

Interventions for Integrated Behavioral Management of Chronic Conditions

October 21, 2025

2:00 p.m. to 3:00 p.m. ET

Session One

Overview of Health Behaviors, Habits, and Behavior Change Strategies

Today's Agenda



Welcome, Introductions, and Overview of the CoP



Factors Impacting Health Outcomes: Physical, Behavioral, & Social



The Behavioral Basis for Chronic Conditions & Basics of Behavioral Change



Reflection and Assessment: Interactive Discussion and Plan-Do-Study-Act (PDSA) Activity



Session Wrap-Up and Office Hours (Optional)

Your CoP Facilitator

Amber Murray, BSN, MA, PMP

Program Director & Senior Technical
Expert Lead

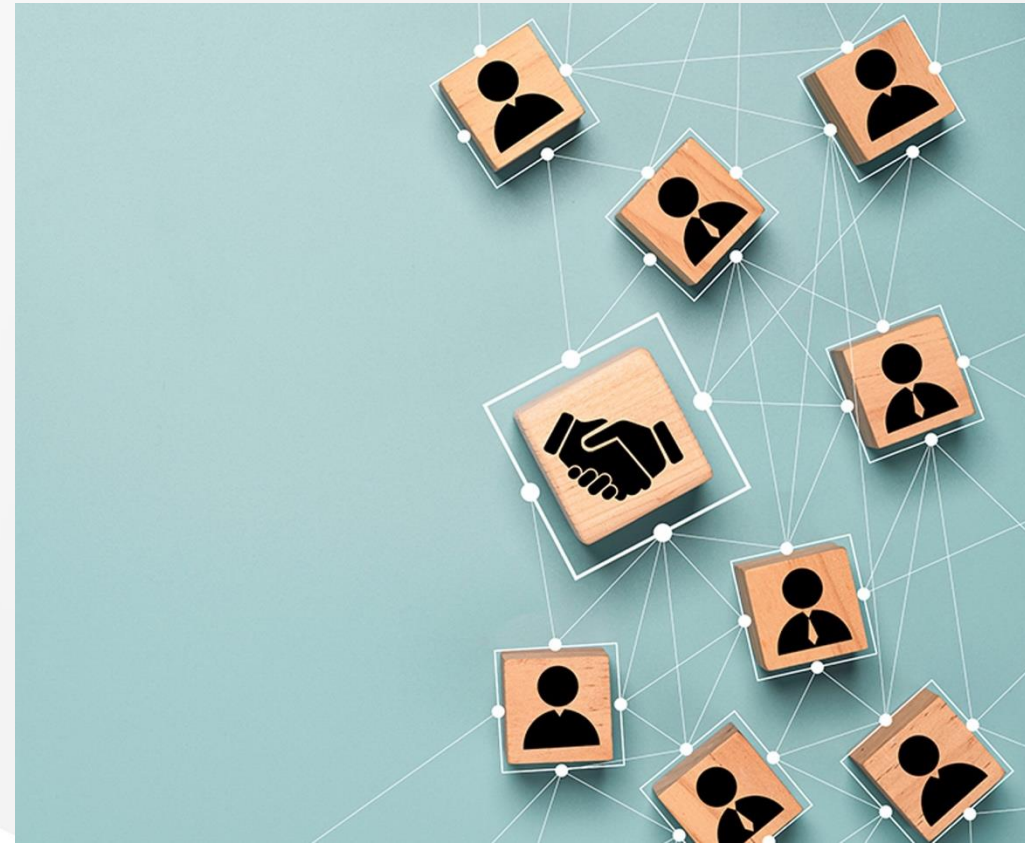
JBS International, Inc.



Welcome and Introductions

Please Share:

1. Your name
2. Your organization
3. The state you live in
4. Your role/title
5. Your summer highlight and/or what you're looking forward to this fall.



Behavioral Health/Substance Use Disorder Integration Technical Assistance

Bizzell US team provides technical assistance (TA) to support the integration of behavioral health (BH) and substance use disorder (SUD) services within primary care across Health Resources and Services Administration (HRSA) –supported health centers nationally.

Available TA includes:

- Webinars
- Communities of Practice

This webinar/community of practice has been funded in whole or in part with federal funds from the Bureau of Primary Health Care, Health Resources and Services Administration, Department of Health and Human Services, under Contract No. 47QRAA18D00FZ/75R60224F80097.

