Appendix A.

ICC Health Behavior Change Consult Goals Sheet
Hoja de objetivos de ICC consulta de cambio de comportamiento de salud

Goals to work on before the next appointment - hang this sheet where you can see it daily!
Objetivos para completar antes de la próxima cita: ¡cuelgue esta hoja donde pueda verla todos los días!

#1.

a. Barrier:
   Obstáculo:

b. How to address barrier:
   Como sobrepasar el obstáculo:

c. What will help you achieve this goal:
   Que le ayudará a lograr este objetivo:

#2.

d. Barrier:
   Obstáculo:

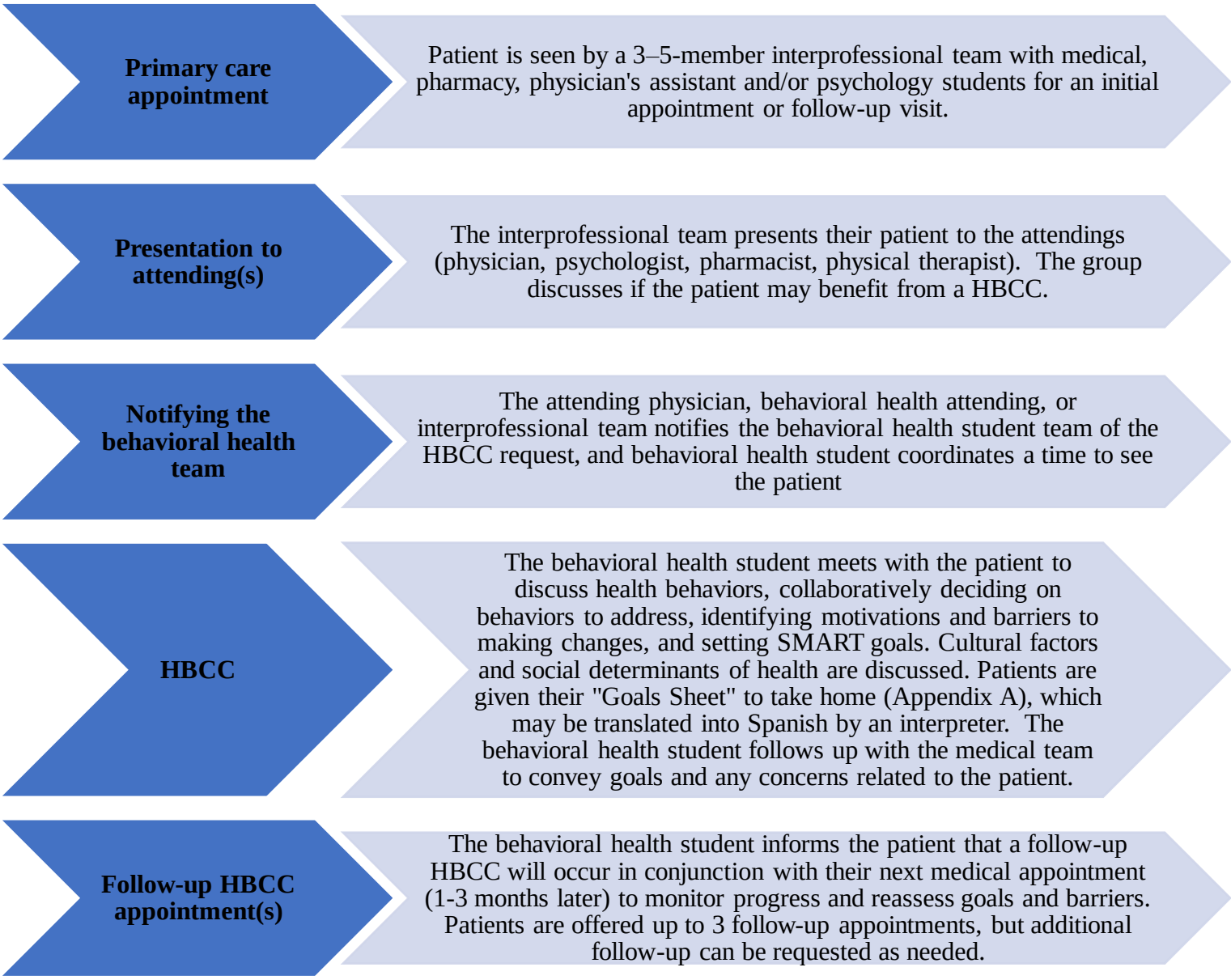
e. How to address barrier:
   Como sobrepasar el obstáculo:

f. What will help you achieve this goal:
   Que le ayudará a lograr este objetivo:

My next appointment is:
Mi próxima cita es:

Appendix B.

Health Behavior Change Consultation (HBCC) Flow Diagram



Appendix C.

