


Fall 12-22-2015

# Implementation of a Wellness Program to address Health Disparities in a Vulnerable Population

Patricia Clark Pappas  
patricia.pappas@shu.edu

Follow this and additional works at: <http://scholarship.shu.edu/final-projects>

 Part of the [Community Health and Preventive Medicine Commons](#), [Other Nursing Commons](#), [Psychiatric and Mental Health Nursing Commons](#), and the [Public Health and Community Nursing Commons](#)

---

## Recommended Citation

Pappas, Patricia Clark, "Implementation of a Wellness Program to address Health Disparities in a Vulnerable Population" (2015). *Seton Hall University DNP Final Projects*. Paper 8.

IMPLEMENTATION OF A WELLNESS PROGRAM TO ADDRESS HEALTH  
DISPARITIES IN A VULNERABLE POPULATION

BY

Patricia Clark Pappas

DNP Final Scholarly Project Committee

Dr. Mary Ellen Roberts, Chair

Dr. Colleen Carrington

Nadine Venezia, LSW

Submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Nursing Practice

Seton Hall University

2015

@Copyright by

Patricia Clark Pappas

All rights reserved

IMPLEMENTATION OF A WELLNESS PROGRAM TO ADDRESS HEALTH  
DISPARITIES IN A VULNERABLE POPULATION

BY

PATRICIA CLARK PAPPAS

DNP Final Scholarly Project Committee

Dr. Mary Ellen Roberts, Chair

Dr. Colleen Carrington

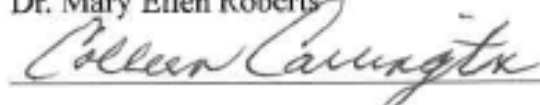
Nadine Venezia, LSW

Approved by the DNP Final Scholarly Project Committee:



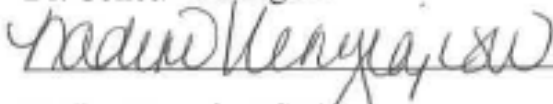
Date: 10/23/15

Dr. Mary Ellen Roberts



Date: 10/23/15

Dr. Colleen Carrington



Date: 10/23/15

Nadine Venezia, LSW

Submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Nursing Practice

Seton Hall University

2015

### Acknowledgments

No successful project is done alone and this one is no exception. I would like to acknowledge the Seton Hall University DNP Director, Dr. Mary Ellen Roberts. Dr. Roberts provided guidance and support throughout the process of completing my doctoral coursework and during implementation of my project. She was an inspiration as she provided a calm presence but motivation through her role modeling and expert knowledge. It is a true honor to know her as a colleague but a gift to call her a friend.

Additionally I want to acknowledge Prospect House. The opportunity to spend time with such a giving and welcoming group of individuals was heartwarming. Most important are the members of Prospect House; those suffering with mental and physical health issues. It is my hope that the program I implemented was valuable in aiding all of them to achieve wellness. The members were abundantly grateful and for that I am humbled. It is I however who am grateful for the opportunity to spend time with those less fortunate due to circumstance and disease but who serve as reminder of the commonality we all share as human beings. My belief is that it is often only opportunity that separates us from the poor and marginalized. The wellness program provided the individuals at Prospect House with the opportunity to have information which supports the process of empowering which ultimately can bring about change resulting in healthier outcomes.

### Dedication

This project is dedicated to my family. First my parents Toni and Bill Clark who instilled in me the moral obligation of being respectful to all individuals regardless of race, religion or socioeconomic level. I was blessed to grow up with the luxury of not wanting for anything I needed and mostly having everything I wanted. I miss them both every day and can only imagine they are looking down smiling since they cannot share in this moment with me.

Secondly my children, Hannah, Drew, Courtney and Tatum. They have supported me by being responsible young adults in not only the logistical daily activities of a busy household but by demonstrating their own personal dedication of serving vulnerable populations in the mission trips they have attended and the service they provide to the local community. I am proud they recognize the importance of taking an active role in embracing those less fortunate.

Finally my husband Andrew who has supported me from day one and every day thereafter. Thank you for allowing me to essentially commandeer an entire room of the house in order to work on my project and to offer supporting words when I questioned my abilities to “get it all done”. Your pride in my accomplishments provided an eternal source of motivation. I am grateful to all my wonderful family for their love, support and praise as I completed this project.

### Why this? A personal perspective

The impetus for this project stems from my personal passion to reduce the disparities that exist in impoverished and vulnerable populations. Disparities can present themselves in many aspects of one's life. It may occur in the presence of inadequate housing, lack of education, poor nutrition, health care etc. All these issues are "personally bothersome" to me. It has been said to me that I have always had a "soft spot for the little guy" when in fact I believe I simply see them for what they are, "not little" at all, but equal and deserving of the same opportunity that those more fortunate have had. I have personally attempted to spend time exploring and serving vulnerable populations in service to both local and international communities. My service includes building houses in rural Appalachia, serving meals at local Soup Kitchens, hosting teenagers from poor communities through the New York City Fresh Air Fund and spending time at an Orphanage and a Sisters of Charity Nourishment Center both located in Haiti.

All these opportunities leave me feeling fulfilled that I have made some, even if just small, impact in the lives of individuals that I have served. This project is driven by my personal desire to make a positive impact and improve the healthcare of individuals who are underserved and vulnerable due to socioeconomic and racial factors. Lillian Wald's words "There is no finer manifestation of nursing than the care of the poor and disabled" ([www.aacn.nche.edu](http://www.aacn.nche.edu)) provide a source of inspiration for me in my role in serving the poor and disadvantaged in my local community. As a Doctor of Nursing Practice (DNP) student my goal was to follow my passion and to apply the role of DNP by focusing on population health. I recognized the need to translate

the evidence into practice and to incorporate my personal passion of addressing disparities in vulnerable populations. This was done by utilizing best practice and nursing evidence to improve the quality of care serving individuals at my project location, Prospect House, and was also consistent with the role of the DNP Essentials (AACN, 2015, Chism, 2013) of practice application.



## Table of Contents

ABSTRACT.....	10
SECTION I BACKGROUND.....	11
Description of Project.....	12
Recipients of the Project Activity.....	13
Purpose of the Project.....	14
Project Outcomes.....	14
Phases of Implementation.....	15
Significance of the project for nursing.....	17
SECTION II THEORETICAL FRAMEWORK AND LITERATURE REVIEW.....	18
Theoretical Framework.....	18
Literature Review.....	20
Need for Focus on Cardiovascular Health.....	20
Success of Wellness Programs.....	22
National Million Hearts Initiative.....	23
Patient Education.....	24
SECTION III METHODOLOGY.....	25
Phase I Identification of proposal of Assessed Need.....	28
Phase II Obtaining Stakeholder Support.....	28
Phase III Initial Implementation.....	30
Phase IV Ongoing Implementation.....	33

Phase V Evaluation Process.....35

    Educational Content and Awareness Campaign.....36

    Data Collection.....39

SECTION IV SUMMARY.....43

    Project Sustainability and Recommendations.....43

    Conclusion.....45

REFERENCES.....47

### Abstract

**Purpose:** The purpose of this project was to implement a Wellness program to address the health disparities in a vulnerable population. The population targeted was a local population that was served at a mental health facility for socioeconomically disadvantaged. The program focused on improving knowledge of cardiovascular health, empowerment and communication skills.

**Significance:** The significance of the project is the improvement in ones wellness by provision of education, empowerment and communication skills. The attaining of these skills can translate into other areas of wellness and improved health outcomes. Populations at risk due to socioeconomic and racial differences can benefit from programs targeted to their specific needs.