Continuing Education (CE)

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CoP Overview and Schedule

- This CoP occurs every other **Tuesday** from **October 21, 2025 to January 27, 2026**.
- The CoP sessions run from **2:00 to 3:00 p.m. ET**.
- *Optional office hours* will take place from **3:00 to 3:30 p.m. ET**, immediately after each CoP session.

SESSIONS:

1. **October 21, 2025 | *Introduction to Interventions for Integrated Behavioral Management of Chronic Conditions CoP***
2. **November 4, 2025 | *Leveraging the Entire Clinical and Clinical Support Team to Influence Health Behavior Change***
3. **November 18, 2025 | *Foundations of Effective and Sustainable Behavior Change & Habit Formation***
4. **December 2, 2025 | *Evidence-Based Brief Interventions to Support Behavior Change & Habit Formation***
5. **December 16, 2025 | *Strategies for Effective Behavioral Interventions for Patients with Diabetes***
6. **January 6, 2026 | *Strategies for Effective Behavioral Interventions for Patients with Metabolic Syndrome***
7. **January 13, 2026 | *Strategies for Effective Behavioral Interventions for Patients with Heart Disease & Hypertension***
8. **January 27, 2026 | *Close out of the Interventions for Integrated Behavioral Management of Chronic Conditions CoP***

CoP Objectives

At the end of this CoP, participants will be able to:

1. Articulate how an integrated, team-based care approach supports improved health outcomes for patients with chronic conditions.
2. Consider and discuss how to share and/or split team roles to more effectively and efficiently provide care to patients with chronic conditions.
3. Develop strategies to provide effective brief behavioral interventions for patients with the following chronic conditions:
 - a. Diabetes & metabolic syndrome
 - b. Heart disease & hypertension
4. Use a Plan, Do, Study, Act (PDSA) continuous process model to apply learnings to their health center.



CoP Norms and Expectations



Attend each session and office hours as interested.



Let the facilitators know if you cannot attend a session.



To the extent possible, please be on camera throughout the sessions.



ACTIVELY ENGAGE in sessions and with other participants!



Share your experiences, including progress and challenges.



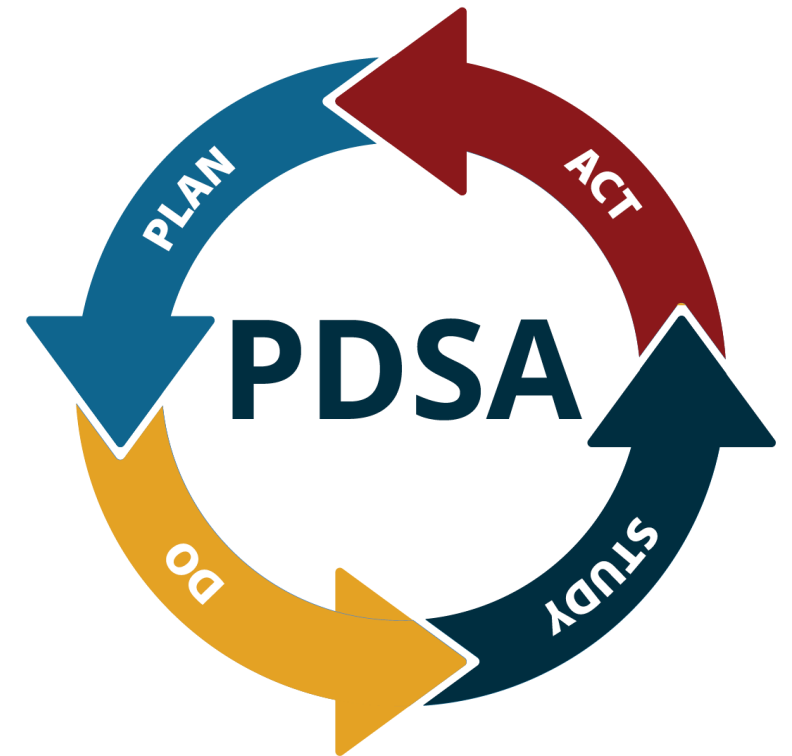
Be real, open, and curious...this is a place to learn from one another!