Health Behavior Change Consult Protocol

1. Talk to interprofessional student team and/or attending about reasons for requesting the consultation and any presenting problems or areas of concern.
2. Ask team if an interpreter is necessary and request an interpreter to accompany you for the HBCC.
3. Coordinate a time that works best for the interprofessional team to meet with the patient (e.g., while team is ordering labs, presenting case to attendings, or typing up notes).
4. Review the patient's medical chart.
5. Take a "Health Behavior Change Consult Goals" sheet into patient's exam room.
6. Introduce yourself to the patient, provide psychoeducation about the purpose of HBCCs, answer any questions patient may have about the appointment.
7. Ask the patient for a background and more details about their motivation to meet with behavioral health for a HBCC.
8. If the patient identifies multiple stressors or appears at risk for a mental health condition (e.g., depression, anxiety), offer weekly therapy sessions outside of HBCCs.
9. Help patient identify 2-3 concrete goal(s) for HBCCs (i.e., increase in physical activity, diet changes, medication adherence).
10. Allow patient to identify why working towards the identified goals is important (i.e., what is their motivation to achieving their goals?).
11. Ask patient about any barriers that may prevent them from achieving their goals (e.g., limited time, unconventional work schedules, financial constraints).
12. Create SMART goals for each identified goal, fill out the Goals Sheet for the patient in English:
    a. Specific
    b. Measurable
    c. Achievable
    d. Realistic
    e. Timely
13. If your patient is Spanish-speaking or utilizing an interpreter for another language, tell them you will have an interpreter translate their goals into their primary language before they leave the clinic that evening.
14. Ask patient if they have any questions or concerns.
15. Ask patient if they want to continue follow-up consults after their next medical appointment (typically 2-3 months later) and write down the date of their next appointment. If the patient has not yet scheduled a follow up medical appointment, coordinate with the interprofessional team to ensure that scheduling is aware that the patient will be meeting with you for a follow up HBCC.
16. Take the Goals Sheet to an interpreter to translate into Spanish if necessary and then give the sheet to your patient before they leave.
17. Remind the patient that they should refer to their Goals Sheet as needed in between appointments when giving the sheet back to them.
18. Follow up with behavioral health attending to discuss treatment plan.
19. Follow up with interprofessional team and attending physician about treatment plan.
20. Write up the appointment in patient's electronic medical record.

Appendix D.

Sample HBCC Note

The patient was seen for (time) by (name) on (date) for a health behavior change consultation. The patient indicated the following:

Patient's goals:
1. Improve health by lowering BP (reducing stress from work/relaxation techniques)
2. Make better food choices (meal prepping, bringing lunch from home, incorporating more fruit, vegetables, and lean meats)

Current diet and exercise routines:
The Patient indicated that for breakfast he drinks a fruit smoothie (strawberries, banana, yogurt, etc.), for lunch (3-4pm) he typically eats the food his coworkers have/buy on the job (pizza, McDonalds, other fast-food), and for dinner (10pm) he eats the food his mother makes for the family (steak, potatoes, rice, beans, etc.)
The Patient indicated that he exercises 3-4x a week for 1-1.5 hours at a time. The patient engages in cardiovascular exercises, such as running, biking, or stairs, and lifts weights focusing on his chest, legs, back, and arms.

Motivation:
The patient is really looking to get off blood pressure (BP) medications. He does not want to rely on medication to decrease his BP. The Patient also identified his family as a motivational factor and stated his ability to choose healthier foods will encourage his family to do the same.

Barriers:
The Patient indicated that, in the past, he has engaged in healthy eating behaviors but has difficulty maintaining the routine because the food choices got "boring." Additionally, the patient indicated his work schedule, a lack of time, being too tired after work, and being "lazy" as barriers to reaching his goals.

SMART Goals for the short-term:
1. Patient will practice deep breathing relaxation techniques 3x a week until follow up appointment to promote relaxation and decreased stress.
2. Patient will incorporate one fresh vegetable (either spinach or kale) in his morning smoothie 3x a week.
3. Patient will pack leftovers from dinner for lunch the next day 3x a week instead of eating fast food.

The patient denied low mood, suicidal ideation, and homicidal ideation. A member of the Health Behavior change team will meet with the patient during his next medical appointment to check in on goal progress and troubleshoot.

-Name, Psych(year)
Read and approved by (supervisor name)

Appendix E.

Resources for Patients in Student-led Clinics:

1. Local food pantries
2. Free or reduced-cost fitness centers
3. Substance use programs (e.g., alcoholics anonymous, narcotics anonymous)
4. Support groups for chronic illnesses (e.g., cancer support groups, diabetes support groups)
5. Non-profit organizations assisting with legal matters (e.g., citizenship, green card)
6. Free or low-cost public transportation (e.g., reduced-cost bus passes)
7. Resources for financial planning or financial aid
8. Access to personal protective equipment (e.g., masks)
9. Access to free vaccinations (e.g., influenza, COVID-19)