





Completed by: Titilayo Otaghobos  
Email: otobos@hss.edu

Priority	Focus Area	Goal	Objectives	Disparities	Intervention/Strategies/Activities	Family of Measures	2018 Progress to Date	Implementation Partner (Please select one partner from the dropdown list per row)	Partner Role(s)	Strengths	Challenges? How will they be addressed?
	increase access to high quality chronic disease preventive care and management in both clinical and community settings	Promote culturally relevant chronic disease self-management education	<ol style="list-style-type: none"> <li>1. Increase participants awareness of pain and stress management techniques</li> <li>2. Increase knowledge of pain-management and mindfulness based coping techniques such as yoga, meditation and exercise.</li> <li>3. Increase self-management and coping strategies around managing pain and stress.</li> </ol>	Yes, this program serves at-risk adults exposed to increased physical, mental and emotional stress from low-income population	<p>Pain and Stress Management Series: HSS developed the pain and stress management series, which is comprised of self-management education and evidence based stress reduction strategies to raise awareness, educate and improve the ability to cope with pain and stress. These evidence-based strategies include:</p> <ul style="list-style-type: none"> <li>• Yoga and meditation which are effective methods in reducing stress, pain and anxiety symptoms (NIH, National Center for Complementary and Integrative Health, <a href="https://nccih.nih.gov/">https://nccih.nih.gov/</a>)</li> <li>• Phone delivered mindfulness training which is effective in improving mindfulness, and anxiety levels in patients with cardiac defibrillators (Annals of Behavioral Medicine, <a href="https://link.springer.com/article/10.1007/s12560-013-9025-7">https://link.springer.com/article/10.1007/s12560-013-9025-7</a>)</li> </ul> <p>In addition, the program also utilizes principles based on the Adult Learning Theory <a href="http://files.eric.ed.gov/fulltext/FullText/11_3207EAL_Adult_Learning_Theory.pdf">http://files.eric.ed.gov/fulltext/FullText/11_3207EAL_Adult_Learning_Theory.pdf</a></p>	<p>1. Increase participants awareness of pain and stress management techniques</p> <p>2. Increase knowledge of pain-management and mindfulness based coping techniques such as yoga, meditation and exercise.</p> <p>3. Increase self-management and coping strategies around managing pain and stress. During each of the next three years, the following outcome measures will be assessed: % of participants who demonstrate knowledge/material comprehension about pain and stress management techniques</p> <p>• % of participants who report increased self-efficacy to manage pain and stress</p>	<p>In 2018, the Pain and Stress Management (PSM) Series implemented:</p> <ul style="list-style-type: none"> <li>• One educational lecture, reaching 17 community members</li> <li>• Seven educational workshops, reaching 58 community members</li> <li>• Seven meditation workshops at the Ambulatory Care Clinic (ACC), reaching 30 orthopedic clinic patients</li> <li>• Seven mind-body workshops at the Rheumatology Clinic, reaching 14 participants</li> <li>• 42 conference calls on mindful breathing techniques, reaching 120 community members.</li> </ul> <p><b>Outcomes Measures</b></p> <p>The results below highlight the impact of the PSM series:</p> <ul style="list-style-type: none"> <li>• 97% of participants were satisfied with the program</li> <li>• 96% of participants reported increased knowledge/material comprehension about pain and stress management techniques</li> <li>• 90% of participants reported increased self-efficacy to manage pain and stress</li> <li>• 35.9% of participants reported using the techniques 5 or more times in place of medication</li> <li>• 96% of participants reported that the techniques helped to manage their pain</li> <li>• 100% of participants reported that the techniques helped to manage their stress</li> </ul> <p>The results below highlight major themes identified during the debrief sessions:</p> <ul style="list-style-type: none"> <li>• Improved adherence</li> <li>• Increased calmness</li> <li>• Improved state of mind</li> <li>• Increased relaxation</li> <li>• Increased mindfulness</li> <li>• Reduced pain and stress</li> </ul>	<p>Other (please describe partner and role(s) in column 9)</p>	<p>In 2018, we initiated internal partnership with the HSS Ambulatory Care Center (ACC) and the Department of Rheumatology and Social Work programs. Their roles included:</p> <ul style="list-style-type: none"> <li>• Providing participants and location to host meditation workshops (In-person)</li> <li>• Providing guidance on needs of participants required to implement educational programs and conference calls (Informational and Advisory)</li> <li>• Facilitating follow-up debrief sessions for participants to discuss and process newly acquired skills (Informational)</li> </ul>	<p>There were several factors that enabled program implementation such as:</p> <ul style="list-style-type: none"> <li>• Our partnerships with the hospital's Ambulatory Care Center, the Rheumatology Clinic and the Department of Social Work programs, as well as subject matter experts. These partnerships provided expert guidance and information exchange for developing educational programming, location to host meditation workshops, and facilitated participant recruitment.</li> <li>• Combining the monthly meditation workshops in both the orthopedic and rheumatology clinics allowed us to increase the frequency of the program.</li> <li>• The weekly conference calls allowed participants to apply learned techniques if they were unable to attend the in-person workshop. This made the program more accessible to patients.</li> </ul>	<p>Program challenges encountered in 2018 include:</p> <ul style="list-style-type: none"> <li>• Change in program structure affected program implementation, thereby reducing the number of proposed conference calls. After assessing the needs of our patients, we decided to expand the program by increasing on-line in-person workshops in the rheumatology clinic in lieu of increasing weekly conference calls.</li> <li>• Program attendance and retention among patients. We addressed this by adding workshops in the rheumatology clinic which provided participants the opportunity to attend workshops frequently (i.e. twice a month) to reinforce the learned techniques. We also implemented text message reminders as an additional effort to encourage program adherence.</li> </ul>