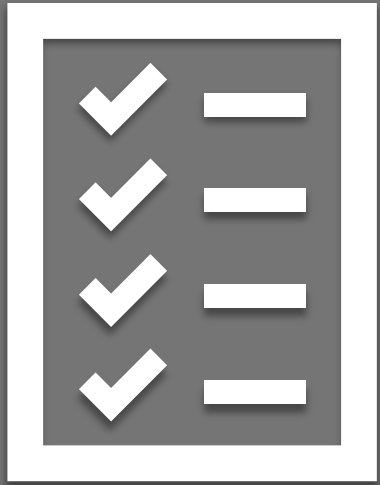
Remember, this is your CoP...you will get out of it what you put into it!

Introducing CoP PDSA Cycle for Change & Implementation

- Each CoP session will contain discussion and activities to support your health center's efforts to implement changes related to CoP objectives.
- We will provide a PDSA template you can use for planning and implementation at your organization.
- Share a 5-minute summary of your PDSA activities and/or plans for applying CoP learnings at the final CoP session.



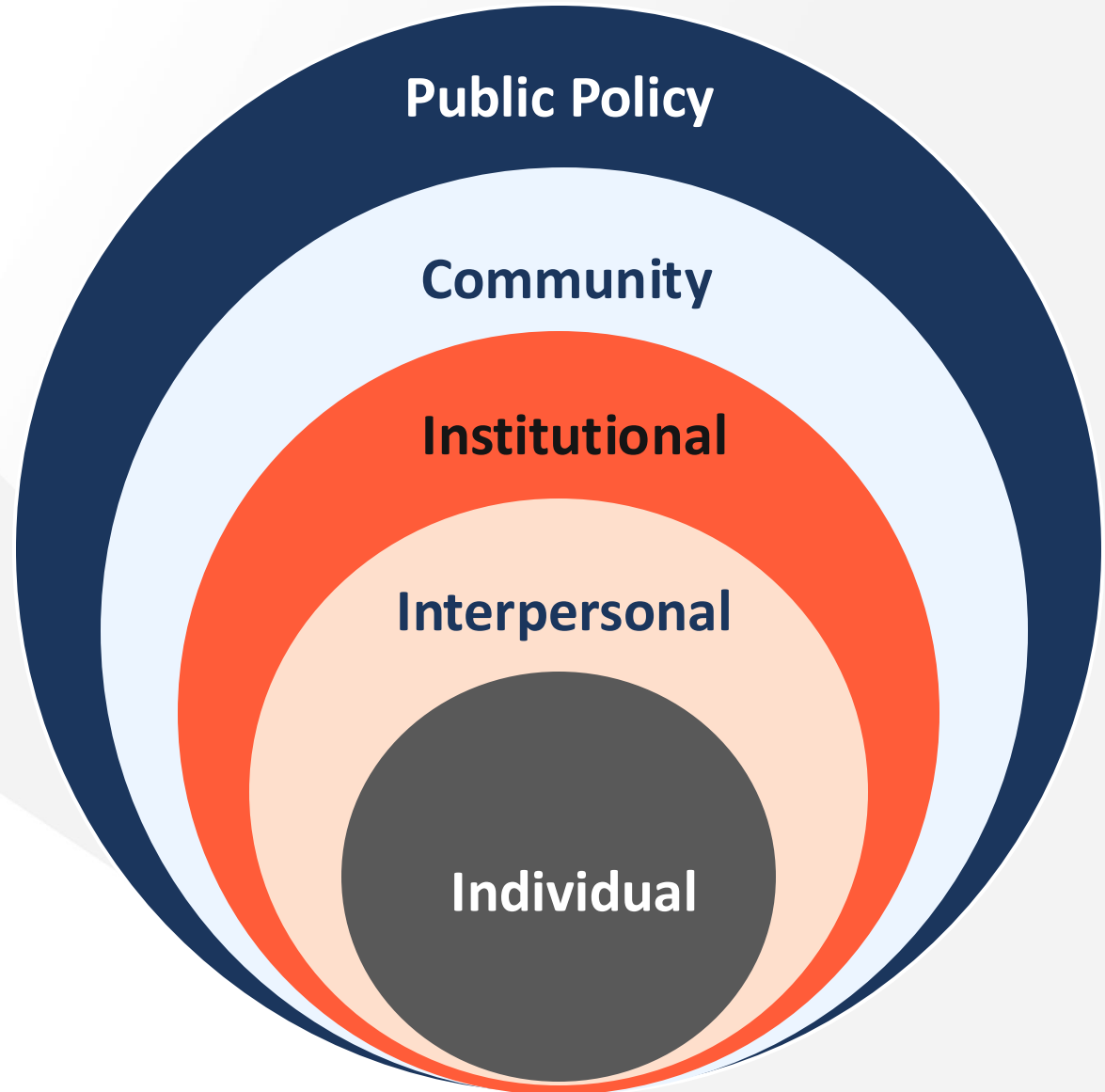
Session Objectives



Participants of today's session will be able to:

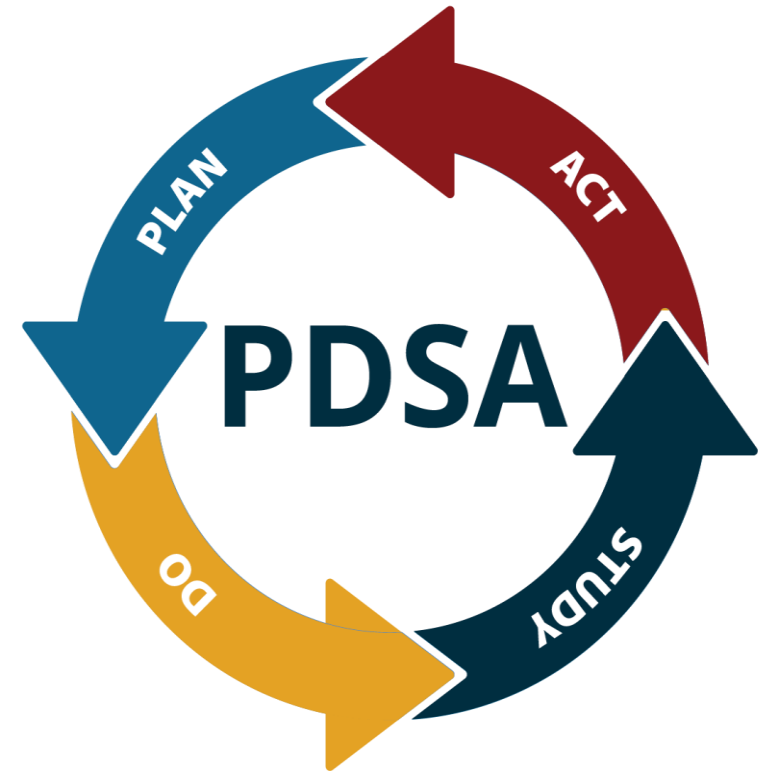
- Describe CoP expectations and participation norms.
- Get to know your colleagues.
- Explore common factors that impact health outcomes and the behavioral foundation for chronic conditions and behavioral change.

Factors that Impact Health Outcomes



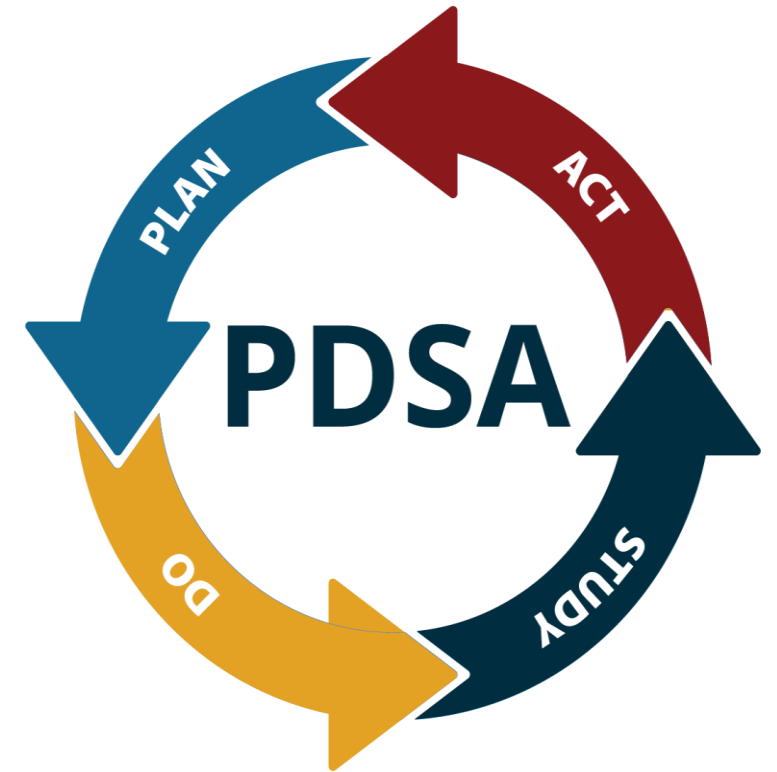
Discussion: Factors that Impact Health Outcomes

- Which factors do you think most significantly impact your patients' health outcomes?
- Which factors most significantly impact your own health outcomes?
- What factors seem the easiest to address or influence to improve health outcomes?
- What factors seem the hardest to address or influence to improve health outcomes?



