doctor plans)
3. Consumer choice

4. Integrate HHW in all plans (behavior plans etc)
5. More technical assistance and ongoing support

Findings about materials

1. Materials were successful (checklist; food cards; placemats; jump ropes; wellness plan; food pyramid poster; water bottles)
2. They were successful because: graphics, variety of tools, age-appropriate, visual reminders, color-coded
3. Written materials weren't successful because: some consumers were low functional, vision problems, trouble with reading
4. Wellness plan not successful with some because format was not specific enough
5. Things get lost (Consumer Guides, water bottles)
6. Binders were successful

Findings about workshops

1. Reinforced what the agencies have been attempting to do ("slung-shot")
2. Vision / reading problems
3. Want more hands-on materials
4. Liked visuals / displays at workshops
5. Individualized workshops for agency needs
6. More specific issues for this population could be addressed in the future, i.e. hunger recognition, satiety, cravings, and reasonable portions

What have we learned about

1. What to teach:
 - Portion size
 - Carbohydrates
 - Snacking / moderation
 - Don't know how to cook healthy
 - Exercise
2. How to deliver the message:
 - hands-on
 - practical tips
 - deliver to staff / role models
 - focus on how to's / for staff to deliver to consumer

What should we do differently next year?

1. Involve agencies in some pre-planning
2. Consider video /DVD of module (as an alternate way to introduce modules)
3. Give agencies materials and curriculum to train agency staff themselves
4. Consider strategies to include other agencies / partnerships such as HMPs, UMCE
5. Do more with existing agencies / add new agencies for FY 10
6. More discussion items at project meetings: agencies (do we add new ones?); modules (which ones; how many?)

7. Maximize resources to deliver trainings, TA
8. Share success stories – communication across agencies.
9. Share agencies implementation plans. Mentor/championing approach and agency top-down steps.
10. Consider how we are doing staff training. time of day /meals/ length of training
11. Menu of TA assistance options
12. Offer, for example: 1 management meeting; 2 module trainings; F/U 1/month
13. PCP focus (how to do?)
14. Discuss further: 2010 evaluation process / TA (modify?)

Other thoughts

- More orientation/buy in from agencies
- Similar format of workshops each time in terms of topics, size, etc
- Technical assistance that includes concrete help to real problems faced (Coaching) is an evidence-based practice and we are now in the process of instituting it.
- Incorporate best practices in how people with developmental disabilities learn

Other comments from notes:

Staff who report successful implementation note that the agency already has a certain level of readiness and knows this is a direction they want to move in. The person who said “my agency will get me what I need” shows a level of staff empowerment to use and adapt the Happy Healthy and Well program to what works best for the specific consumers. High implementing agencies demonstrate they can use a good idea from any source- like the story of the agency that took one consumer’s comment- ‘I don’t like cleaning my bathroom because the cleaner stinks.’ To a system change in choosing green cleaning products for the better health of all consumers and staff.

Two agencies that noted a cooking class being cut had two different reactions. One implies, that’s gone and it is missed, while the other implied, that door closed but here is another way to get at some of the same things. An openness to adapt is helpful.

Successful agencies plan to take on one item agency-wide. Allow individual residences to adapt the program and to set individual means to an end for individual clients within the goal area. The successful agency tries different approaches and different materials. They keep it light and fun—‘be active’ not you must exercise. They also integrate it with other ways of working with clients such as the behavior modification plans, the person centered plans and the doctor’s orders regarding diet and exercise. Successful implementers try to involve family and friends (natural supports) in the efforts. Successful agencies highlight success stories of staff and consumers.