**Methods:** The methodology utilizing the theoretical framework of self-efficacy included the assessment of needs, the obtainment of stakeholder support from the organization, the implementation of the educational program and awareness campaign followed by evaluation of participants. **Project Outcomes:** Participants benefited from cardiovascular screening, educational counseling and skills regarding cardiovascular health, communication and self-efficacy. High risk real time identification of hypertensive individuals occurred. Faculty and staff improved their knowledge of subject area and supported the program by embracing the content alongside the patient participants. **Clinical Relevance:** The project can act as a template for replication in other facilities or to focus on other commonly seen health issues. Sustainability based on easy replication and low cost and applicability to high risk vulnerable populations provides significant value in today's health care climate.

**Keywords:** health disparities, wellness, impoverished communities, vulnerable population, health education, mental health, self-efficacy, empowerment, cardiovascular, hypertension

## SECTION I BACKGROUND

The facility that this project was implemented at is a mental health day rehab facility serving the socioeconomically disadvantaged. The facility is a psychosocial rehabilitation program that provides day treatment services for adults aged 18 or older presenting with psychiatric problems. The population of consumers attending this program are racially diverse with a disproportionately large number of minorities represented. The individuals are socio-economically disadvantaged; many are receiving financial assistance via state and federal programs for both medical insurance, housing food and other support services. The facility provides services regardless of one's ability to pay. This program is one that is part of a larger county association of mental health facilities in several suburban locations throughout a geographical county. An overall goal of the facility is to provide support and development of skills which enable successful community living. Consistent with this overall goal is a strategic goal and objective/outcome measure outlined in the organization's annual management report fiscal year 2014 which focused on emphasizing the integration of physical services and mental health in all service and provision of appropriate education for all staff.

In order to provide the physical health services to this population, the county mental health association has a primary care clinic which opened in March 2014 which is co-located within the facility building. This primary care clinic, referred to here as primary healthcare clinic, has a nurse practitioner as the primary care provider who is employed through a non-profit urban health initiative program which has partnered with the county mental health association to provide this service. The care at the primary healthcare clinic specifically addresses acute and

chronic physical conditions and provides consumers medical services including bloodwork and special testing without going to another location. The primary healthcare clinic is co-located in the same building as the mental health facility and is accessed via a common area foyer immediately after entering the front door of the building. Individuals who are attending the mental health day rehab and are referred to as *members* of the facility's behavioral health program have access to the nurse practitioner run clinic. These individuals may self-identify their need to be seen and request an appointment or it may be initiated by their case manager or other behavioral health professional. The advantage of having the nurse practitioner on site at this primary healthcare clinic is consistency of care, timeliness, ease of access and the coordination of both psychosocial and physical care to provide a holistic delivery of services.

### Description of Project

The project consisted of four components aimed at patient education and screening and an overall awareness campaign to improve cardiovascular health which is one aspect of overall wellness. The four components included:

1. Patient education and screening of individuals seen at primary healthcare clinic during their visit with the nurse practitioner.
2. Patient education and cardiovascular screening during group meetings held at mental health day facility.
3. Provision of a staff education manual and a patient education manual. A meeting with the behavioral health nurse to review the manuals that were provided to the facility. The

manuals are now available for ease of access to all staff and patients and to support the continuation of the wellness program.

4. An Awareness campaign which consisted of provision of health educational materials and posters placed in the primary healthcare clinic waiting area, the workout room adjacent to foyer of building and inside facility's behavioral health side of the building. Other awareness raising techniques included wearing of lapel pins by staff and patients that supported taking active roles in one's healthcare and other giveaways that included key tags/rings and pens which were enthusiastically desired because everyone "loves a freebie" and created a "buzz" amongst the participants to discuss the topic of cardiovascular health and communicating by asking questions.

#### Recipients of the Project Activity

The recipients of the Wellness program project were the members of the facility program who attended the group meetings, the members who were seen at the primary healthcare clinic and the behavioral health staff. The behavioral health staff asked questions regarding the improvement of their personal cardiovascular health and participated in screening. They served as role models by demonstrating the importance of embracing and improving ones health by gaining knowledge and thus being empowered to make change to achieve healthier outcomes and wellness.

### Purpose of the Project

The purpose of the project was to develop and implement an educational program and raise awareness regarding cardiovascular health for the individuals who attend day mental health facility. The members were the priority focus but inclusion of the staff occurred since they can benefit as individuals and act as a resource in the future. The project included the staff since their support was integral to success of the program. Their relationship with the members is to support successful community living and wellness. This program also focused on the concept of empowering by encouraging all participants to be active in their wellness and ask questions to obtain knowledge and information which so often is not done and thus is a barrier to improving health and wellness. It has been shown that through education, self-efficacy is improved and people feel more empowered to become active participants in their health care. This program encourages this often neglected population to become more active in their wellness by becoming proactive through asking questions to obtain more knowledge. The goal is a more patient centered care.

### Project Outcomes

The project outcomes are that the members of the mental health day facility benefited from the knowledge gained during the Educational program implemented individually and during group meetings. The participants also benefited from a cardiovascular screening which identified any real time issues by having their blood pressure taken and discussing individual lifestyle contributors to hypertension. High risk hypertensive individuals were identified and referred to

the primary healthcare clinic and mental health Nurse Practitioner. These individuals perhaps otherwise would have been unaware that they should receive further evaluation by a primary care provider. Through the information shared and confidence gained by participants in the Educational program, Awareness Campaign and Screening a resultant improved sense of self-efficacy and empowerment is expected to occur. This result will improve the health outcomes and reduce the disparities in the individuals in which it occurs.

### Phases of Project Implementation

There were five phases of implementation of the project.

Phase I included identification of the need and problems and gaps that existed within the population that was selected to focus this DNP project on. Identification of gaps in educational knowledge of health and wellness issues and decreased sense of self efficacy occurred in this phase.

Phase II was to obtain support from the stakeholders which included the mental health day facility house members, behavioral health staff, primary healthcare clinic nurse practitioner and administrators of county mental health association. This occurred with relative ease as the project was consistent with the mission and goals of larger organization.

Phase III focused on this author's weekly attendance at the primary healthcare clinic to gain a better understanding of the predominant healthcare issues facing the patients seen during clinic visits. It also allowed the continual opportunity to reevaluate the strengths and weaknesses present in the organization to address these issues. The frequent and consistent presence at the facility supported the development of a trusting and professional relationship with all those



present at the mental health day facility, both members and staff. This relationship created a sense of respect by the individuals for this student DNP role which was critical to success of the project. This phase allowed the implementation of the initial steps of the project which was to focus on individuals regarding cardiovascular wellness and screening as well as self-efficacy of care which was identified to be a primary issue for this population. It included scheduling of return visits with individual patients who were seen during this initial phase to return during the evaluation phase.

Phase IV expanded the individual screenings to a group meeting setting which occurred on the mental health day facility side of the building. The group meetings included the same educational content that occurred during the individual meeting with the exception of no scheduled follow-up appointment (unless a participant was identified at high risk or had requested further consultation). Through the group meetings it was possible to capture a greater number of individuals to expand the implementation of the project. This phase also included the ongoing implementation for any of the individuals present at the group meetings who had previously been encountered with during an individual session. This resulted in reinforcement and support as well as an opportunity for a second blood pressure screening.

Phase V was the evaluation process which included the return visits of individuals for subsequent screenings and knowledge assessment. This phase also evaluated the project through discussions with all participants and stakeholders. Participants were observed in their use of the educational materials they were provided with.

The awareness campaign was concurrent with Phases III, IV, and V. Awareness campaign material distribution began during individual screenings and continued during the group meetings and evaluation.

