Wellness Throughout the Continuum of Care

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Objectives

- Describe the pillars of wellness and their influence on quality of life and participation.
- Define health, wellness, and prevention terminology and their application in rehabilitation practice.
- Understand impact of motivation interviewing on client's commitment to wellness programming.
- Integrate social determinants of health factor into a client's ability to participate in wellness programming.

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Pillars of Wellness

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Understanding Wellness

o Health is often understood as the absence of disease or sickness. While this definition is valid, it lacks the comprehensiveness of a broader approach.

o The pillars give a sense of how to work toward your optimal wellness, but it's by no means prescriptive.

Biology

Personality

Environment

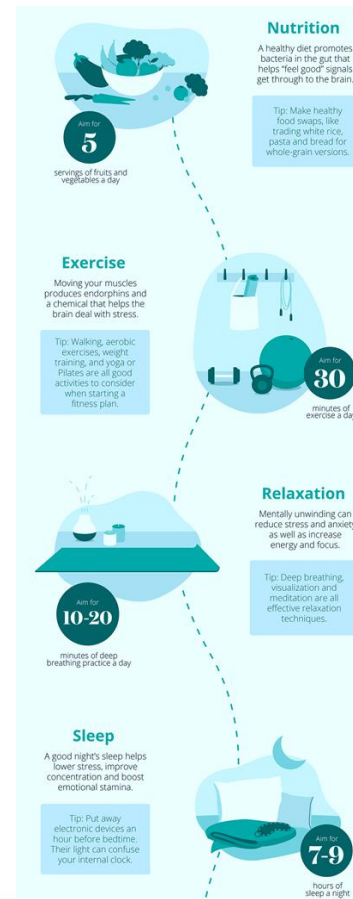**OhioHealth**
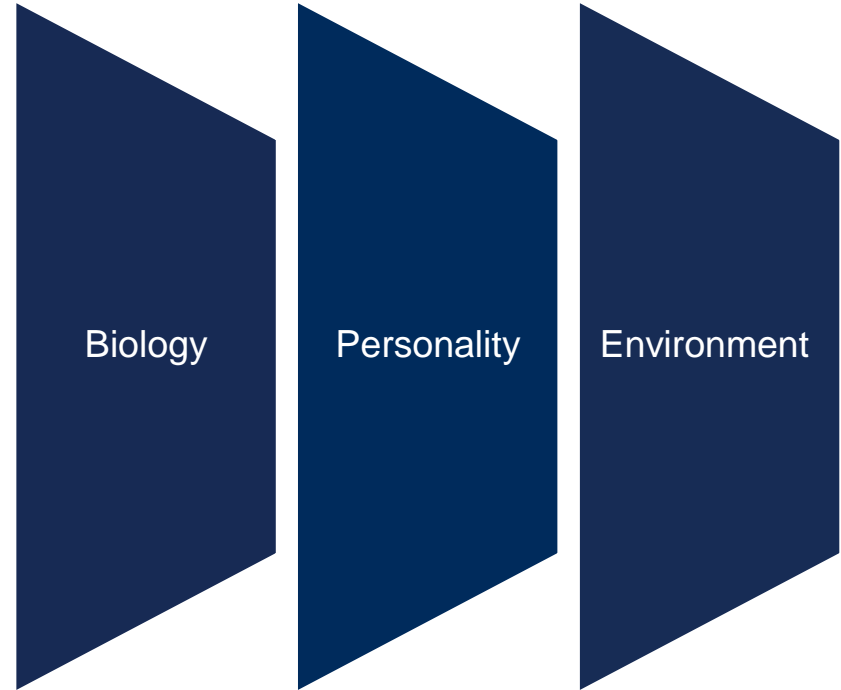
8 Pillars Of Wellness

"Making the right choices for health and well-being can be challenging. Although we know what is good for us and how we can do — and be — better, we may not act on it, or if we do, we may, in due course, slide back to familiar ways. Human behavior — what we do, how we do it, and whether we will succeed — is influenced by many factors."
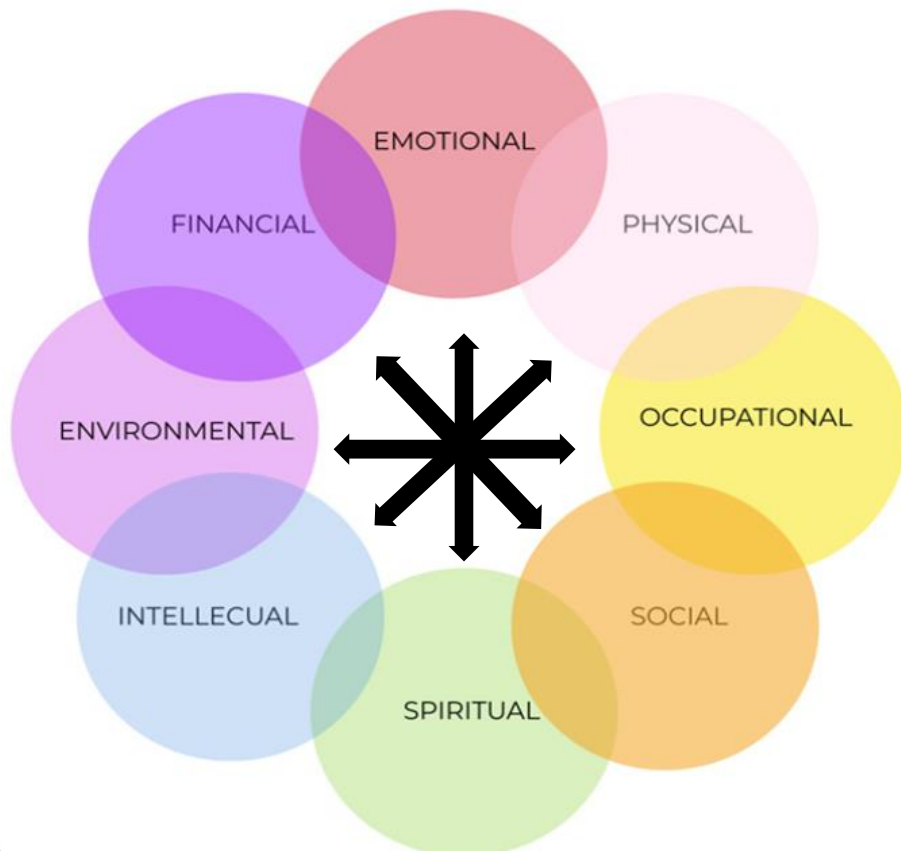
Habits:

"A behavior that is recurrent, is cued by a specific context, often happens without much awareness or conscious intent, and is acquired through frequent repetition." It can be regarded as a formula (or "habit loop") that the brain automatically follows.

o   Habits are powerful. With about 40% of our everyday behavior repeated in the form of habits, they shape our very existence, and ultimately, our future.

Nutrition
A healthy diet promotes bacteria in the gut that helps "feel good" signals get through to the brain.

Tip: Make healthy food swaps, like trading white rice, pasta and bread for whole-grain versions.

Aim for **5** servings of fruits and vegetables a day

Exercise
Moving your muscles produces endorphins and a chemical that helps the brain deal with stress.

Tip: Walking, aerobic exercises, weight training, and yoga or Pilates are all good activities to consider when starting a fitness plan.

Aim for **30** minutes of exercise a day

Relaxation
Mentally unwinding can reduce stress and anxiety as well as increase energy and focus.