Discussion: Relationship Between Habits, Behavior, and Change (1)

- How would you define a behavior?
- How would you define a habit?
- What habit do you have that you'd like to change?
- What makes change easier?
- What makes change harder?



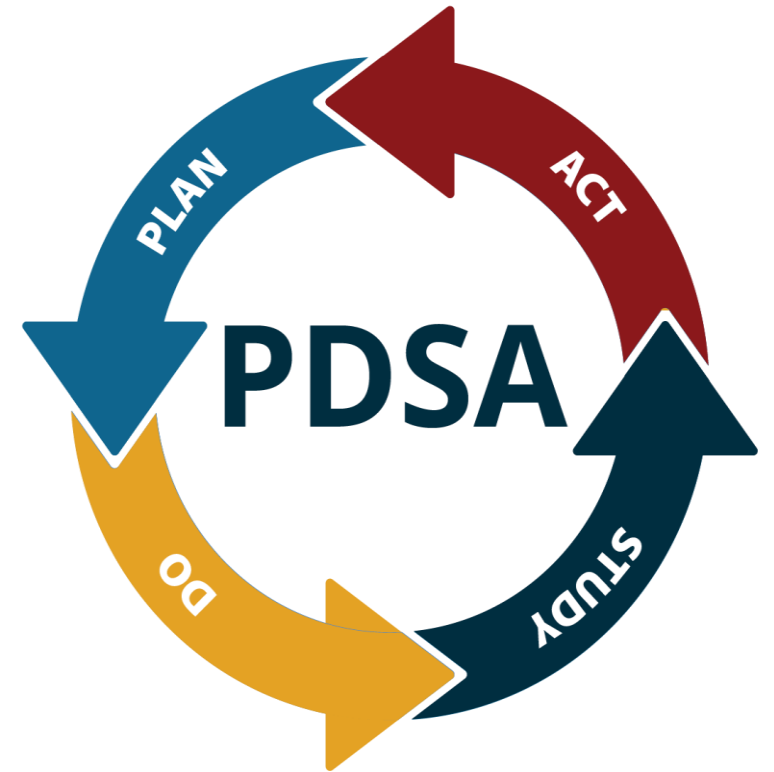
Basics of Behavior Change and Why Change Is Hard



- Our behaviors are like rain drops that form a river forging canyons, which become our automatic, unconscious, “natural” habits.
- Our habits are the neurobiological effects from both internal (psychological) and external (environmental) inputs.
- It is difficult, but not impossible, to create new pathways. There are evidence-based tools and skills to support behavior change management processes.
- Behavior change is really habit change.
- All change involves loss.

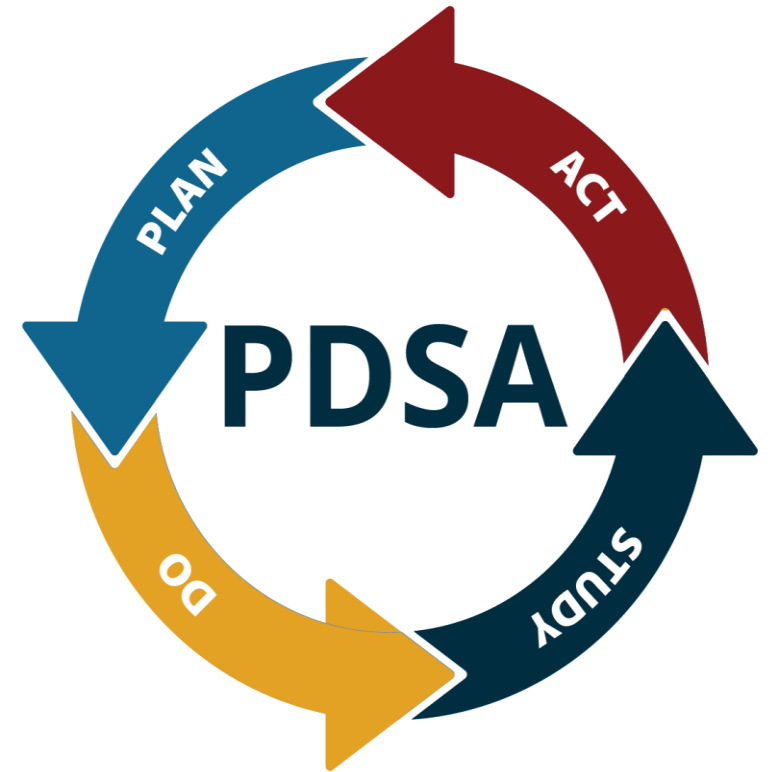
Discussion: Relationship Between Habits, Behavior, and Change (2)

