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A Community Based Approach to a Client- Centered Wellness Program

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BACKGROUND

Wellness programming, such as structured physical activity and cooking classes, has been associated with improved mental and physical health outcomes across an array of populations.

Community mental health organizations across the United States have implemented various evidence based diet and exercise wellness programs for their clients.

The Howard Center (HC) is a community-based mental health organization based in Vermont that serves clients with mental illness, substance use disorders, and developmental disabilities.

OBJECTIVE

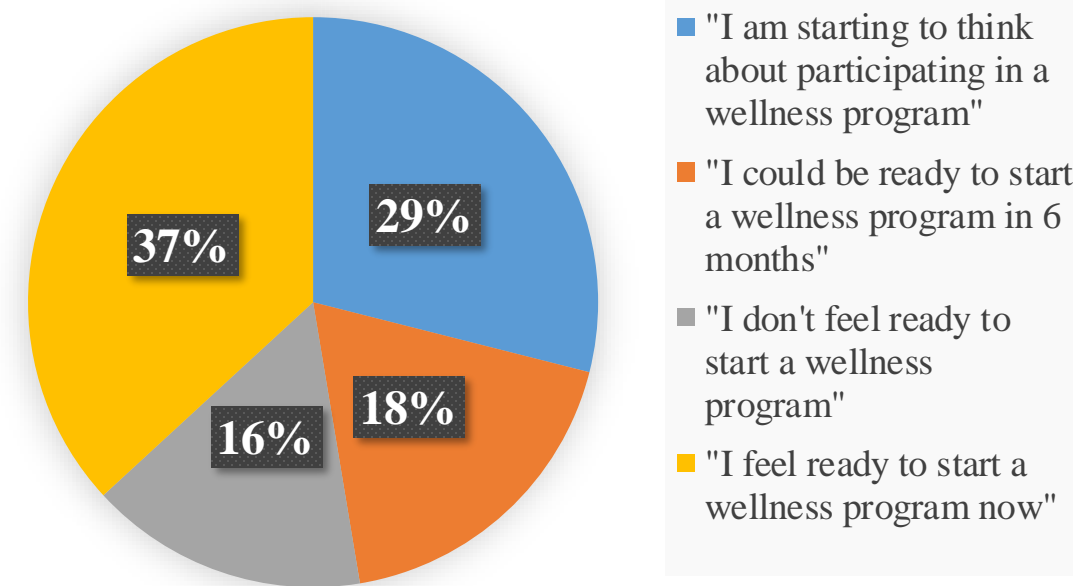
Identify the type of evidenced-based diet and exercise wellness program that would be most feasible for implementation and preferred by staff and adult clients who receive support and services to address mental health, substance-use and developmental needs at a community-based organization.

METHODOLOGY

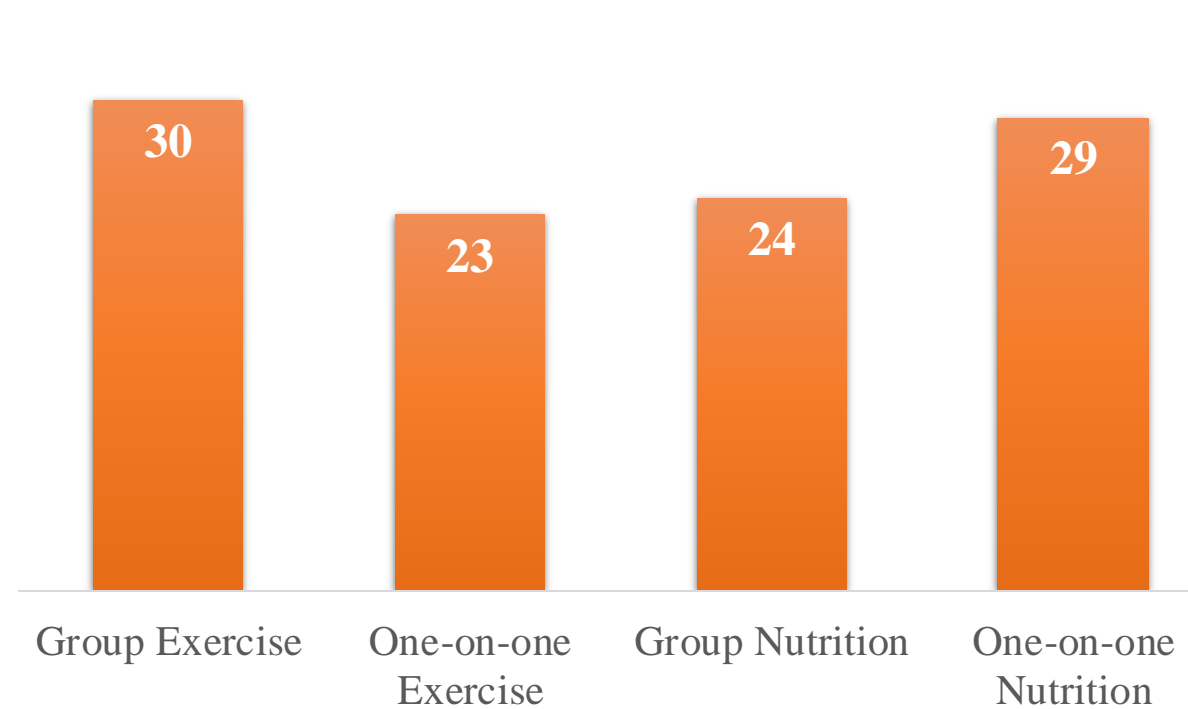
- Reviewed grey literature to identify existing community-based wellness programs across the country.
- Examined Substance Abuse and Mental Health Services Administration (SAMHSA) guidelines for evidence-based wellness programs and practices.
- Collected data to evaluate program fit and feasibility:
 - 3 client focus groups
 - 1 staff focus group
 - 19 client short form interviews
- Queried four questions in focus groups via a rating system that yielded quantitative results.
- Applied techniques borrowed from grounded theory in qualitative data coding & analysis.
- Determined major themes and developed conceptual model to depict key findings and recommendations.