Tip: Deep breathing, visualization and meditation are all effective relaxation techniques.

Aim for **10-20** minutes of deep breathing practice a day

Sleep
A good night's sleep helps lower stress, improve concentration and boost emotional stamina.

Tip: Put away electronic devices an hour before bedtime. Their light can confuse your internal clock.

Aim for **7-9** hours of sleep a night

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"Change Your Habits Change Your Life"

o Change becomes much more achievable if you pay attention to who you are and insert routines that take advantage of your strengths, tendencies, and aptitudes. With self-awareness, you can cultivate the habits that work for you.

o Sometimes it requires repeated experiments and failures. But for ongoing betterment, the attempts are unquestionably worth while and one success often leads to another.

Are you going to accept yourself?

"Or"

Expect more from yourself?

Are you going to embrace the present?

"Or"

Consider the future?

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ENVIRONMENTAL

○ Good health by occupying pleasant, stimulating environments that support well-being.

○ Encompasses all areas of health that relate to the environment and in turn, how the environment can impact human health. Environmental wellness includes eco-friendly considerations, active participation in recycling and proper disposal of electronics, medicine, energy, fuel, water conservation, and the use of sustainable products.

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FINANCIAL

- Satisfaction with current and future financial situations.
  - Being aware that everyone's financial values, needs, and circumstances are unique.

- Managing your resources to live within your means.

- Making informed financial decisions and investments.

- Setting realistic goals, and preparing for short-term and long-term needs or emergencies.

EMOTIONAL

○ Coping effectively with life and creating satisfying relationships.

○ Encompasses the knowledge and skills to identify personal feelings and the ability to handle those emotions. National Institutes of Health describe emotional wellness as "the ability to successfully handle life's stresses and adapt to change and difficult times."

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PHYSICAL

- Recognizing the need for physical activity diet, sleep and nutrition.

- Recognize symptoms of disease and take proper actions to address any concerns.

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OCCUPATIONAL

- Preparing for and participating in work that provides personal satisfaction and life enrichment that is consistent with your values, goals, and lifestyle.

- Contributing your unique gifts, skills, and talents to work that is personally meaningful and rewarding.

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SOCIAL

- Developing a sense of connection, belonging, and a well-developed support system.

- Maintaining healthy relationships, caring about others, and letting others care about you.

- Contributing to your community.

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SPIRITUAL

○ Expanding our sense of purpose and meaning in life.

○ This may include the belief in a higher power, but spiritual wellness does not have to be aligned with a religion.

○ Participating in activities that are consistent with your beliefs and values.

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INTELLECTUAL

○ Recognizing creative abilities and finding ways to expand knowledge and skills.

○ Encompasses all aspects of wellbeing pertaining to brain health and growth via thought-provoking mental activities.

Putting the Pieces Together

- Each of these types of wellness is important for overall wellbeing. Ignoring one will cause a decline in overall wellness over time.

- When using the pillars of wellness we must understand that self-regulation is central to effective human functioning.
    - It is our ability to direct our behavior and control our impulses so that we meet certain standards, achieve certain goals, or reach certain ideals.

- We must ask ourselves the important questions
    - Which areas do you find yourself struggling in or lacking?

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Putting the Pieces Together

- The first step is to observe which area feels full and satisfied.
  - *What are you doing to contribute to that area's well-being?*
- *Notice* and *acknowledge* what you would like to improve.
- Develop a *plan.*
- Determine different actions you can take to improve that area of wellness.
  - Set a specific day or time aside to put energy and time into that area.
- If you try one thing to improve an area and it's not working for you, try something else!
- *There are so many ways we can take care of ourselves.*
- Most important is don't get discouraged.
  - These things take time. These are areas we constantly have to work on throughout our lives. You can't work on them once and then be done with it.

Health, Wellness and Prevention Terminology and Statistics

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Terminology

Health

- State of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Wellness

- All dimensions of an individual and group existence, including optimal physical and emotional health, spirituality, social connection, psychological and intellectual well-being.

Quality of Life

- Individual's perception of their position in life in the context of the culture and value systems in which they live in relation to their goals, expectations, standards and concerns.

Defining the difference

Health is the goal, while wellness is the **active** process of achieving it

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Terminology

Health Promotion

- Science and art of **empowering** people to increase control over their health.

Prevention

- The act of stopping something from happening.
  - Primary
    - Immunizations, habits, tobacco use
  - Secondary
    - Screening (mammography, BP testing, colon screenings)
  - Tertiary
    - Managing disease

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Prevention Intervention

- Primary
  - Stroke prevention
  - Discouraging lifestyle factors
- Educate
  - How are we impacting risk of secondary disease
  - Modifiable lifestyle factors
  - Provider connection and importance of follow up
  - Physical activity and exercise guidelines

Trends

- Creation of a minimum skill set for health promotion of rehab professional in 2004, revised 2009

- Continued work on national and global levels clarifying roles in screening and promotion of behaviors and behavioral change

- Focused largely on lifestyle-related noncommunicable diseases

- Led to minimum assessment recommendations:
  - Physical activity
  - Nutrition
  - Sleep
  - Stress (including depression, anxiety, and stress)
  - Smoking

- APTA Council for Prevention, Health, Promotion and Wellness created in 2018

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	Illness	Prevention	Wellness
View of human systems	Independent	Interactive	Integrative
Program orientation	Pathogenic	Normogenic	Salutogenic
Dependent variables	Clinical	Behavioral	Perceptual
Patient status	Patient	Person at risk	Whole person
Intervention focus	Symptoms	Risk factors	Dispositions
Intervention method	Prescription	Lifestyle modification	Values clarification

Merging Wellness into Rehabilitation

- Changing the approach from illness to wellness
  - Role modeling
  - Examination approach including
    - Addressing whole person
    - Assessing values, preferences, and social context
  - Screenings
    - Perceived Wellness Survey
    - Short Form 36-General Health
    - Satisfaction with Life Scale
  - Referrals
  - Motivational Interviewing factors

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Statistics

- Physical Activity

Stroke	PD	MS
• More sedentary lifestyles increases risk for stroke and secondary stroke.	• Decreased levels of overall physical activity, not just exercise, demo increased motor and cognitive decline.	• Those that are physically inactive have higher reports of fatigue, depression, and disability.

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Statistics

- Sleep

Stroke	PD	MS
• Insomnia increases risk by 54% • 50% prevalence of sleep disorders post stroke	• REM behavior disorder • More than 75% of people with PD report sleep-related symptoms	• Up to 50% of people with MS experience sleep disturbance, due to overlap of fatigue

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Statistics

- Nutrition

Stroke	PD	MS
• Each 5kg/m^2 increase in BMI within the range of 25-50kg/m^2 is associated with ~40% high stroke mortality.	• Diet can influence effectiveness of carbidopa/levidopa medication.	• Obesity demonstrates increased risk for MS-related disability and disease activity.

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Modifiable Factor

- Stress

MS   PD   Stroke

- Loss of control in setting of chronic diagnoses

- Being "micromanaged" by family/care providers

- Unable to take control of their situation
  - Relationship and economic basis

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Screening

- Physical
  - Self-Efficacy for Exercise
- Nutrition
  - REAP (Rapid Eating Assessment for Patients)
  - WAVE Assessment
- Sleep
  - Pittsburgh Sleep Quality Index
  - Insomnia Severity Index
- Anxiety/Depression
  - Generalized Anxiety Disorder 7-item
  - Perceived Stress Scale

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Health Behavior Change Theory

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What is a theory?