### Significance of the project for nursing

The majority of patients that see the nurse practitioner at the primary healthcare clinic present with issues related to the existence of cardiovascular disease, diabetes, hypertension, COPD, and chronic kidney disease. These chronic conditions require the coordination of multiple medications, lifestyle adjustments and nutritional counseling. Chronic disease is the leading cause of morbidity, mortality, disability and healthcare expenditures (Macha & McDonough, 2012). Inclusion of this health education and a program to improve wellness for underserved populations was necessary. Nursing plays an important role in prevention of health care issues by identifying at risk individuals and providing education to help reduce chronic disease through education and knowledge. Lack of information negatively impacts health outcomes so it must be tailored for diverse populations to address healthcare disparities (Harvey & O'Brien). It is necessary for these consumers to have educational resources to improve and help empower them to achieve physical wellbeing and thus improve their overall wellness. Barriers exist for patients in vulnerable populations that prevent them from being informed to self-manage their disease. Hill-Briggs et al identified the lack of existence and need for individuals with diabetes from a low income population to be engaged in self-management training that foster behavior change for disease control (Hill-Briggs et al., 2011). This wellness program which included educational resources appropriate for underserved populations helped in the endeavor to engage clients in self-management. Patients seen at the primary healthcare clinic needed to be directed to improve their self-management skills and the practitioners needed to assist patients in being active in the planning and implementation of interventions (Onubogu, Graham, & Robinson, 2014). This health education program will improve the wellness of the individuals served at mental health

day facility. It was culturally and literacy level appropriate in order to optimize the outcomes. Being cognizant of all the determinants to achieve healthy outcomes is essential for success of any program.

## SECTION II THEORETICAL FRAMEWORK AND LITERATURE REVIEW

### Theoretical Framework

The theory that provided the framework for my project is Self-Efficacy theory which originated from Social Cognitive Theory by Albert Bandura. The belief or perception that one has the power to produce any given task is related to the ability to complete it, reach a goal or attain a competency. It is an important concept of positive psychology that identifies behaviors, environment and personal/cognitive factors as influential. Self-efficacy is believed to be the most important pre-condition for behavior change. In health care self-efficacy is viewed as an important concept particularly when addressing health related behaviors (Bandura, 1977). Huntley and Heady report African-American men had low self-efficacy with respect to exercise and nutrition in their discussion of barriers to health promotion for a group with hypertension. The resulting belief was that they could not sustain healthy eating habits or exercise for a long duration. Health education and strategies that were used in the design of this Wellness Program to overcome low self-efficacy obstacles for African-American men include consideration of environmental influences, use of research and evidence, assessment of environment and culture, awareness of impact of stress and depression and the development of a trusting relationship (Huntley & Heady, 2013). Paxton et al recognize the importance of self-efficacy (Paxton, Motl,

& Nigg, 2010) as a variable when examining the relationship between physical activity and mental health difficulties. Positive self-efficacy existed between physical activity and self-efficacy. Negative self-efficacy existed between poor mental health difficulties and quality of life. Again this construct of self-efficacy was important as a framework for this project as is cited in the literature with specificity to exercise and hypertension. Empowerment is important in promoting positive self-efficacy and supporting self-care behaviors. In a program focusing on behaviors of individuals with pre-diabetes it was determined that one of the largest influence on the practice of health-promoting self-care behaviors was self-efficacy (Chen, Wang, & Hung, in press). Cardiovascular health was the focus of the Wellness Program implemented and use of Likert style scales, open and closed ended responses to measure self-efficacy and knowledge were included as an evaluation tool. The Chronic Disease Self-Management Program was designed to enhance self-efficacy as one approach to improving health behaviors and outcomes for a variety of chronic diseases (Ritter & Lorig, 2014). The improvement of self-efficacy in program participants can be used as an evaluation of programs that are aimed at improving health behaviors and outcomes. There is evidence to support that there is a relationship that exists between race/ethnicity, diabetes self-efficacy and psychological distress. Findings suggested that increasing diabetes self-efficacy will improve overall psychological wellbeing (Kim, Shim, Ford, & Baker, 2014). Improvement in one area of self-efficacy will likely enhance another. The implications for improvement in cardiovascular health may extend to other dimensions of one's wellbeing. This finding speaks to the interconnectedness of all the dimensions of wellness ([www.samhsa.gov](http://www.samhsa.gov)). Although there is limited research inclusive of all the factors specifically found in the population at mental health day facility the framework was appropriate based on similar uses and applicable to this project. Self-efficacy and the relationship

to cardiovascular health, vulnerable populations and behavioral health issues was considered throughout the implementation and evaluation.

## Literature Review

### Need for focus on Cardiovascular Health

The population of individuals attending mental health day facility are at increased risk of cardiovascular disease due to their chronic mental illness. The presence of cardiovascular disease is greater among those with mental illness than in the greater population. This finding is not unexpected due to lifestyle related risk factors such as sedentary lifestyle, obesity, heavy alcohol use, substance abuse and smoking. Additionally the use of anti-psychotics contribute to cardiovascular risk due to their metabolic side effects i.e. weight gain, glucose intolerance and increased lipid levels (Mayer & Nasrallah, 2003). The Substance Abuse and Mental Health Services Administration reports that “up to 83 percent of people with mental illness are overweight or obese and 44 percent of the US tobacco market is comprised of individuals with a mental or substance use disorder”(www.samhsa.gov). Resources must be made available to support the improvement of health in the vulnerable populations seen at the facility.

The National Healthcare Quality and Disparities Report identifies Healthy Living as a priority strategy which support the Institute for Healthcare Improvement’s Triple Aim. The Aim of Healthy People/Healthy Communities is a focus promoted by incorporating best practices in communities. Priority populations are those at elevated risk for receiving poor health care and

include racial and ethnic minorities, low income populations and individuals with chronic conditions ([www.ahrq.gov](http://www.ahrq.gov)). The population at the facility is a priority population since their description is consistent with that identified by AHRQ.

The facility has a large number of African American men and women. African American men and women are 30% more likely to die from heart disease than non-Hispanic white males. 34% of African Americans have hypertension compared to 24% of whites; and are less likely to have their blood pressure under control ([www.heart.org](http://www.heart.org)). Programs are in place that align with national goals of providing preventative care and screening of high blood pressure, adult weight screening, sodium reduction and medication management that can be used as resource to improve the quality of care for this vulnerable population (Washington State Department of Health, 2013). The U.S. Preventative Services Task Force (USPSTF) in their third annual report to congress identifies “healthy diet and physical activity to prevent cardiovascular disease” as an evidenced based recommendation to address the high burden and occurrence of cardiovascular disease in adults ([www.uspreventiveservices.org](http://www.uspreventiveservices.org)).

People with mental and substance abuse disorders have a higher rate of uncontrolled (but modifiable) risk factors. In order to address this disparity the Substance Abuse and Mental Health Services Administration (SAMHSA) has joined the effort of the national Million Hearts Initiative. One major modifiable risk factor that can be readily addressed is hypertension. Individuals with mental and substance use disorders are more likely to have uncontrolled hypertension and cardiovascular disease (Druss et al, 2011). SAMHSA encourages clinicians to use evidenced based protocols in collaboration with the Million Hearts Initiative.