FINDINGS

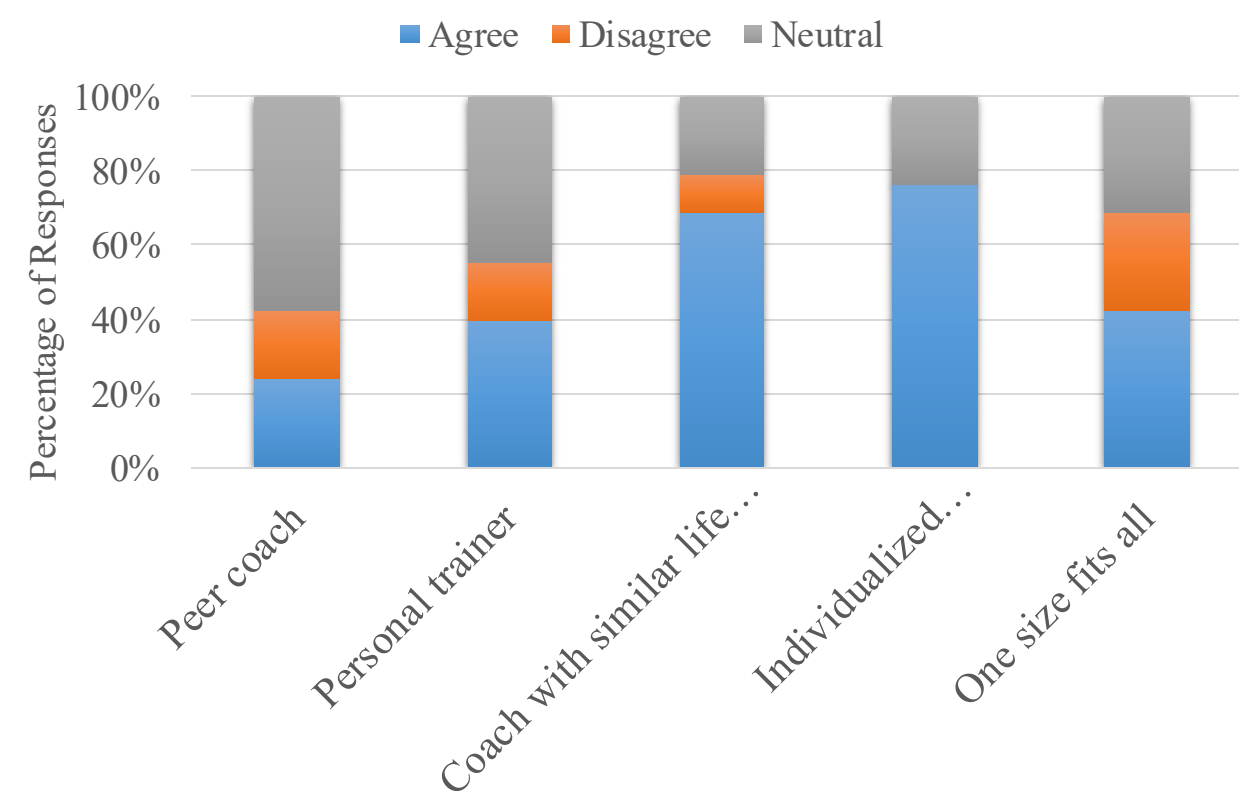
The majority of clients were ready to begin a wellness program