- A theory presents a systematic way of understanding events or situations.

- Theories must be applicable to a broad variety of situations.

- They are, by nature, abstract, and don't have a specified content or topic area.

- Like empty coffee cups, theories have shapes and boundaries, but nothing inside.

- They become useful when filled with practical topics, goals, and problems.

GOALS

PROBLEMS

TOPICS
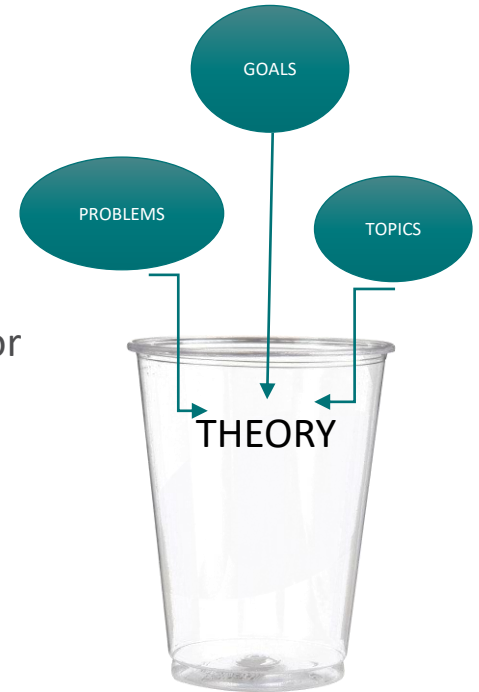
THEORY

# Why Is Theory Important to Health Promotion and Health Behavior Practice?

A theory presents a systematic way of understanding events, behaviors and/or situations.

Theories can guide the search to:

- Understand why people do or do not practice health promoting behaviors;

- Help identify what information is needed to design an effective intervention strategy

- Provide insight into how to design a program so it is successful.
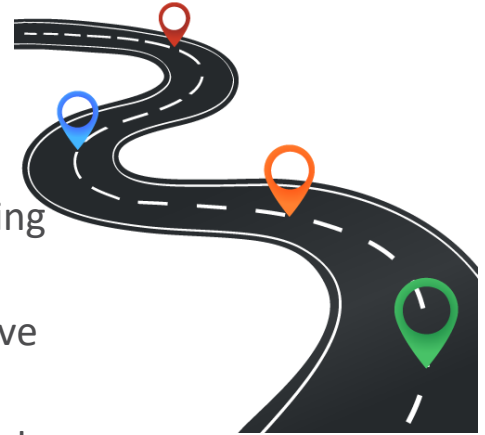
Explanatory Theory and Change Theory
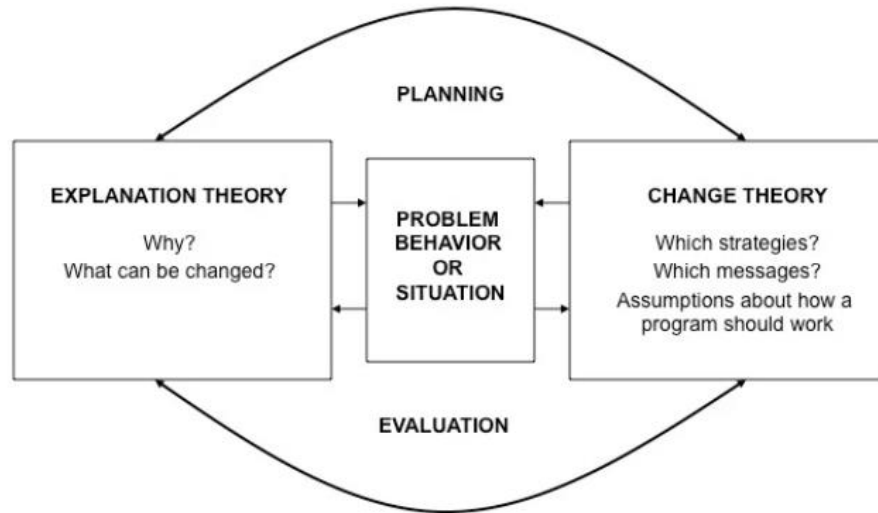
These two broad types of theory may have different emphases but are complementary.

All of the theories and models that will be described have some potential as both explanatory and change models, though they might be better for one or the other purpose.

Key Elements of Behavior Change

| KEY ELEMENT	DEFINITION	STRATEGIES
Threat	A danger or a harmful event of which people may or may not be aware.	Raise awareness that the threat exists, focusing on severity and susceptibility.
Response Efficacy	Perception that a recommended response will prevent the threat from happening.	Provide evidence of examples that the recommended response will avert the threat.
Self-Efficacy	An individual's perception of or confidence in their ability to perform a recommended response.	Raise individuals' confidence that they can perform response and help ensure they can avert the threat.
Barriers	Something that would prevent an individuals from carrying out a recommended response.	Be aware of physical or cultural barriers that might exist, attempt to remove barriers.
Benefits	Positive consequences of performing recommended response.	Communicate the benefits of performing the recommended response.
Attitudes	An individual's evaluation or beliefs about a recommended response.	Measure existing attitudes before attempting to change them.
Cues to Action	External or internal factors that help individuals make decisions about a response.	Provide communication that might trigger individuals to make decisions.

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What Theory?

Today, no single theory or conceptual framework dominates research or practice in health promotion and education.

Adequately addressing an issue may require more than one theory, and no one theory is suitable for all cases.