- What unhealthy habits do you have that you'd like to change?
- What could help you make a change?
- What could make changing more difficult?
- Imagine you've successfully made the change you want:
 - What will you have lost?
 - What will you have gained?



Discussion: Unhealthy Behaviors as Solutions

- Think about an unhealthy behavior you have that you would like to change:
 - What 'solution' does that behavior achieve for you?
- Think about your patients with diabetes or hypertension:
 - What problem or issue may over-eating or unhealthy eating be solving for them?
 - What problem might a lack of exercise or a sedentary lifestyle be solving for them?



Why Change Is Hard: Many Unhealthy Behaviors Were Once a Solution

We try to solve these...

Worry, boredom

Stress, loneliness

Depression, hopelessness

Anxiety, anger

Lack of autonomy

With these...

Smoking/vaping

Overeating

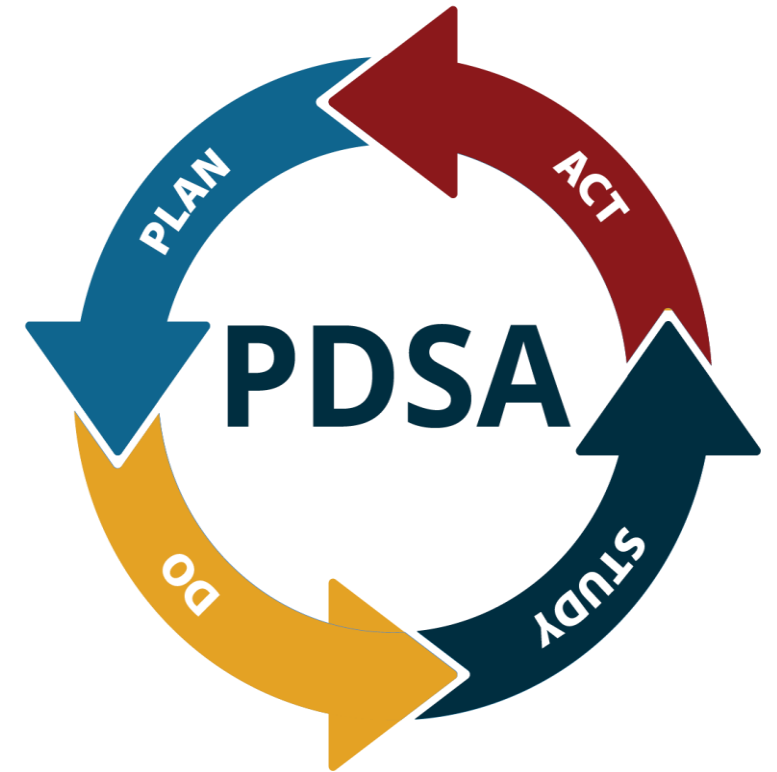
Substance use

Self-harm

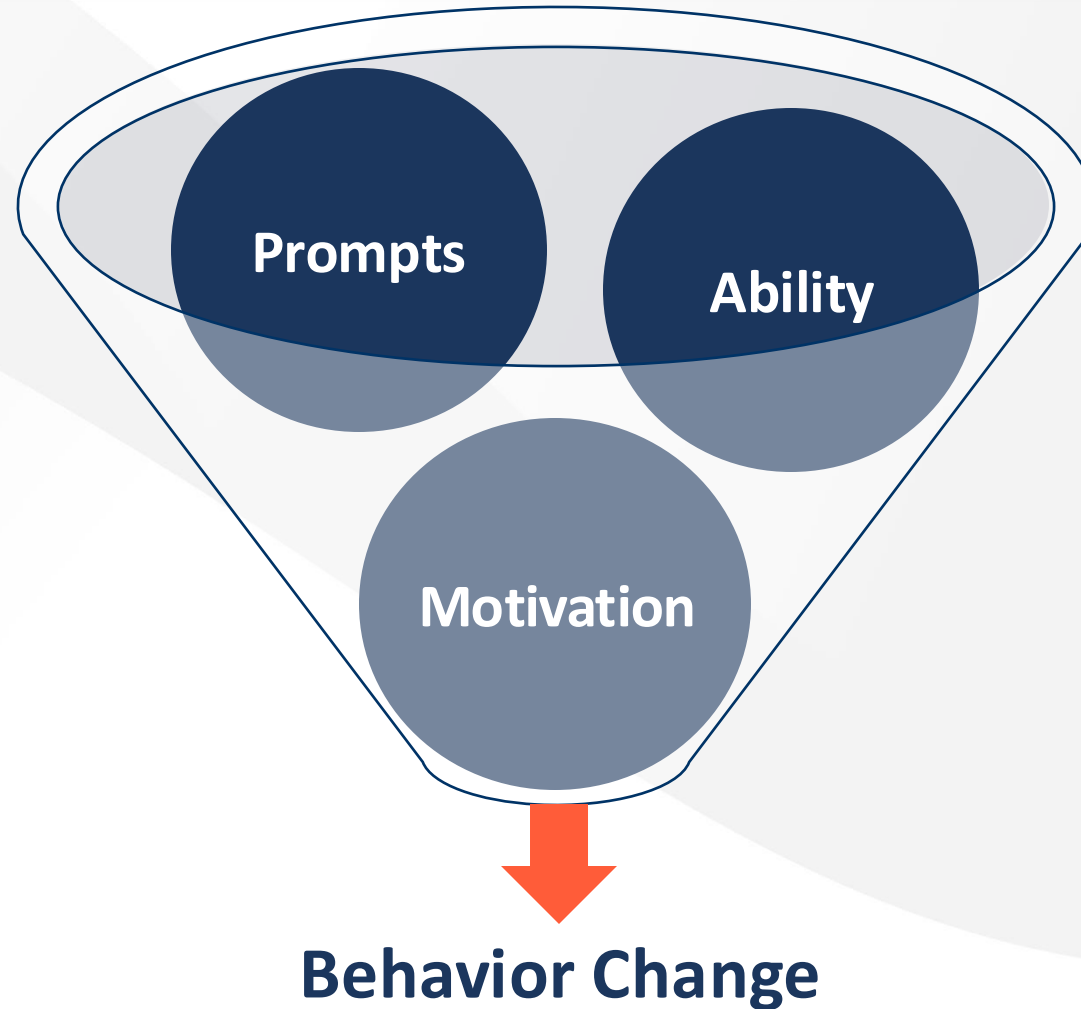
Risk-taking

Reflection and Assessment: Patient Health Behaviors

- What other chronic health conditions and health behaviors are prevalent at your health center?
- How might these health behaviors be understood as a solution to an underlying problem?
 - a. Chronic condition:
 - b. Health behavior:
 - c. Problem this behavior might solve:



The Ingredients for Behavior Change (1)



The Ingredients for Behavior Change (2)

Motivation

- How excited and/or ready we feel to make a change now
- Changes and is easily influenced
- Highly dependent on how easy the change is to make
- All health center staff can support patient motivation by being trained in Motivational Interviewing