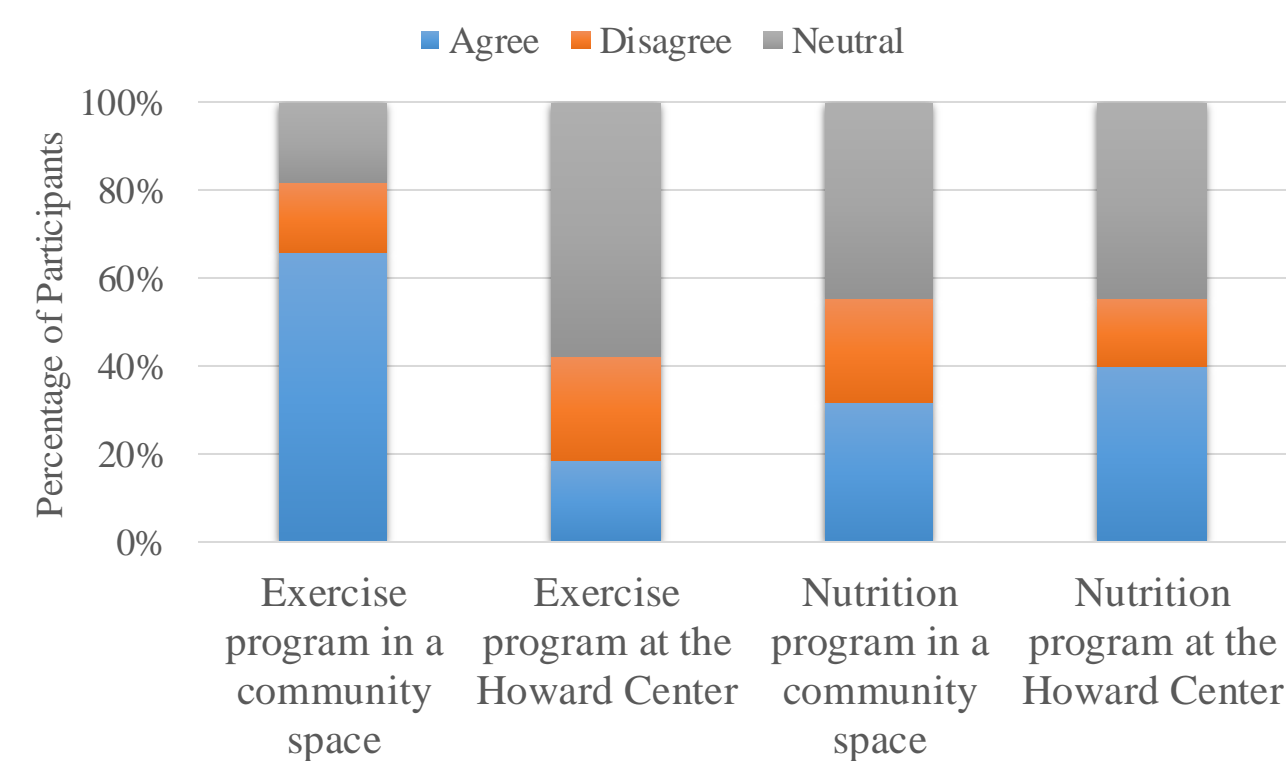
Most clients preferred group exercise and one-on-one nutrition classes



Clients preferred individualized wellness plans and coaches with similar life experiences



Clients preferred an exercise program in a community space



Focus Group Themes

Barriers

"With making [lifestyle] changes like that, it's hard to see the benefits from this stuff—it takes time. You can't see them in a day, you know."

"People who don't have support for transportation or access to transportation also [find] it challenging to get to activities."

