

Achieving Whole Health: Balancing Mind, Body and Spirit

What is the practice? (i.e., what is the practice called, brief description, frameworks or theories that are foundational to the practice or that the practice builds on)

Achieving Whole Health (AWH) is a whole health, wellness program developed by the National Asian American Pacific Islander Mental Health Association (NAAPIMHA). AWH was designed for use with Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities. It is based on SAMHSA's Whole Health Action Management Program, a nationally recognized peer specialist whole health training program, and was modified for culturally appropriate use within the AANHPI community.

AWH seeks to improve participants' lives in three life domains: body, mind, and spirit. The program takes into consideration the social determinants of health and acknowledges the direct correlation between physical health and mental health. This approach reduces the stigma of a "mental health" training by seeing how we can improve our emotional well being by addressing any aspect of one's lives. By helping participants learn to make healthy decisions, they are encouraged to take active roles in their own self-care.

AWH is frequently offered in community-specific languages and is a strengths-based program. In addition to bi-lingual service providers, AWH was designed to be led by peers and community members who are wellness coaches to participants.

What outcomes does this practice produce?

Achieving Whole Health improves participant wellness in one or more of the 10 life elements within the three life domains:

1. Body
 - Healthy eating
 - Physical activity
 - Restful sleep
2. Mind
 - Relaxation techniques to relieve anxiety
 - Hope and optimism
 - Positive attitude
3. Spirit
 - Spiritual beliefs and practices
 - Supportive relationships
 - Service to others
 - A sense of meaning and purpose

The intent is to help individuals become successful by learning how to develop a realistic Whole Health Goal. Lessons learned from this process can then be used to make decisions in all aspects of their lives. When setting a goal, participants ask themselves: Is the goal realistic, is it desirable, what steps do I need to take to be successful and how can I modify the plans if need be without feeling like I have failed.

What is the evidence for this practice?

Achieving Whole Health is an adaptation of the Whole Health Action Management (WHAM) Program which was successfully piloted in 2013. Several research studies have proven WHAM's effectiveness since then (Cook et al., 2020). The AWH training has been implemented with close to 40 community-based organizations and coalition throughout California and other parts of the country as well as with the Guam Public Health Department and the State of Hawaii Department of Health, Behavioral Health on Hilo, Oahu and Lanai. The feedback has been very positive with several agencies requesting that the training be provided to their full staff. Organizations trained during the recent COVID19 pandemic said this was particularly helpful at both the individual and organizational level. The training helped staff address their own stress under very difficult times. It also helped them re-evaluate how they were implementing different programs within the agency. Instead of seeing different programs as separate, they were able to look at coordinating their efforts and building on the strengths of each. One agency said it was also helping them look at creating new networks outside the agency to bring together the physical and mental health aspects of their work.

How is this practice implemented?

In what contexts is this practice implemented (e.g., schools, clinical)?

This practice was designed to be implemented with community-based organizations but can be implemented in a wide variety of contexts include schools, community centers, and virtual spaces.

What is the dosage of this practice (e.g., one-time training, six-week curriculum)?

An Achieving Whole Health wellness program generally runs about 11 weeks. The training can be administered in different dosages to fit the needs of the organization (e.g., 3 sessions over the course of three weeks to cover the live elements and creating a whole health goal then 8 week follow up session to help implement the personal whole health goal).

How is the practice delivered (e.g., online, in-person)?

Achieving Whole Health is ideally delivered in person; however, it can also be offered online.

What infrastructure or readiness is needed to implement this practice (e.g., capacity for data analysis, individual full-time equivalent [FTE])?

Achieving Whole Health requires the wellness coach to have a strong, positive relationship with the population of focus and to have access to a physical space to hold program meetings. NAAPIMHA has found that training with community-based organizations is most successful, as staff can integrate AWH into ongoing programs. Implementation becomes more of a challenge for coalitions as there is no set group to do the training and would require additional personnel, but it can be done.

For which population(s) can this practice be implemented?

For which population(s) is this best or promising practice (BPP) intended? Has it been adapted for diverse groups? If so, which ones?



Achieving Whole Health was originally intended for Asian, Native Hawaiian, and Pacific Islander communities. It is flexible enough to be adapted for any group. AWH has already been adapted for a variety of other communities including specific Asian cultures (as opposed to Asian American communities), women-only groups, teen girl groups, and Native American groups.