Dozens of theories and models have been used (Davis et al. found 59 theories related to health or health behavior in 276 Articles and 23 additional theories in an extended search area), but only a few of them (some that we'll discuss) were used in multiple publications and by several authors.
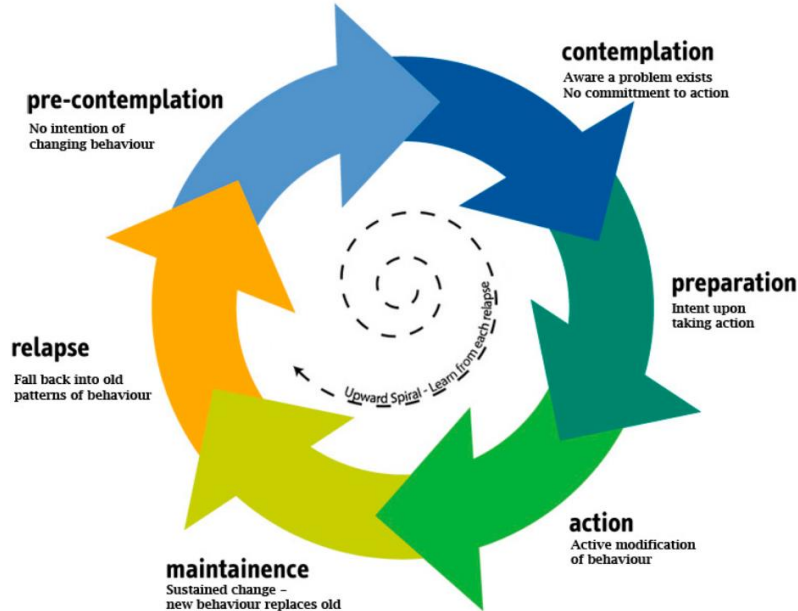
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Health Belief Model
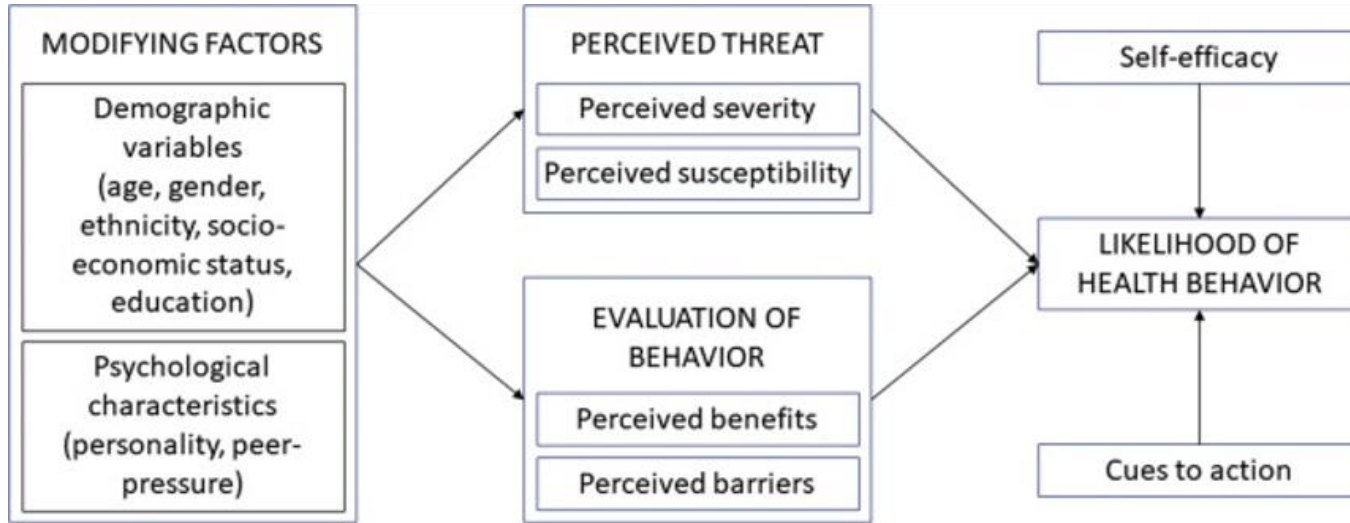
The Health Belief Model is one of the most widely used models for understanding health behaviors and can be used to guide health promotion and disease prevention programs.

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TransTheoretical Model (Stages of Change)

The Transtheoretical Model focuses on the decision-making of the individual and is a **model** of intentional change.

Change in behavior, especially habitual behavior, occurs continuously through a cyclical process.

Different behavioral theories and constructs can be applied to various stages of the model where they may be most effective.

Social Cognitive Theory
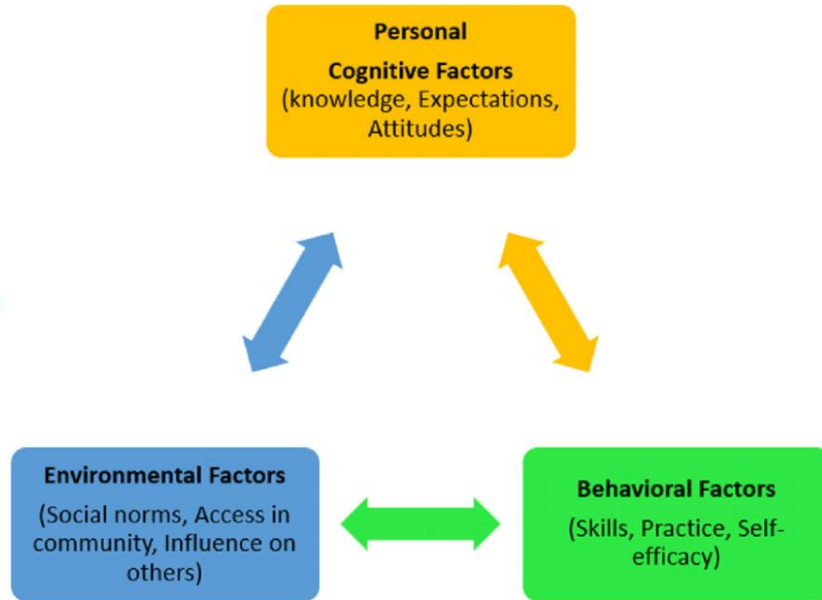
Social Cognitive Theory (SCT) emphasizes the dynamic interaction between **people** (personal factors), their behavior, and their **environments**.

This interaction is demonstrated by the construct called **Reciprocal Determinism.**

SCT provides opportunities for social support through instilling expectations, self-efficacy, and using observational learning and other reinforcements to achieve behavior change.

Self Determination Theory
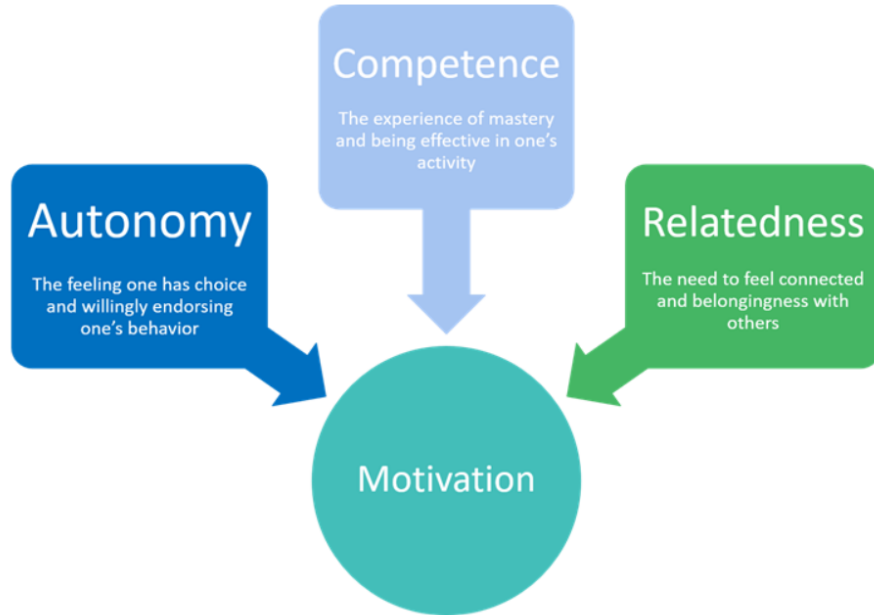
People can become self-determined when their needs for competence, connection, and autonomy are fulfilled.

Two types of motivation:

Autonomous Motivation - People that are intrinsically motivated or self-determined. They are more likely to **adopt** and **maintain** the positive health behavior.

Controlled Motivation - People whose behavior is influenced by external factors (i.e: such as money, prizes, and acclaim). They are likely to **initiate** but **not necessarily maintain** the behavior.

Competence
The experience of mastery and being effective in one's activity

Autonomy
The feeling one has choice and willingly endorsing one's behavior

Relatedness
The need to feel connected and belongingness with others

Motivation

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When People Change Behavior?

- THEY perceive a need for change (***motivation***).

- THEY are ready to change (***readiness***).

- THEY have the necessary knowledge, skills and tools.

- THEY have a supportive environment.

- THEY are confident in their ability to perform a certain behavior (***self efficacy***).