### Success of Wellness Programs

“Wellness connects all aspects of health” ([www.samhsa.gov](http://www.samhsa.gov)). Through the Wellness Initiative, SAMHSA pledges to promote wellness and identifies 8 dimensions of wellness. Their pledge is to take action and work towards improving quality of life, cardiovascular health and decrease early mortality rates. The focus of the wellness program implemented at the facility specifically addressed one of the 8 dimensions, Physical, by targeting cardiovascular wellness. Although the content was aimed at cardiovascular health, the process of empowering individuals with knowledge to take action in managing their own health will subsequently impact the other dimensions of wellness since they are all interconnected and influence an individual’s total well-being. The other dimensions identified by SAMHSA are intellectual, spiritual, social, occupational, environmental, financial and emotional ([www.samhsa.gov](http://www.samhsa.gov)).

Educational programs are needed but must be adapted to the population it serves. Self-management programs that focus on targeted conditions and follow a specific curriculum tailored to a similar vulnerable population have been implemented. The Health Empowerment Lifestyle (HELP) program increased disease related knowledge and increased self-confidence resulting in improvement in short-term management behaviors in systolic blood pressure, quality of life and glucose control. The HELP program is a culturally tailored program to educate minorities with hypertension, diabetes, and obesity (AHRQ, 2013). Two other wellness programs summarized on the Innovations Exchange of AHRQ website are:

a. “Posts working for Veterans’ Health” also known as POWER Program which addresses management of blood pressure and is profiled as *Trained Peers educate and support Veterans in Self-Management of Hypertension, Leading to Improved Blood Pressure and Weight Loss*

b. “Health Not Cosmetics” which focuses on nutritional/caloric intake and levels of physical activity and is profiled as *Weekly group Classes Lead to Significant Weight Loss and High Levels of Satisfaction among Low-Income, Racial and Ethnic Minorities*. These wellness programs are innovative and have demonstrated improvement in quality and to help reduce disparities. Promoting wellness for people with mental health conditions by engaging and educating both consumers and providers is evident in order to obtain optimal health and to fully engage in the community.

#### National Million Hearts Initiative

Million Hearts is a national initiative to prevent 1 million heart attacks and strokes by 2017 in the U.S. ([www.millionhearts.hhs.org](http://www.millionhearts.hhs.org)). The Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) are leading the program within the Department of Health and Human Services (HHS). The goal is to empower individuals to make healthy choices, and improve care for people by addressing major risk factors for cardiovascular disease to prevent heart attacks and strokes. Educational programs to increase awareness about heart disease prevention and empower patients to take control of their heart health is an example of one activity that can be done. This project implemented at the mental health day facility is an educational Wellness Program that integrates and supports this initiative. The Million Hearts Logic Model, August 2014, lists increased public awareness as an outcome and “assess, address, and reduce health disparities” along their timeline. The incorporation of Million Hearts is not only supported by the SAMHSA but contributes to two other national initiatives, Healthy People 2020 ([www.healthypeople.gov](http://www.healthypeople.gov)) and the Institute for Healthcare Improvement’s Triple Aim of healthy people and communities, better care, and affordable care. (IHI, 2014). The Million



Hearts initiative has been integrated in communities across the nation in a variety of formats which include educational programs, screenings and incorporation into health sciences curricula (Gawlik & Melnyk, 2014). The Million Hearts action guide provides a Hypertension Control Change Package for Clinicians (HCCP) ([www.millionhearts.org](http://www.millionhearts.org)) which lists process improvements that ambulatory settings can implement as they seek to optimize hypertension control. The change concept that most closely aligns to the Wellness program implemented at the mental health day facility's primary healthcare clinic is "use each patient visit to optimize hypertension management". This change was done by providing the patient educational material, assessing individuals risk and understanding and supporting patients with tools to support the change. This action guide provides clinicians with systems to more efficiently and effectively improve hypertension related care processes and outcomes and served as a resource for the project implemented.

#### Patient Education

The Wellness Program provided educational material and counseling to the clients who attend primary healthcare clinic and to the individuals present during group meetings. It is essential that patient education material use effective communication. Clinicians must be versed in possessing good communication skills. Patient centeredness is a foundation that is particularly important when addressing the medically underserved and communicating (Bylund, D'Agostino, Ho, & Chewning, 2010). It is reported that patients who are socioeconomically disadvantaged are disproportionately impacted negatively by literacy barriers. This concept was kept in mind when implementing the project by utilizing educational materials that are literacy and culturally appropriate which were available online and for purchase by various organizations.

Recommendations supported by the research from National Patient Safety Foundation ([www.npsf.org](http://www.npsf.org)) and the AMA that was applied is the use of the “ASK me” method and teach back which supports behavioral health connections (Hawkins, Kantayya, & Sharkey-Asner, 2010). Understanding the importance of health literacy was critical and has been discussed by the accrediting organization Joint Commission which recognizes literacy and other barriers that may play role in patient centered communication (Saver, 2012).

### SECTION III METHODOLOGY

The skills acquired over a long nursing career which focused on the adult medical patient were utilized by this author in the development of this program and in the assessment of these patients. As an experienced clinician the project was assured that expert skills required to focus on the physical needs of cardiovascular health was present. Certification as a CCRN acknowledges that level of expertise. Additionally certification as a Certified Nurse Leader and as a Certified Nurse Educator acknowledges attainment of skills which further provided support. Educational theory, leadership and project implementation frameworks enhanced the design of this project. The utilization of all these attained skills and knowledge was imperative for successful implementation of the project.

The process of implementing this project involved identification of an appropriate setting and approval. The identification of an appropriate site was done in conjunction with the project advisor and DNP Program Director. At that time an exploration of the website and associated online links of the facility which was identified as a potential site occurred. This initial online investigation indicated this location would in fact be a potential site to implement a project to address health disparities in a vulnerable population. This was followed by being in contact with

the associate executive director for the county mental health association as well as the program director of mental health day facility. Both the associate executive director and the program director were present at meetings where a discussion ensued regarding the gaps in knowledge for the clients they serve and the agreement that this project would meet a need in order to address this gap. The associate executive director agreed to serve as a preceptor for the project and to serve on the Final Scholarly Project committee. The role as associate executive director and the support for a project that addresses both the physical as well as the psychological needs of the patients to improve wellness was embraced. The associate executive director's breadth of knowledge of this patient population as well as her access to other facilities that are part of the county mental health association resulted in an excellent interprofessional collaborative relationship for not only this project but for more readily expanding it to the other facilities in the future. In addition to the DNP program director and county association associate executive director this project's final Scholarly Committee includes a faculty member of Seton Hall University. The faculty member brings expertise in her clinical specialty as well as the knowledge of the expectations and requirements of a DNP project.

The first meeting and tour of the mental health day facility took place on February 12, 2015 and included meetings with the program director, behavioral health nurse, primary healthcare clinic nurse practitioner and a tour of the entire facility by one of the members. The tour was a highlight of the first day since it reinforced the need for education and knowledge for the members as they eagerly asked questions during the initial introductions. The open and warm welcome and greetings that the members demonstrated after being introduced and when informed as to what this DNP student role would be was followed by statements with the overall theme of "Great, we need some info!" In fact, this experience created a bit of guilt that this local

community so close to a University where knowledge is so readily available was in fact void of the appropriate information that they so obviously hungered for. It was clear this facility was the right location.

All required paperwork and provision of licensure, resume and clarity of the DNP student role was done for the facility administration per their request. There was no Institutional Review Board approval required by the facility nor by Seton Hall University policy for this project. However, the confidentiality of protected health information as per the Health Insurance Portability and Accountability Act were adhered to for all privacy, access and disclosure of information.

The participants were randomly included in each individual educational session and screening and it varied based on the scheduled appointments at the primary healthcare clinic on any given day. All individual participants were informed of the DNP student role, purpose of the project and asked if they agreed to participate. The individuals who participated in the group sessions were again randomly assigned. Three different group sessions occurred and the participants present were determined by the program director based on the members' schedule of activities.