Motivating Factors

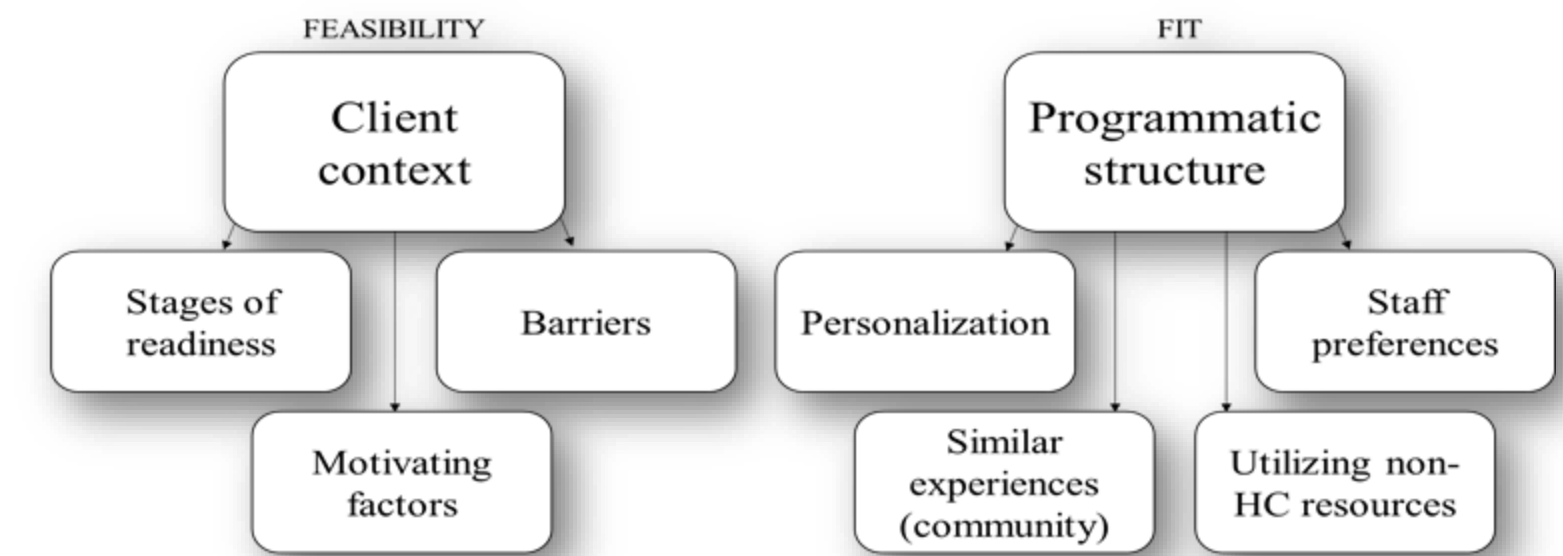
"When someone is lagging behind the other ones, everyone seems to pick each other up to push on."

"People seeing results makes a difference, whether it's in their mental health or their physical health [or] their weight loss or whatever it is."

Personalization

"It's great to have ideas for programs and to have a plan, but to be aware of the individual...there needs to be room for flexibility too, to meet individuals' needs."

"I mean, as a matter of fact, my yoga studio does...yoga for recovery, and I love that class because I know everybody who attends is in recovery, and I wish there was more of that."



Findings of qualitative analysis of client and staff focus groups. Boxes from the bottom-up represent sequentially higher-level conceptual categories derived from the qualitative coding and category identification process.

RECOMMENDATIONS

The overwhelming client interest in a wellness program (73%) reveals a need for such implementation at the HC. Based on criteria identified in our grey literature review of evidence-based wellness programs and described needs of HC and its clients, we determined two evidenced-based programs that most closely fit HC needs: InShape and Peer Support Whole Health and Wellness (PSWHW). Both programs fulfill SAMHSA criteria for effective wellness programming and client desire for highly individualized programming. However, the one-on-one nature of these programs may lack the levels of social support generated in group settings—a crucial motivator that clients repeatedly raised in focus group. To maximize social support, we additionally recommend a programmatic structure led by coaches with strong community-building skills, or a wellness program that recruits participants from existing support groups at HC. This structure emphasizes the importance of a supportive, inclusive community as the foundation of a successful wellness program.

Findings from staff focus group point to the need for external coach support as staff members are hesitant to lead themselves. However, coordinated staff involvement would decrease demands on staff time and provide opportunities for staff to share unique skills.

The diverse nature of the HC's three client bases- individuals with developmental disability, substance disorder, and mental illness- require programming that is inclusive of various abilities and needs. Therefore, HC may need to modify an existing program or develop a novel program to meet these diverse needs and maximize utilization of community resources. Future steps include cost analysis for a wellness program, exploring funding sources such as Medicaid, recruiting wellness coaches, and evaluating the impact of the program.

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