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“WellLife(TM)”

The WellLife(TM) program was built on the successes of past pilot courses the all-volunteer board had put together on their own. Myself and a coordinator streamlined the program and incorporated the Task Force on Community Preventative Services strong recommendations on two strategies: • individually adapted health behavior change programs, and • social support interventions in community settings. Both of these strategies have produced increased physical activity as measured by minutes spent in activity.

How did your organization use The Community Guide (e.g., planning your intervention, communication tool, develop policy, optimize resources, research, others)? Please note all that apply, but please state one primary way you used The Community Guide.

Planning the intervention. WellLife(TM) was a ten week pilot program that we transformed into an eight week one that emphasized the setting of personal goals and use of social support among participants.

The recommendations were chosen based on evidence that they worked, fit with the intended program and to show the funding organization that the program had basis in strategies that worked.

Did your organization leverage any partnerships or collaborations while implementing The Community Guide strategies?

Yes--a health insurance foundation for funding, three local hospitals for lab work and instructors and 2 community centers for the setting of the classes.

Did your organization leverage existing partnerships or create new ones?

The hospitals were existing the health insurer foundation and 2 community centers were new ones.

How did the partnerships impact your organization’s program(s)?

Critical for success--provided lab work at reduced cost, class instructors and free space to hold sessions.

How will your experience serve as a model for assisting other organizations using The Community Guide?

I am in the process of completing a Community Health Needs Assessment for 2 of the 3 original hospitals--as part of the prioritization criteria, I have recommended and they agreed that existence of an evidenced-based program such as in The Community Guide would be a positive

criterion for selection. I will also suggest using the Guide in their implementation planning, which at least one of the hospitals has indicated they want my ongoing help with..

Can you describe an outcome or intended health impact?

The hospitals are committed to showing an impact on the health of their communities--they have to do the health assessment every three years and they need to be able to show progress.

WellLife(TM) demonstrated documented success in improving the health of the participants. Baseline and follow-up lab tests were used in conjunction with self-report to measure this success. The lab work verified the self-report findings. Overall risk factor reduction was impressive. About 64 percent of the participants who completed the course eliminated at least one high risk factor associated with higher health claims twelve months later. The distribution curves shifted from baseline measures to six month follow-up measures to 12 month follow up measures as evidenced by the number of high risk factor averages falling from 4 at baseline to 2.7 at six months to 2.5 at 12 months. A theoretical total of 63.1 years of life was gained and \$60,180.61 was saved in one year by these risk factor reductions. 55 percent of the participants reported no exercise at baseline. Of these, 40 percent increased their physical activity to recommended levels of 30 minutes or more, at least three times a week (note this was an old recommendation--the programs were held before the new one of 30 minutes for most days of the week was released). Another 26 percent of these physically inactive participants began a sub-optimal level of physical activity (less than three days a week at 30 minutes or more). Overall, baseline days of physical activity per week at 30 minutes or more averaged 1.2. This rose to 2.3 days at six months and again slightly to 2.4 days at 12 months. Clinical measures included: Blood Pressure (both systolic and diastolic), Cholesterol (total, HDL, and LDL), Triglycerides, Glucose, and Body Mass Index (BMI). Clinical data results supported the self-reported behavioral lifestyle changes and included: • systolic blood pressure > 140 mmhg fell from 45% to 22%. • diastolic blood pressure > 90 mmhg fell from 27% to 5%. • total cholesterol > 200 mg/dl fell from 56% to 30%. • HDL < 45 mg/dl for men and < 55 mg/dl for women fell from 54% to 41%. • LDL > 100 mg/dl fell from 71% to 56%. • triglyceride > 150 mg/dl fell from 37% to 22%. • fasting blood glucose > 100 mg/dl fell from 43% to 28%. • BMIs 25 and over fell from 84% to 75%.

My board has made a resolution to use only evidenced-based programs. In our Southwestern PA Tobacco Free program, this eliminated the youth prevention programs that did not have an evidence-based approach. We kept those that did and had a positive return on investment such as the Lifeskills program and the Minnesota Smoking Prevention Program.

Did your organization use any Quality Improvement (QI) methods while implementing The Community Guide's strategies? Please explain.

Yes, each class was evaluated and improvements were made on the suggestions of the instructors, participants and coordinator.