The risks of implementing this project were limited to any weaknesses that existed solely for it not being effective as intended. Some weaknesses that existed are limited amount of monetary resources which included limited personnel. The number of professional health care providers is limited at the mental health day facility and thus human resource could have been an issue. The facility has strong support from the executive leaders and an atmosphere of including healthcare teaching as part of their mission helped ameliorate this issue. The benefit of implementing this project was the immediate gratification and meeting a need that occurred with implementation. The project also supported the emphasis on primary care and value driven care which is the

mandated trend of today's healthcare. The existence of other facilities that are part of the county mental health association is also a benefit in order to expand the project and maintain sustainability.

#### Phase I Identification and proposal of assessed need

Needs assessment occurred and identification of project goals and purpose occurred during Phase I of the project. Meetings with the project director, associate executive director, case managers, behavioral health nurse and primary healthcare clinic nurse practitioner occurred. The objectives, working title of the project and proposal was written and approved. The DNP committee was established which served to guide the project from an early start. An abundance of evidence, best practices, recommended guidelines and extensive literature review continued. Identification of gaps in vulnerable populations regarding health and knowledge of cardiovascular health issues occurred. It was during this phase that the clear identification of the theoretical framework also took place. It was clear that the model regarding Self-Efficacy theory would be congruent with meeting the needs of this population. Positive feedback and self-efficacy in their ability to improve their cardiovascular health will occur based on Bandura's theory.

#### Phase II Obtaining stakeholder support

Phase II obtained support for the project that now had been identified in Phase I. As previously noted this was done with relative ease since the project supported and aligned with the mission and goals of the organization. It is imperative when implementing a project to have

clarity of the organizations objectives which was done by obtaining the Annual Management Report Fiscal Year 2014. This report was written by the Executives, Chief Financial Officer, Directors and Chief Information Officer for the county mental health association and was pivotal in providing information for the project to stay aligned with the goal of the organization.

During this phase further refinement of the budget and marketing plan took place. The project was discussed with the stakeholders and was readily embraced. It did not require significant costs so the overall theme behind the marketing plan for this project was to ensure the organization recognized the value of the DNP project and thus the role of the individual implementing it. The role as a future DNP and as the individual initiating the project was viewed as valuable to the organization and an email from the Executive Director enthusiastically supporting the project was received. . These elements were important to communicate in order to “sell” the organization on the “why” of the project presence and input to this project was integral to the organization’s needs. The marketing plan included:

1. Clearly explaining the role of the DNP and its significance to healthcare today. This took place by defining the DNP role for the Chairperson for Performance Improvement, the Corporate Compliance officer, program directors and staff at the facility in my written proposal and/or verbal communication via my preceptor. It was essential that the organization was aware that the DNP was best poised to bridge the gap that exists between knowledge and its translation into practice settings (Waldrop et al., 2014).

2. Identifying this project as important not only to the local population at the mental health day facility but having an impact on a national agenda of reducing health disparities occurred. Patients will more likely adhere to recommended health behaviors program when

educated to understand the risks and benefits and thus improve overall health and reduce health disparities (Huntley & Heady, 2013). This program's purpose was aimed at achieving that goal.

3. Using small handout pictorials, giveaways, development of both a staff and a patient resource manual, patient educational material in the waiting area and posters throughout the building to pique the interest and spark enthusiasm in the patients and the staff to promote the wellness program initiative occurred ([www.samhsa.gov/wellness](http://www.samhsa.gov/wellness)).

4. Clear communication that this project is in alignment with the strategic goals outlined in the Annual Management Report Fiscal Year 2014 prepared by the county mental health association occurred. Communicating this strategic alignment demonstrated how this project does some of the "work" for the organization by facilitating their stated goals of a.) integrating physical and mental health in all services b.) to provide education for all staff .

Marketing has been defined by the American Marketing Association as "an organizational function and a set of processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stakeholders"(Chism, 2015). Completion of this project delivered value by improving the wellbeing of patients at the mental health day facility while it meets a requirement for the DNP degree but also it further educates the community about the DNP as the preeminent nurse leader in healthcare. The project will show that the nurse who has earned a DNP provides a brand of service that is creative, possesses advanced clinical skills and meets the demands of the current complex and challenging environment of healthcare.

#### Phase III Initial Implementation

Weekly attendance at the clinic provided better identification of the area of need and focus for the educational content in order to prioritize it based on the findings. It also provided first hand

observations of members and their willingness to meet with someone who was not part of the everyday facility staff which would prove to be important when implementing the educational sessions. There was no time that this author felt like an outsider but quite the contrary since on most occasions there was a greeting by name when an encounter with members occurred and the staff was inclusive of all contributions.

The initial implementation phase focused on the components of individual educational sessions and cardiovascular screening of patients seen at the primary healthcare clinic. It also included the initial implementation of the Awareness Campaign. The screening of patients took place at the primary healthcare clinic. Patients who were seen for regular scheduled visits with the nurse practitioner were asked to take part in a routine screening of their cardiovascular health and self-efficacy. A pretest/pre-educational questionnaire and screening of cardiovascular health metrics was administered and took place in the examination room before the nurse practitioner saw the patient. The patient was provided educational material and counseling regarding cardiovascular health. The educational material addressed blood pressure, hypertension, diet, activity, medication adherence and techniques for improving communication with health care providers. The overall purpose of this project was verbalized to each patient which was to help them improve their awareness of cardiovascular health, motivate them to feel empowered to make change by improving self-efficacy and communication skills and ultimately to make behavioral changes that improve their overall wellness. Supplementary patient education material was placed in the waiting area that had been obtained for this project. The materials were ordered from the National Heart and Lung Blood Institute and American Heart Association. The supplementary materials were placed in a brochure rack that was purchased in an office supply store and secured to the wall under the television by building maintenance. Posters and



other wall hangings were purchased and placed in the exam room, hallway and waiting area of the primary healthcare clinic. All wall hangings and framed items were approved by the organization prior to placement.

The process for each educational session and screening was as follows:

1. Introduction of self and the role as a DNP student implementing a project to help improve Wellness with a focus on Cardiovascular Health and Empowerment.
2. Verbal agreement was then obtained in receiving the educational material and screening and before any further discussion occurred.
3. The weight, blood pressure, smoking status, gender, race, weight and height (and calculated BMI) of each individual was then obtained and documented. Each individual was verbally asked the questions on a pretest and their responses were recorded by written documentation by this interviewer. Upon completion of the pretest a review of each of the educational materials contained in a red folder which was provided to each individual was done.
4. A written documentation was recorded on a wallet card of the patient's blood pressure value for them to keep. They were then offered an opportunity to return in one or two weeks (dependent on their schedule) for follow-up screening and to further discuss the educational material they were now taking home. Each participant was informed that no monetary charge to their insurance provider or to them individually would occur for their return visit which was a follow-up to the educational screening. Each participant was provided an appointment card with their return date, time and this interviewer's name.

5. At the conclusion of the educational encounter each individual was offered a lapel pin to wear, a pen, a key tag and key chain. All items had a branded logo which was consistent with the content during their educational session. Additionally, the newly present patient education material in the brochure rack was pointed out to the participants which was now available in the waiting area as they exited the clinic.

#### Phase IV Ongoing implementation

The expansion of the initial implementation of individual screenings to group meetings occurred in this phase. This ongoing implementation to reach a wider audience and “capture” more participants following the individual screenings allowed the project to really create a “buzz” amongst the members of the facility. The group meetings are regular scheduled events that occur on the mental health day side of the building. The members of facility gather based on their assigned group. The five designated group titles at the facility are House Service, Senior Unit, Clerical Unit, Member Services Unit and Food Services Unit.