READY FOR CHANGE

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Helping strategies

- 5A's/5Rs'

Ask	Relevance
Advise	Risk
Assess	Rewards
Assist	Roadblocks
Arrange	Repetitions

- Health coaching

- Motivational Interviewing

Motivational Interviewing

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Motivational Interviewing

A collaborative conversation style for strengthening an person's own motivation an commitment to change

Motivational Interviewing (MI) is an evidence-based intervention that helps to support health behavior change.

The ultimate goal is "activation" defined as an individual engaging in healthy behaviors because of intrinsic motivation.

The Spirit of MI (PACE)

Partnership/ Collaboration

- Cooperative and collaborative partnership between clients and clinician

- Joint decision-making process

- Clients are the expert on their life and family perspective

Acceptance

- Non-judgmental attitude

- Affirmation

- Autonomy support

- Accept that people can and do make choices about the course of their lives

Compassion

- Actively promotes the client's welfare

- Give priority to the clients' needs

- Genuine value for the well being of the client

Evocation

- Evoke from clients their own motivation and resources for decision making or health behavior change

- Evoke inherently ability to develop in a positive direction

- Aims for the clients to speak more than the clinician

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Basic skills of MI (OARS)

Open Ended Questions
- Questions that elicit a story (What? How? When? Who? Tell me more. Describe)
- Facilitate dialogue
- Required more than a simple "yes" or "no" answer.
- Explore: needs, values, expectations, feelings, beliefs, priorities, importance, confidence

Affirmations
- Statements that supports the client ability to follow through with what they want
- Most effective when the patient's strengths and efforts for change are noticed and affirmed
- Probe intentions
- Appreciation of client effort, perseverance, showing up

Reflective Listening
- Helps to clarify, to manage conflict, to explore reasons for change and to provide affirmation
- Begins with an interest in what the client has to say and a desire to truly understand how the client sees things
- Can be used to amplify or reinforce desire for change

Summarize
- Is a form of reflective listening and reinforces what has been said.
- Assure the clients that they have being heard and understood
- Can be used to shift the interaction toward a specific focus or a plan
- Point out discrepancies between the person's current situation and future goals

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The guiding principles of MI: RULE

Even when delivered as a brief, one-time intervention, MI can be effective in getting patients to change their behavior.

To simplify the practice of MI for health care settings, four guiding principles, represented by the acronym **RULE**, have been developed

- Resist the righting reflex
- Understand the patient's own motivations
- Listen with empathy
- Empower the patient

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R: Resist the Righting Reflex

- The righting reflex describes the tendency of health professionals to advise patients about the right path for good health.

- This can often have a paradoxical effect in practice, inadvertently reinforcing the argument to maintain the status quo, especially when the patient is ambivalent about change.

- Motivational interviewing in practice requires clinicians to suppress the initial righting reflex so that they can explore the patient's motivations for change.

U: Understand your patient's motivation

- It is the patient's own reasons for change, rather than the practitioner's, that will ultimately result in behavior change.

- By approaching a patient's interests, concerns and values with curiosity and openly exploring the patient's motivations for change, the practitioner will begin to get a better understanding of the patient's motivations and potential barriers to change.


Behavior
Change
Ahead?

L: Listen to your patient

- Effective listening skills are essential to understand what will motivate the patient, as well as the pros and cons of their situation.

- Often, as clinicians, we have the answers, but when it comes to behavior change, the answer is within the patient and finding them requires some listening.

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E: Empower your patient

- Patient outcomes improve when they are an active collaborator in their treatment.

- Empowering patients involves exploring their own ideas about how they can make changes to improve their health and drawing on the patient's personal knowledge about what has succeeded in the past.

- A truly collaborative therapeutic relationship is a powerful motivator.

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DARN-CAT: Strengthening commitment to change

- This involves goal setting and negotiating a 'change plan of action'.

- In the absence of a goal directed approach, the application of the strategies or spirit of MI can result in the maintenance of ambivalence, where patients and practitioners remain stuck.

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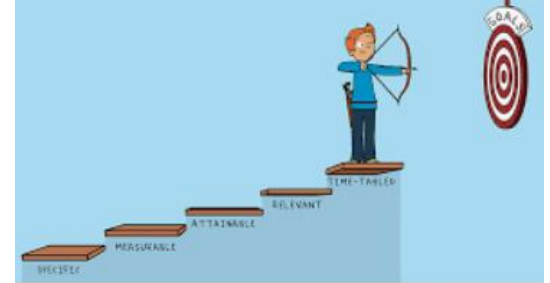
Eliciting "Preparatory Change" Talk	
D Desire to change • Ask "Why do you <u>want</u> to make this change?"	Client uses the words "want, like, wish…" "I want to quit smoking."
A Ability to change • Ask "How might you be <u>able</u> to do it?"	Client uses the words "can, could…" "I think I can stay sober."
R Reasons to change • Ask "What is one good <u>reason</u> for making this change?"	Client gives reasons; "if…then" "If I take my medicine, then I will feel better."
N Need to change • Ask "How <u>important</u> is it, and why?" 0-10	Client uses the words "need, must, have to, got to…" "I have got to quit drinking."
Eliciting "Implementing Change" Talk	
C Commitment • Ask "What do you <u>intend</u> to do?"	Client statements about intention and decision; client uses the words "will, intend, ready, going to…" "I will quit smoking next week."
A Activation • Ask "What are you <u>ready</u> or <u>willing</u> to do?"	Client statements about willingness, readiness, preparation "I am going to call for an appointment tomorrow."
T Taking steps • Ask "What have you <u>already done</u>?"	Client has thrown away lighters. Client has attended intensive outpatient group.

Take Away

To begin integrating motivational interviewing tools into our interaction with clients:

- Ask open ended questions
- Refrain from giving unsolicited advice
- Listen empathetically and selectively reflect back more
- Listen for client readiness (change talk)
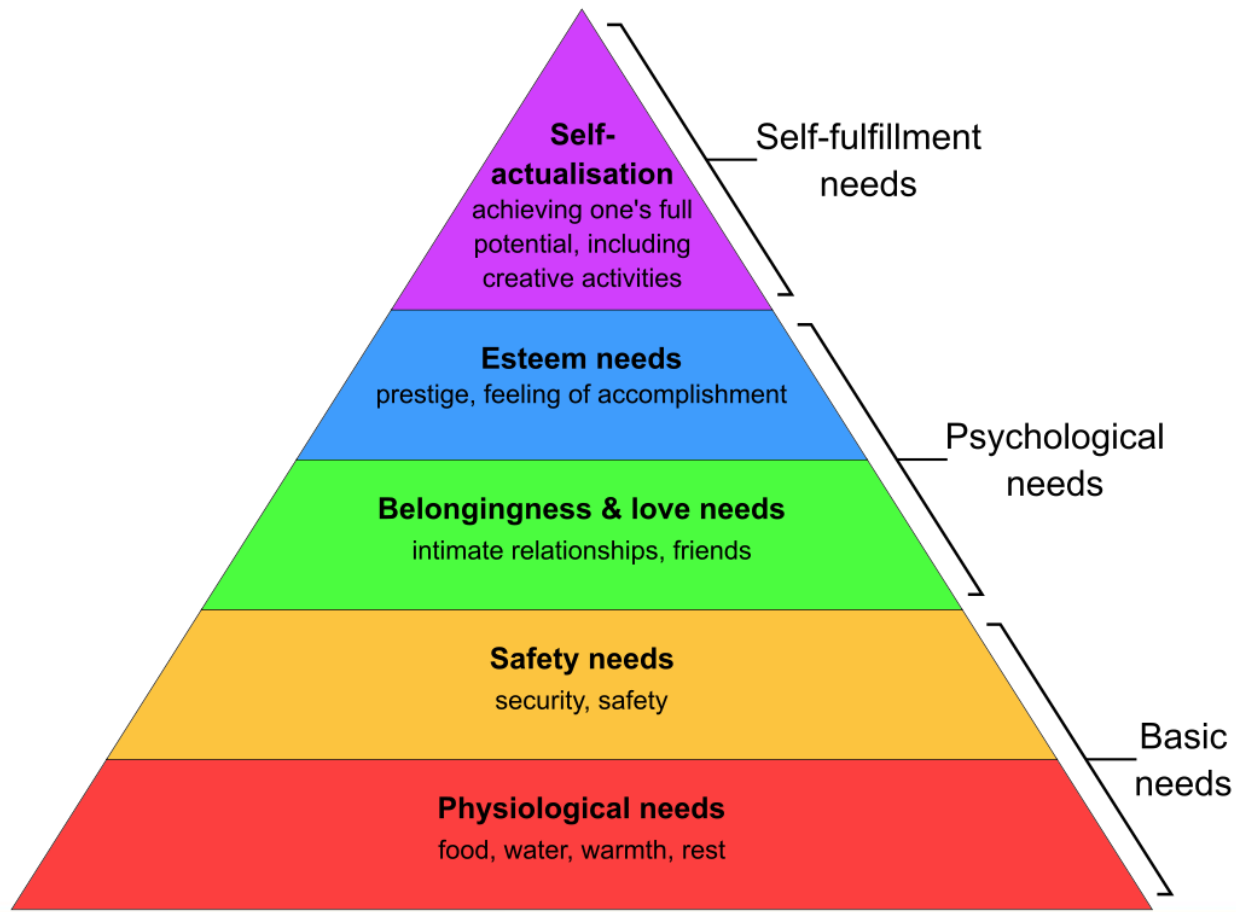- When the patient is ready, encourage to commit to change

- Take a course in MI ☺

Social Determinants of Health

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Need Help?

Please ask to talk to the Social Worker assigned to your OhioHealth Neuro Rehab Clinic who can provide community resource education and support

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (health.gov)

- Economic Stability
- Education Access and Quality
- Healthcare Access and Quality
- Neighborhood and Built Environment
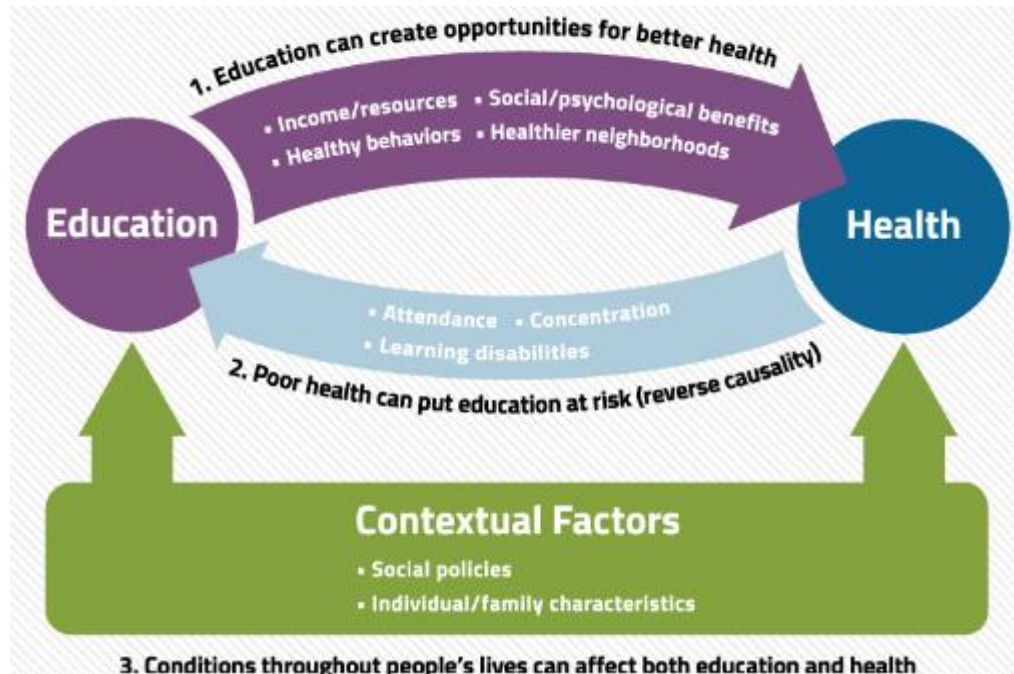- Social and Community Context

APTA Mission

Transform society by optimizing movement to improve the human experience.
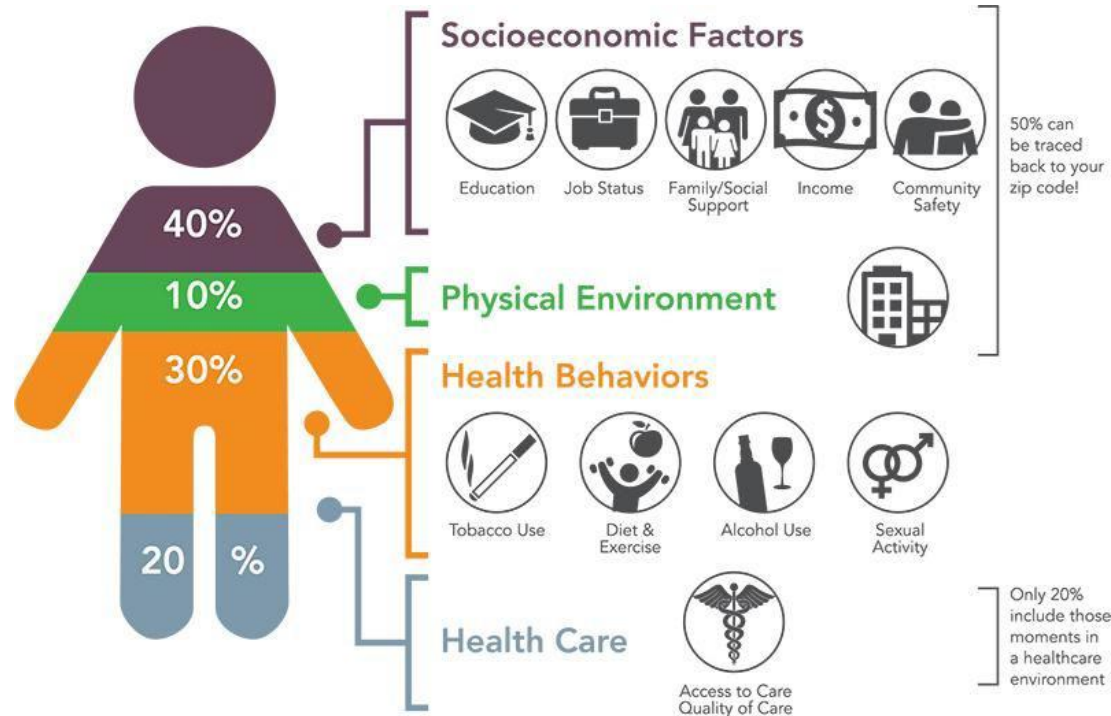
Education Access and Quality