Ability

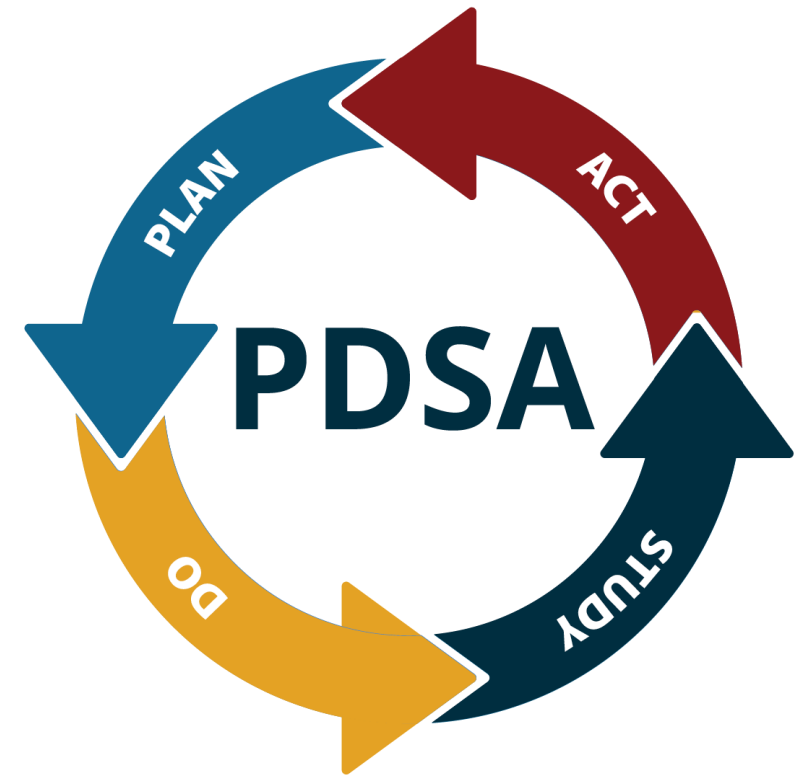
- The level of knowledge, skills, and/or experience we need to make a change
- Slowly building ability is the most important 'ingredient' for behavior change
- Apply the Goldilocks Rule: targets, goals, and practice activities need to be "just right"

Prompts

- Internal or external cues that can influence motivation and ability for behavior change
 - Internal (e.g., emotions, memories)
 - External (e.g., social relationships, physical environments, alarms)
- Work with patients to design ways to alter their environment that increase the chances they'll engage in healthy behaviors and decrease unhealthy behaviors

Reflection and Assessment: Health Center Practices

- In what ways, or to what extent, do staff at your health center address behavior change by working with motivation, ability, and prompts?
- Which of the 'ingredients' of behavior change are you most comfortable working with?
 - a. Motivation
 - b. Ability
 - c. Prompts



Q&A



Wrap-Up

- What are your main takeaways from today's session?



Next Session



- The next session will address leveraging multiple staff roles to support health behavior change in patients with chronic conditions.
- CoP Between-Session Invitation: Notice what factors impact your level of motivation related to a habit change you want to make.

Next session details:

November 4 @ 2:00 p.m. ET

Resources/References

- National Institute on Drug Abuse (NIDA). (2022, November 23). *The Science of Drug Use: A Resource for the Justice Sector*. <https://nida.nih.gov/research-topics/criminal-justice/science-drug-use-resource-justice-sector>
- NIDA. (2020, July 6). *Addiction and Health*. <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>
- National Center for Disease Control and Prevention – National Center for Chronic Disease Prevention and Health Promotion. (Accessed 2025, May 15). <https://www.cdc.gov/nccdphp/>

Accessing Training and TA Opportunities



EMAIL US

bphc-ta@bizzellus.com



VISIT THE TA PORTAL

bphc-ta.bizzellus.com



SUBSCRIBE TO THE HUB IN FOCUS

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Scan the QR code to subscribe and watch for updates in the Hub in Focus regarding additional TA opportunities



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Health Center Satisfaction Assessment

- We'd love your feedback on today's session!
- Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

Thank you for your time!



<https://www.surveymonkey.com/r/CoP5Session1>

Thank you!



Office Hours

Case Study Discussion

- **History:** 43 years; married; 3 young children; rents a house and lives with family and in-laws; employed as school bus driver
 - **Diagnoses/Signs:**
 - Depression—most recent PHQ-9 score = 18, negative response to question #9
 - Anxiety—most recent GAD-7 score = 7
 - Hypertension—most recent BP reading = 182/98
 - Diabetes—most recent A1C = 12%
 - Obesity—most recent weight = 227
 - **Care to date:**
 - Despite multiple interventions, Alex has not achieved healthier indicators of wellness.
 - Alex has expressed wanting to lose weight, despite a stabilized weight for the past 2 years.
 - Alex quit smoking 8 years ago; weight increased after.
- What can you infer about Alex's motivation, ability, and prompts to lose weight?
 - What questions would you ask to better understand Alex's:
 - Motivation to lose weight?
 - Ability to lose weight?
 - Prompts to help him lose weight?