All groups meet in their designated rooms to attend to the behavioral health goals specific to their group. The members spend time doing varied activities such as having discussions regarding their mental health diagnosis, anxiety reduction, anger management, self-esteem building, independent living skills, music appreciation, current events etc. The themes and discussions vary and depend on the group and day of the week. However, each group regardless follows a schedule which always includes a group meeting. This was the time frame that this author was allotted to be the guest speaker and when the group educational screening took place. Some members at this point were aware of the DNP student role if there had been a previous encounter at the primary healthcare clinic or even just simply in the hallway where introductions

took place. The members were all looking forward to having the DNP student nurse talk to them and were openly enthusiastic to have a “guest speaker”.

The designation of which groups that received the screenings and educational counseling was determined by the facility program director. The process of group screenings was similar to the individual screenings. Each participant present was told the purpose of the project. The social worker for each group was present at the group meetings. Any individual who elected to not participate in this group discussion were welcome to stay regardless. The social workers for each group typically conducted the daily group discussions. They remained and attended the cardiovascular educational sessions. They participated with questions and got screened as well as the members. The social workers active presence not only supported the project’s value but also made it clear that all individuals can benefit from cardiovascular screening and improving their wellness. Introductions and purpose of project was done followed by distribution of pretests, a no.2 pencil and red folders which contained educational material. The pretests were verbalized by this author but in the group setting the participants recorded their own pretest response using the pencil provided. Collection of the pretests and pencils followed pretest administration. This was then followed by a review of the educational material with all participants present. The participants were engaged and made substantive contributions and asked questions pertinent to the content as well as their own individual scenario. A group dialogue occurred facilitating all present to understand that this is an issue applicable to many and that support for each other was evident in the conversations. At the conclusion of the educational session each participant was encouraged to keep their folder and offered a pen, key tag and lapel pin. They were then given an opportunity to have an individual blood pressure screening done. A portable manual BP cuff and stethoscope was used to complete the screenings. The members who opted to have a blood

pressure screening done had the values obtained recorded on their wallet card for them to keep. At the time of the BP screening they were also asked if they had any additional questions. Each participant at the group sessions were reminded that having regular cardiovascular screenings with a primary care provider was an important part of being well. They were also reminded of the presence of the primary healthcare clinic in the same building which could meet their physical health care needs and a subsequent increase in the number of patients who use the clinic could result was also noted to the organization. At this time participants were reminded that if they would like a follow-up screening or to further discuss their educational material that it can be done. Follow-up could be done with this author during the time the project was being implemented and thereafter with any healthcare provider.

The length of time for each group meeting was approximately 60-90 minutes depending on group size and number of individuals who opted to have a BP reading done. The behavioral health nurse attended the first group meeting in addition to the social workers. The behavioral health nurse was able to observe the content presented, delivery and teaching methods used and thus can replicate in future group meetings to help sustain this project. All materials, educational manual and template of content to be covered was provided to the behavioral health nurse.

#### Phase V Evaluation Process

The evaluation process of the project included the informal discussions with members and staff as well as observations of all participants during the educational counseling and any follow-ups. Feedback was received from the executives from the county mental health association and staff members via email and in person conversations. A posttest questionnaire was given to each patient who returned for the follow-up screening which was at a one or two week interval past an

individual session. The posttest was identical to the pretest questionnaire and was administered in the same manner with the interviewer verbalizing the questions and the responses being recorded by written documentation. The follow-up return visit also included a second blood pressure screening and recording on the wallet card. This process allowed an opportunity for not only the screener to identify any new issues with blood pressure values obtained but also to identify which participants had opted to utilize the wallet card for record keeping. Reinforcement of cardiovascular wellness and self-efficacy continued.

Patients were all given an opportunity to discuss the previously received educational material and obtain feedback, ask questions and obtain further clarity on any areas they identified as in need of more information. This evaluative phase was viewed not as an endpoint of the project but as part of the continuum in addressing the health disparities by furthering the educational process for these individuals through reinforcement and subsequent screenings of blood pressure.

#### Educational Content and Awareness Campaign

The educational content included in the red pocket folders provided to patients had the following items.

The items placed in the right side pocket focused on cardiovascular health and communication with health care providers and were reviewed in detail. The items were:

Blood Pressure Wallet Card ([www.millionhearts.org](http://www.millionhearts.org))

Tips, List of questions to ask your doctor and guide on Blood Pressure handout

Lowering your Blood Pressure with DASH handout

Nutrition Facts Label handout ([www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines))

Ask me 3 Handout

Tips for Clear communication including an area for them to write down questions

The items placed in the left side pocket of the red folder were additional material that was brought to the attention of each individual as available to them to review on their own and as supplementary information. A thorough explanation of information about the Wellness Initiative which encourages individuals with mental health issues to pursue good health and happiness by using the resources available to them was done when discussing these additional materials. The items in the left side pocket were:

Wellness Brochure

Ask your pharmacist or HCP these questions handout

Medical Information Wallet Card

National Alliance of Mental Illness Hearts and Minds Goal setting Handout

Blood Pressure Eating Right Handout

Where's the Sodium Handout

National Alliance of Mental Illness Hearts and Minds Healthy Eating Handout

The posters that were placed on the walls throughout the facility reinforced the following areas: National Patient Safety Foundation's Ask Me 3 concept, Blood Pressure Goals, Healthy Eating and recommended sodium allowance. The pens, lapel pins and key tags all reinforced the Ask Me 3 concept sponsored by the National Patient Safety Foundation. These items were all purchased. The use of purchased red folders was chosen as it frequently is the color associated with the heart. This interviewer also opted to wear a red top and a necklace with a heart to again reinforce, motivate and create a lively spirit of engagement in this campaign. The two manuals

provided to the patients and staff for further use were red large three ring binders that were purchased and then inserted with the educational content. The staff manual was lengthier in its content since it was aimed at a different user with an expected level of comprehension greater than the patients. The table of contents for the staff manual included five content areas: SAMHSA and Million Hearts, Hypertension, Healthy Eating, Communication and lastly National Alliance on Mental Illness. This manual is now in the Behavioral Health Nurse's office for all to access. The patient/member manual had an abbreviated version of some of the content available to the staff and was geared toward patient reading instead of health care provider. The sections focused on: Communication, High blood pressure, Nutrition and Connecting the heart and mind. This patient education manual was accessible in the waiting area and patients were invited to ask for any copies of any portion which could be made by the receptionist upon request. All the patient education material was reviewed to ensure it was clear in communication using the Clear Communication Index ([www.cdc.gov](http://www.cdc.gov)) and that the language was appropriate for ease of understanding ([www.plainlanguage.gov](http://www.plainlanguage.gov)).

The brochure rack which was purchased and secured to the wall in the waiting area underneath the television had glossy brochures available for re-ordering or purchase. The original items placed in the rack are:

ShopHeart.org Items (purchased) - Know and Go Cholesterol Cards (25 pack), Know and Go High Blood Pressure Cards (25 pack), Know and Go Nutrition Cards (25pack), American Heart Association Inserts.

National Heart, Lung and Blood Institute Items (limited supply free upon request)- Don't Take a Chance with a Heart Attack: Know the Facts and Act Fast (10 pack), Healthy Hearts, Healthy Homes: Protect your Heart, High Blood Cholesterol-What you need to know (10 pack), The

Heart Truth for African American Women: Take Action to Protect Yourself (25 pack), At-A-Glance: Atherosclerosis (10 pack), At-A-Glance: Coronary Heart Disease (10 pack)

All items are available for repurchase or reorder by the organization. The original order, brochure rack, binders and folders cost totaled \$396.31. The original receipts were provided to the program director of the facility and scanned copies of receipts were emailed to the executive office of the county mental health association. All monies were reimbursed for the supplies which further validates recognition of the value placed on the project which was implemented.