- People with higher levels of education are more likely to be healthier and live longer. (health.gov)
  - More employment options
  - Better health literacy

1. Education can create opportunities for better health

- Income/resources
- Social/psychological benefits
- Healthy behaviors
- Healthier neighborhoods

Education

Health

- Attendance
- Concentration
- Learning disabilities

2. Poor health can put education at risk (reverse causality)

Contextual Factors
- Social policies
- Individual/family characteristics

3. Conditions throughout people's lives can affect both education and health

https://societyhealth.vcu.edu/work/the-projects/why-education-matters-to-health-exploring-the-causes.html#gsc.tab=0
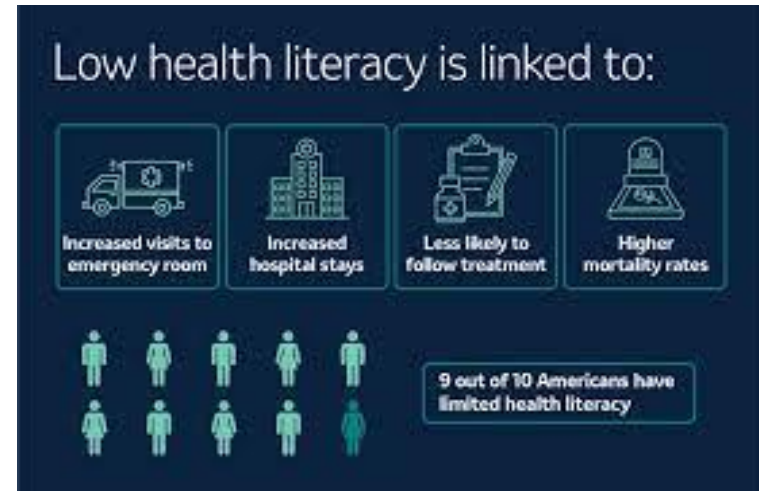
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Two Types of Health Literacy

- **Personal** is the degree to which *individuals have the ability.*

- **Organizational** is the degree to which *organizations equitably enable* individuals.

- Both emphasize use of information and well-informed decisions.

Impact of Health Literacy

- *Are they not compliant or are they not understanding?*

- Consider "teach back" method for comprehension. (healthliteracysolutions.org/)

- Improved understanding of health and science.

- Improved understanding of their diagnosis and when care is required.

- Increased compliance with medication and recommendations.

Low health literacy is linked to:

Increased visits to emergency room

Increased hospital stays

Less likely to follow treatment

Higher mortality rates

9 out of 10 Americans have limited health literacy

https://www.merck.com/

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Healthcare Access and Quality

- Inadequate insurance coverage
  - Lack of preventative care
- Transportation
- Location
  - Can affect quality
- Distrust of health care providers

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Economic Stability

- 11.6% of Americans live in poverty. [census.gov]
  - Defined as the state or condition where people and communities cannot meet a minimum standard of living because they lack the proper resources.
  - Occurs when income is less than the poverty threshold based on a formula established federally.
  - Current poverty level for a family of 4 (two adults and two children) is $29,678, a single person is $13,590.

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Economic Stability Factors ^(health.gov)

- Employment
  - Work environment risk
  - Gender
  - Race
  - Educational background

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Other Economic Stability Factors

Food security

- In 2020, 13.8 million households were food insecure.
- Disabled adults may be at a higher risk for food insecurity due to limited employment opportunities and health care expenses.

Housing security

- Limited rental market with high costs
- Concerns for accessibility
- Overcrowding

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Social and Community Context
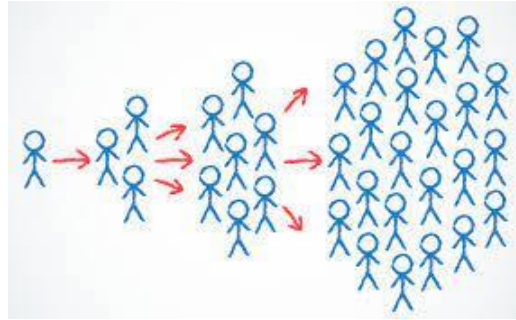
- Social cohesion is the strength of relationships and sense of solidarity among members of a community. (health.gov)

- Social contagion is defined as the spread of health behaviors and outcomes.

Social Context

Incarceration

- In 2021, 1.2 million people
- Family dynamics
  - In the U.S., 7% of children have experienced the incarceration of a parent with whom they resided.
- Reintegration concerns
  - Housing
  - Healthcare
  - Employment
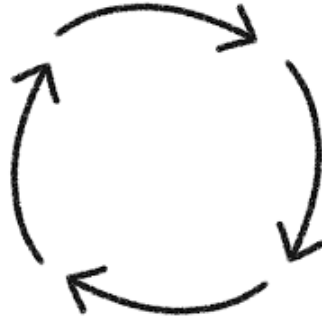
Discrimination

- Structural defined as macro-level conditions that limit opportunities, resources and well-being of less privileged groups (Lukachko)
- Individual - defined as negative interactions between individuals in their institutional role based on individual characteristics
  - Race, Gender, Sexuality, Disability, and Age
  - Discrimination is seen as a social stressor that has a physiological effect on individuals (e.g., irregular heartbeat, anxiety, heartburn) that can be compounded over time and can lead to long-term negative health outcomes. (Pascoe)
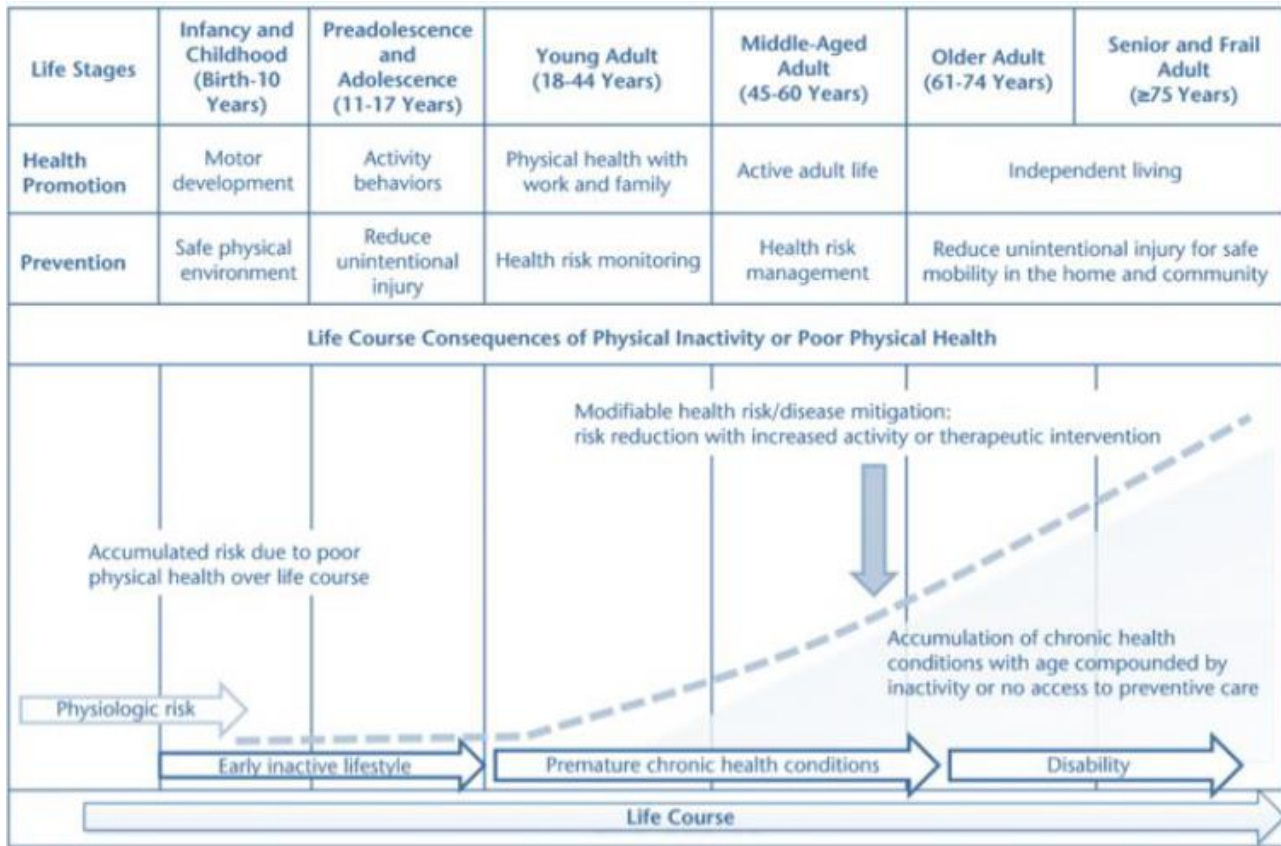
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Neighborhood and Built Environment