For which populations is there evidence of effectiveness (e.g., at-risk youth; clinically depressed)?

There is evidence of Achieving Whole Health’s effectiveness in the AANHPI population in the United States.

With which specific populations has this practice been successfully implemented?

Achieving Whole Health has successfully been implemented in Asian American, Korean, Japanese, Native Hawaiian, and Native American populations.

For which populations, if any, is this practice NOT a good fit?

None. Achieving Whole Health is adaptable for all populations. AWH should be offered to a group of people within the same community if possible so that the curriculum can be appropriately adapted for that specific group.

Who can implement this practice?

What expertise is needed to implement the practice?

There is no “formal” expertise needed for Wellness Coaches to implement Achieving Whole Health (e.g., advanced degrees in psychology, social work, counseling etc.). The expertise comes from the person’s lived experience, language skills, cultural awareness, and familiarity with the community. It was designed to be delivered by peers and community members who do not have formal “credentials,” as well as providers who could integrate this into ongoing services. Wellness Coaches should have good facilitation skills and a good understanding of the underlying rationale for each of the life elements to help participants develop a realistic personal whole health goal. All are necessary to increase the likelihood of participants being successful. AWH Wellness Coaches should be able to deliver the program to any population. Working with members of their own communities can increase the comfort level of participants by seeing the trainers as “one of us” and someone who is willing to share his/her own personal whole health goal. If working with other groups, it is important to respect their expertise on what works/what doesn’t for their own population.

What specific training or certification is required to implement the practice?

Achieving Whole Health providers need to complete an Achieving Whole Health training program provided by the National Asian American Pacific Islander Mental Health Association (NAAPIMHA).

What costs are associated with delivering this practice? (e.g., developer fee for materials, other program materials, staff travel to clients, incentives for clients)

All initial program materials are included in the Achieving Whole Health training. Other costs associated with delivering this practice include the cost of staff salaries and the cost of renting a physical or online space to hold the program.

What costs and commitments are associated with becoming trained in this practice?***What is the cost associated with becoming trained?***

The cost associated with Achieving Whole Health training varies. Contact the National Asian American Pacific Islander Mental Health Association (www.naapimha.org) to discuss training opportunities and costs. Additionally, the National Network to Eliminate Disparities in Behavioral Health (NNED, www.nned.net) offers a free training on Achieving Whole Health each year to a limited number of participants.

What is the time commitment associated with completing training?

Achieving Whole Health trainings typically last one to three days for the in-person training with follow up that can vary depending on the needs of the Wellness Coaches. The training is divided into 4 sections: an overview of Achieving Whole Health, a discussion of the three life domains and 10 life elements, a goal-setting exercise and implementation of the personal whole health goal.

Are there recognized providers of training in this practice?

Achieving Whole Health trainers currently connected with the National Asian American Pacific Islander Mental Health Association (NAAPIMHA).

Does the practice have an associated fidelity assessment?

Yes, Achieving Whole Health has a fidelity assessment evaluation tool provided during training.

***What resources or references are useful for understanding/implementing the practice?
Where should you go for more information?***

- The National Asian American Pacific Islander Mental Health Association (NAAPIMHA) website: <https://www.naapimha.org/>
- National Network to Eliminate Disparities in Behavioral Health (NNED) - Prior Achieving Whole Health Training Opportunity: <https://nned.net/opportunities/nnedlearn/awh/>
- IMPACT Goal Setting Overview: <https://impactgoals.com/>

References

Achieving Whole Health. (n.d.). National Asian Ameri. Retrieved August 3, 2021, from <https://www.naapimha.org/achieving-whole-health>

Cook, J. A., Jonikas, J. A., Burke-Miller, J. K., Hamilton, M., Powell, I. G., Tucker, S. J., Wolfgang, J. B., Fricks, L., Weidenaar, J., Morris, E., & Powers, D. L. (2020). Whole Health Action Management: A Randomized Controlled Trial of a Peer-Led Health Promotion Intervention. *Psychiatric Services*, 71(10), 1039–1046. <https://doi.org/10.1176/appi.ps.202000012>

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