#### Data Collection

A total of 77 individuals participated in the Wellness program by either attendance at an individual session or a group. Individual educational counseling sessions were done with 16 participants in the primary healthcare clinic with completion of the pretest and review of content. All individual participants were also screened for hypertension by having their blood pressure taken, reported and documented on their wallet card. 87.5% of the individual session participants returned for follow-up, reinforcement of educational content and second screenings. One of the patients returned and did obtain a second screening but opted to not have any reinforcement of educational material since he had an urgent health care issue he wanted to discuss with the primary healthcare clinic nurse practitioner. One of the individual screening session patients did not return at all.

Group educational counseling was done for 61 participants with 100% being in attendance, 67.21% electing to complete the questionnaire while the remainder participated by remaining in attendance which was optional. 68.85% participants opted to have a BP screening done at the completion of the educational counseling presentation. 100% of group participants who attended



did take the red folder with them upon departure. The time slot for the group setting was prior to lunch. Some participants may have opted to not have the screening done at that time due to the logistical timing of their daily activities. The lunch provided at the facility does often result in a line forming. Some individuals may have chosen to depart promptly after the group meeting to avoid waiting in line or simply because they were hungry. This was observed to occur more so in the first group meeting which had the largest group size and thus the time to get screened was longer. This was discussed with the social workers who agreed some may have chosen to get a BP screening if not for the timing of a meal immediately afterwards . On subsequent group meetings the size of the groups was smaller and this helped to alleviate the wait and timing issue. All individuals were reminded that a BP screening could be requested at any time by any of the health care providers even after the conclusion of the Wellness Program.

There were two individuals screened at the group sessions who had a blood pressure value that required immediate referral. One participant, a black female, had a blood pressure of 172/103. She was then sent to see the behavioral nurse practitioner who followed up with her primary care provider who was informed the patient was seeing her physician in three days. The caseworker was at this time notified and was going to follow-up as well. The other participant was a black male who had a blood pressure of 161/97. He was a new member at the facility and thus not all of his medical history was present. The nurse practitioner immediately followed-up and reported back that the patient was in fact on blood pressure medications which were being reviewed. This is an excellent example of the importance of screening, interprofessional collaboration and the importance of timeliness of care.

The responses on the pretest questionnaires regarding communication revealed that almost all of the participants did feel confident with a numeric rating of 7 or greater regarding their ability

to communicate to the doctor or nurse. This was consistent with the self-reporting of most patients that “yes” they did understand what needs to be done regarding their treatment plan. This confidence level was somewhat not surprising given the nature of the facility where the individuals are encouraged to participate in their care as part of improving their self-esteem and mental health. Patient statements such as “The doctor doesn’t listen”, “They always rush me” indicates their self-reported confidence did not always translate their ability to get satisfactory answers from a health care provider even when actively asking questions with engaged communication. This speaks to the need for the health care provider being as actively committed to listening as the patient is to speaking when this dyad communicates. The participants who returned for post questionnaires after an individual screening all reported an increase in communication confidence.

Regarding Blood Pressure control, almost all participants did report an understanding of what was good BP control, felt they knew how to talk to their health care provider regarding BP control and all responded “no” when asked if they thought it was okay to stop their BP medications when they felt it was under control. This important knowledge regarding medication adherence is essential for patients who take blood pressure medications.

Nutrition and the connection of healthy diet and blood pressure control was identified to be the area that required the most change in behavior. Almost all individuals reported 6 or less regarding their confidence level about selecting the correct foods or diet to help control their BP. The participants were slightly more confident in their reporting of what foods to avoid to help maintain a healthy diet to improve their BP. No participant was able to identify what the DASH diet was. This was not surprising since it is an acronym for Dietary approaches to stop hypertension that is used by health care professionals. Since the questionnaire was done just

prior to the educational session the DASH diet question served more as an item to pique their curiosity as to what DASH was more than assessing knowledge level. Interestingly enough many times participants thought a DASH diet was the use of the product brand Mrs. Dash which is a flavorful seasoning that can be added to foods. Clarity of this confusion was promptly done. Only a few participants reported feeling confident of greater than 6 in knowing the recommended sodium (salt) allowance. More than half reported knowing how to read a nutrition label but when actually doing so during the educational session many were in fact not able. Clearly lack of knowledge of nutrition and healthy diet is the area that most participants needed further education and support in based on their self-report, questionnaires and observations. This was not surprising given that most individuals were overweight or obese, many on food stamps and many limited in their ability to shop for healthy food due to lack of options near where they live (almost all do not have their own transportation and depend on the public transportation system) as well as an overabundance of fast food establishments. The Wellness program included information that was focused on specifics regarding nutrition and healthy diet, strategies to improve healthy food selection and identification that even small changes can result in large results. The participants reported feeling motivated to make change and were intent to use the information they received.

In addition to the information recorded on the questionnaire there were statements verbalized by the members which also provided insight when evaluating the project. Individuals reported the following statements throughout the course of the Wellness program implementation and Awareness Campaign regarding the educational counseling sessions:

“It was helpful and really important to know and understand what high blood pressure and low blood pressure is”

“I am cutting down on the salt”

“I am now mindful of the dietary approaches”

“I am looking at the percentages on the nutrition labels”

“I like vegetables and am eating them”

“I put less salt on my popcorn”

“I have been walking”

“I felt I learned but sometimes forget the specifics”

“The red folder was very helpful”

The individuals who participated in the Wellness Program are at high risk due to their mental health disease and its related factors. The daily attendance at the day rehab facility supports the concept of being engaged and asking questions since improved communication skills is a very important aspect of behavioral health care. It is evident however that nutrition and dietary needs are an area that remains to improve.

## SECTION IV SUMMARY

### Project Sustainability and Recommendations

This project is sustainable as it is easily replicated in three fashions. It can continue within the facility by utilizing the resources now made accessible. It can be altered by simply changing content focus and it can be expanded to other facilities within the county mental health association using same content area and then interchanging with other content. The educational

content can readily be reproduced either by copying or ordering additional materials. All vendor contact information was provided for reordering supplies. The educational screening at both an individual level and the group meeting level can continue utilizing the resources now present in the facility. The behavioral health care nurse and social workers' role is interprofessional and collaboration with the primary healthcare clinic nurse practitioner will more readily be inclusive of discussions of all dimensions of wellness. These factors make the project sustainable within the organization.

The ability to expand is needed in any project in order to maintain sustainability. This project can easily expand by using the template of implementation put in place at the facility and apply to other settings. It can also expand using different areas of educational content as a focus beyond cardiovascular. The other settings that this can be expanded to within the county mental health association are those that provide services for adults and families in other locations within the county: Supportive Living Services provides affordable housing, Center for Low Cost Psychotherapy which provides psychological services and medication monitoring, Integrated Case Management Services which supports all areas of maintenance for management of mental health, Collaborative Justice Services which assists those involved with the criminal justice system (this would also provide access to law enforcement staff), Employment Services which assists with job placement and the Intensive Family Support Services which helps those individuals caring for loved ones with mental health issues. It is clear that the variety of other service areas within just this one county organization provides ample opportunity to expand to continue the education regarding wellness with a focus on cardiovascular health and self-efficacy.