- Life expectancy can be linked to zip code
  - Access to healthcare
  - Safe outdoor spaces
  - Availability of grocery stores
  - Environmental risk factors
  - Transportation

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Everyday Conditions

- Housing

- Crime and Violence

- Access to food
  - A study in Detroit found that people living in predominantly Black low-income neighborhoods travel an average of 1.1 miles farther to the closest supermarket than people living in predominantly White low-income neighborhoods. (Zenk)

- Water Quality
  - Lead and nitrates

- Air Quality
  - Smoke, factories and vehicles

- Noise

- Weather/climate change

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Life Stages	Infancy and Childhood (Birth-10 Years)	Preadolescence and Adolescence (11-17 Years)	Young Adult (18-44 Years)	Middle-Aged Adult (45-60 Years)	Older Adult (61-74 Years)	Senior and Frail Adult (≥75 Years)
Health Promotion	Motor development	Activity behaviors	Physical health with work and family	Active adult life	Independent living	
Prevention	Safe physical environment	Reduce unintentional injury	Health risk monitoring	Health risk management	Reduce unintentional injury for safe mobility in the home and community	

Life Course Consequences of Physical Inactivity or Poor Physical Health

Modifiable health risk/disease mitigation: risk reduction with increased activity or therapeutic intervention

Accumulated risk due to poor physical health over life course

Accumulation of chronic health conditions with age compounded by inactivity or no access to preventive care

Physiologic risk

Early inactive lifestyle

Premature chronic health conditions

Disability

Life Course

Sullivan et al, 2011 *Phys Ther*

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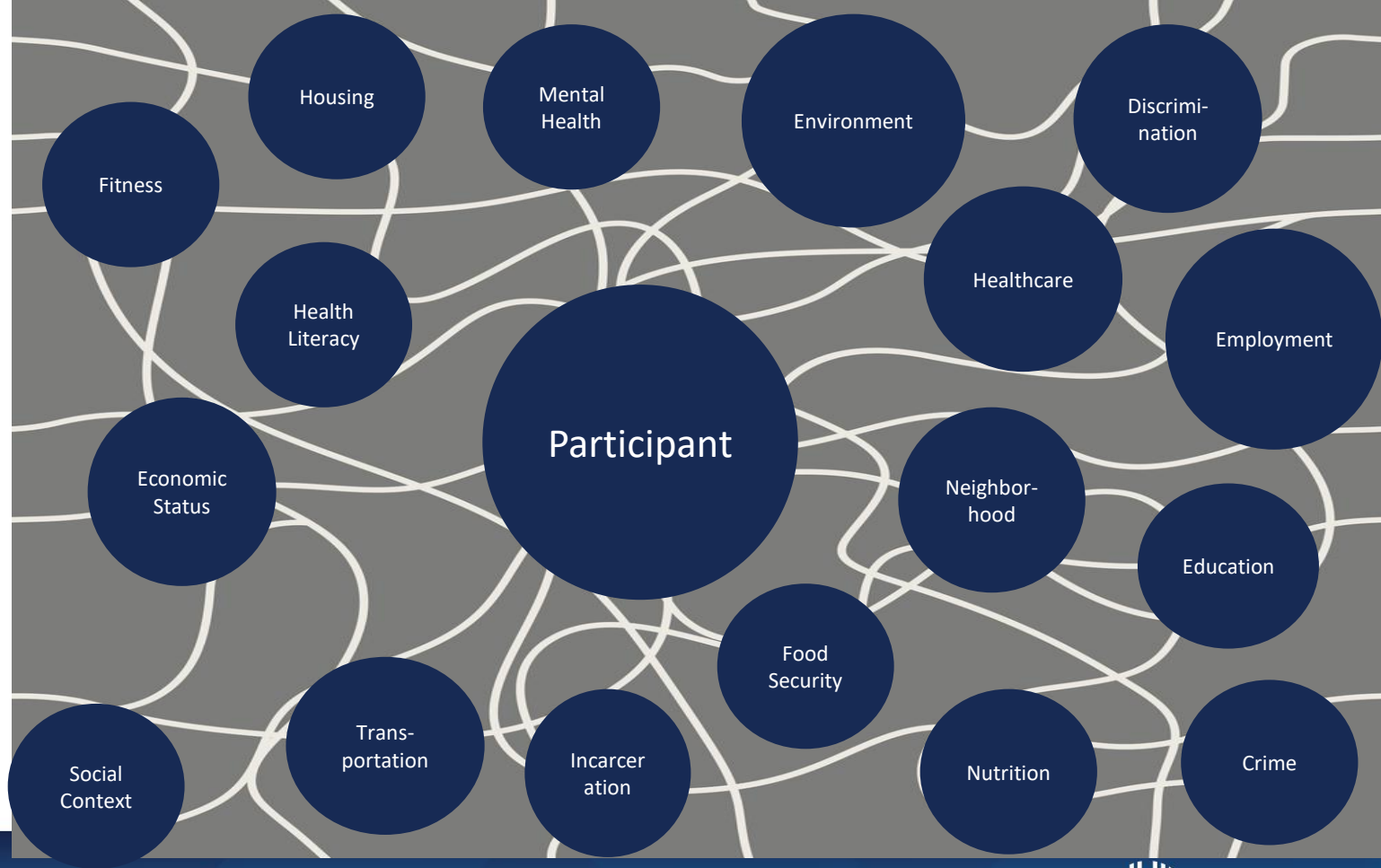
In conclusion...

"Physical therapists are in an ideal position to promote health and wellness in their patients and clients. Physical therapists can reduce risk factors and prevent and treat non-communicable diseases by providing patient and client education, prescribing physical activity and exercise and performing noninvasive, hands-on interventions consistent with a biopsychosocial paradigm. However, patients and clients often fail to recognize the role of the physical therapist in promoting health. To encourage patients and clients to view physical therapists as promoters of health, we should take a more active role in educating patients and clients about our role." (Bezner)

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