The expansion can also expand not only by addressing a different audience but also in the content focus. Other prevalent health issues also present in this population are diabetes, kidney disease and tobacco use to name a few. The selection of cardiovascular health for this project was to start with a broad focus to create a good foundation for more specific issues. Cardiovascular health impacts all major body systems and hence is a priority to address. It is recommended to continue and to address the other areas pertinent to this population as noted. Nutrition specific content should continue to be an emphasis and includes recommendations to include a dietician or nutritionist. Another recommendation would be for a review of meals served at the facility to make real time dietary changes to support healthy eating. Each change, big or small, by each individual must be acknowledged and used as a motivation to continue in a positive direction. The individual who has made a concerted effort to use less salt at dinner is more likely to next be willing to consider taking a ten minute walk and then to smoke less cigarettes. The potential and domino effect that can occur and resultant change is exciting and rewarding for all those involved.

### Conclusion

The implementation of this Wellness Program to address health disparities at a mental health day rehab facility was effective in providing patient education and promoting self-efficacy. There are numerous contributing factors to existing barriers to achieving wellness. This program addressed some of them by providing wellness information and skills to improve communication and self-efficacy. This program addressed meeting the needs of those less fortunate but who have expressed significant interest in improving wellness but are less likely to

receive assistance in doing so, particularly if uninsured or unaware of resources. It also addressed the behavioral health staff needs who often as mental health care providers are reluctant to address the physical dimension of wellness such as cardiovascular health. Comprehensive programs that address aspects of wellness will result in healthier outcomes irrespective of socioeconomic status or race/ethnicity.

It is with joy and satisfaction that the Wellness Program was implemented. It was humbling to spend time with individuals who so graciously welcomed the program. Every nurse would readily acknowledge the importance of the provision of quality healthcare to individuals. The role of the DNP prepared nurse is still evolving. As a doctoral prepared nurse it is important to address not only the needs of individuals but of populations and improvement of quality of healthcare as a whole. The most vulnerable populations of the poor and marginalized require the immediate need for attention since this documented group presents a weakness within healthcare which impacts the entire system. Perhaps there is no better way for the nurse seeking a doctorate to operationalize and define the role than to go back to the roots of the profession and provide service to all but to particularly those in need. It is with pride that this project called this author to serve this local vulnerable, yet very deserving, population by allowing this program to improve wellness to be implemented.

## References

- AACN, 2015, [www.aacn.nche.edu](http://www.aacn.nche.edu)
- AHRQ, 2013, Culturally Tailored Chronic Disease Education Program Improves African American Patients' Self-Management Behaviors, Blood Pressure and Blood Glucose Control, and Quality of Life. Retrieved from [www.ahrq.gov](http://www.ahrq.gov)
- AHRQ-Agency for Healthcare Research and Quality, 2014 National Healthcare Quality and Disparities Report Introduction and Methods. (2014). Retrieved from [www.ahrq.gov](http://www.ahrq.gov)
- Bandura, A. (1977). Self-Efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84, 191-215.
- Bylund, C. L., D'Agostino, T. A., Ho, E. Y., & Chewning, B. A. (2010, July). Improving Clinical Communication and Promoting Health through Concordance-Based Patient Education. *Communication Education*, 59, 294-311.
- Chen, M., Wang, R., & Hung, S. (in press). Predicting health-promoting self-care behaviors in people with pre-diabetes by applying Bandura social learning theory. *Applied Nursing Research*.
- Chism, L. (2015). Marketing yourself as a DNP Creating a personal brand to be competitive. Retrieved from <http://nurse-practitioners-and-physician-assistants.advanceweb.com/Column/DNP-Perspectives/Marketing-Yourself-as-a-DNP.aspx>
- Chism, L. A. (2013). *The Doctor of Nursing Practice A Guidebook for Role Development and Professional Issues* (2nd ed.). Burlington, MA: Jones & Bartlett Learning.
- Chism, L. A. (2013). *The doctor of nursing practice A guidebook for role development and professional issues* (2nd ed.). Burlington, MA: Jones & Bartlett Learning.



Druss, B. G. et al (2011). Understanding Excess Mortality in Persons with Mental Illness.

*Medical Care*, 49(6).

Gawlik, K. S., & Melnyk, B. M. (2014). Integrating Million Hearts into Nursing and

Interprofessional Educational Curricula and Community Settings: A Key Strategy for

Improving Population Health Across the United States. *Journal of Professional Nursing*,

1-7. <http://dx.doi.org/10.1016/j.profnurs2014.07.002>

Harvey, I., & O'Brien, M. (). Addressing health disparities through patient education: the

development of culturally-tailored health education materials at Puentes de Salud.

*Journal of Community Health Nursing*. <http://dx.doi.org/10.1080/07370016.2011.614827>

Hawkins, A. O., Kantayya, V. S., & Sharkey-Asner, C. (2010, December). Health Literacy: A

potential barrier in caring for underserved populations. *Disease-a-month*, 56(12).

<http://dx.doi.org/10.1016/j.disamonth.2010.10.006>

Hill-Briggs, F., Lazo, M., Peyrot, M., Doswell, A., Chang, Y., Hill, M. N., Wang, N. (2011,

March 29). Effect of problem-solving-based diabetes self-management training on

diabetes control in a low income patient sample. *JGIM*.

<http://dx.doi.org/10.1007/S11606-011-1689-6>

Huntley, M., & Heady, C. (2013). Barriers to health promotion in African American men with

hypertension. *American Journal of Health Studies*, 28(1).

Institute for Healthcare Improvement (2014).

<http://dx.doi.org/http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

2014

Kim, G., Shim, R., Ford, K. L., & Baker, T. A. (2014). The Relation between Diabetes Self-

Efficacy and Psychological Distress Among Older Adults: Do Racial and Ethnic

- Differences Exist? *Journal of Aging and Health*, 27(2), 320-333.  
<http://dx.doi.org/10.1177/0898264314549662>
- Macha, K., & McDonough, J. P. (Eds.). (2012). *Epidemiology for advanced nursing practice*.  
Sudbury, MA: Jones & Bartlett Learning.
- Mayer, J. M., & Nasrallah, H. A. (2003). *Medical Illness and Schizophrenia*. Washington, DC:  
American Psychiatric Publishing, Inc
- Paxton, R. J., Motl, R. W., & Nigg, C. R. (2010). Physical Activity and Quality of Life --The  
Complementary Influence of Self-Efficacy for Physical Activity and Mental Health  
Difficulties. *International Journal of Behavioral Medicine*, 17, 255-263.  
<http://dx.doi.org/10.1007/s12529-010-9086-9>
- Ritter, P. L., & Lorig, K. (2014). The English and Spanish Self-efficacy to Manage Chronic  
Disease Scale measures were validated using multiple studies. *Journal of Clinical  
Epidemiology*, 67, 1265-1273. <http://dx.doi.org/10.1016/j.jlinecpi.2014.06.009>
- Saver, C. (2012, June). Overcoming health literacy: helping your patient understand. *OR  
Manager*, 28(6), 1,6-8.
- Waldrop, J., Caruso, D., Fuchs, M. A., & Hypes, K. (2014, July/August). EC as PIE: Five criteria  
for executing a successful DNP final project. *Journal of Professional Nursing*, 30(4),  
300-306. <http://dx.doi.org/10.1016/j.profnurs.2014.01.003>
- Washington State Department of Health. (2013). Improving the Screening, Prevention, and  
Management of Hypertension an Implementation Tool for Clinic Practice Teams.  
Retrieved from [www.doh.wa.gov/healthycommunities](http://www.doh.wa.gov/healthycommunities)
- Website AHRQ, [www.ahrq.gov](http://www.ahrq.gov)
- [www.samhsa.gov/wellness](http://www.samhsa.gov/wellness), *HHS Publication No. (SMA) 12-4568*.