

Chapter 6

Healthcare

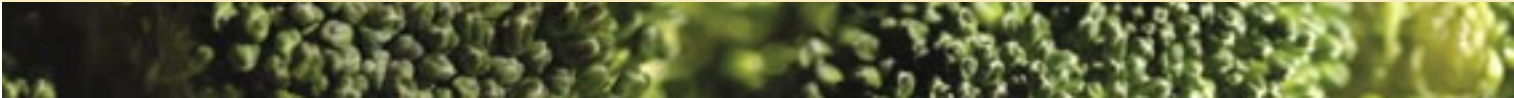
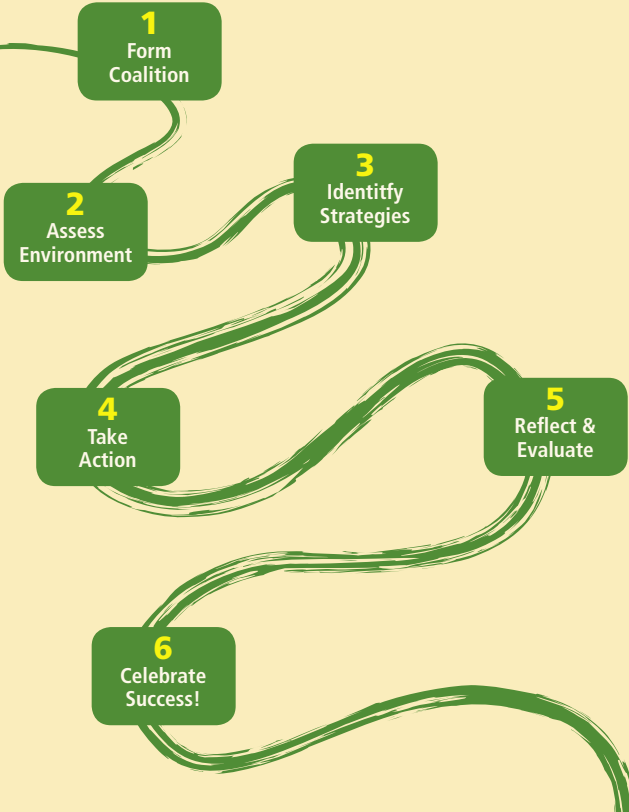
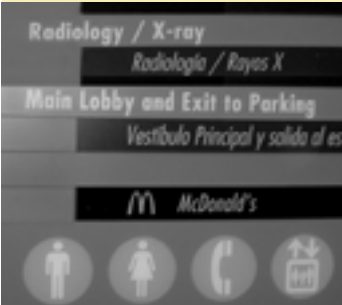


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Roadmap

to Change Healthcare Environments



**For more information about working in the
healthcare sector, contact:**

Kaiser Permanente

Kaiser Permanente is an active partner, funder, and technical assistance provider for The California Endowment's Healthy Eating, Active Communities (HEAC) program. Kaiser Permanente's technical assistance for the HEAC program includes the development and delivery of training for physicians and other health care providers on use of Body Mass Index (BMI) as a vital sign, prevention counseling techniques, and the physician's role in community advocacy. Patient education materials, BMI wheels and exam room posters are shared with the community.

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In a toxic environment, it's impossible for many of our members to follow their caregivers' advice – to eat better and be more active. The very nature of the [obesity] epidemic has required us to work across professional boundaries and beyond the physical boundaries of our medical offices, into the communities and into the policy environments.

Raymond Baxter, PhD
Senior Vice President, Community Benefit Kaiser Permanente

Overview

Physicians, nurses, promotoras/es and other health care providers are on the front lines of the childhood obesity epidemic. As clinicians, they have a unique vantage on the long-term toll obesity, poor nutrition, and lack of physical activity will take on their patients' lives. Healthcare providers also have immense opportunities to advocate for healthy living with their individual patients, within their healthcare organizations and in their communities. However, healthcare providers face multiple barriers to engagement in obesity prevention efforts - time, awareness of the magnitude of the obesity epidemic, lack of training, and lack of resources.¹²

The healthcare sector can bring a powerful, scientifically grounded voice to the table as communities grapple with the obesity epidemic. Healthcare providers can help articulate the urgency of creating a community that supports healthy behaviors, and a healthcare system that supports prevention-oriented care.

Key goals for the healthcare sector in HEAC include:

- Engage healthcare professionals to become advocates for healthy eating and physical activity policies in their communities and organizations.
- Create model healthy food and physical activity environments within healthcare organizations and offices.
- Improve preventive care for childhood obesity by creating sustainable change in clinical practices.
- Support statewide efforts to mobilize health plans to cover diabetes and obesity prevention services, and obesity treatment for children, including such things as nutrition counseling, gym memberships and coverage for certified diabetes educators.

Step 1: Form Your Coalition

Forming a coalition to influence change in the healthcare sector is challenging because of the wide range of stakeholders. It's critical to recruit and engage a diverse group of participants. Physicians and nurses can offer content expertise, while health

care administrators can work toward policy and systems implementation. Findings from a survey conducted with members of the HEAC healthcare sector showed that collaboration and communication would help to raise the awareness of the obesity epidemic not only in the health care provider community, but also in their service communities, health plans, and insurance companies. Historically, "strong coalitions bring together a blend of people and organizations that cross all kinds of traditional boundary lines."¹³

A variety of stakeholders in the healthcare community can be invited to participate in a new coalition, including:

- Healthcare professionals such as physicians, nurse practitioners, physician assistants, nurses (public health nurses, school nurses, etc.), dietitians, promotoras/es, traditional healers, and health educators.
- Individuals from hospitals (for-profit, non-profit, public, academic), community clinics, community clinic associations, health plans, public health departments and community based organizations:
 - Health care administrators, clinic managers, policy directors, hospital public affairs staff and communications professionals.
 - Public health department leaders can play a key role in helping to identify and organize healthcare providers.
- Existing groups addressing similar issues such as local chapters of the American Diabetes Association, American Heart Association, American Pediatrics Association, etc.
- Students in healthcare fields such as medicine, nursing, nutrition, physical therapy, public health and health administration.
- Community residents, churches, or non-traditional members who will be impacted or can influence change.

In particular, it is important to identify leaders in the local community and find ways to engage these leaders. This may include physician or other health care provider leaders, especially those

¹²Baseline Findings from the Healthy Eating Active Communities Healthcare Stakeholder Interviews, November 2006, Samuels & Associates.

¹³Schultz J. The Democracy Owners' Manual. 3rd ed. Rutgers University Press; 2003.

recognized in pediatric overweight and diabetes. Because one of the key roles the healthcare sector can play is to champion changes for a healthy environment throughout the community, healthcare sector work will be intimately tied into the work of the whole coalition. Stakeholders from the HEAC healthcare stakeholder report noted that promoting obesity prevention must be coordinated across all sectors to maximize advocacy effectiveness and policy change.

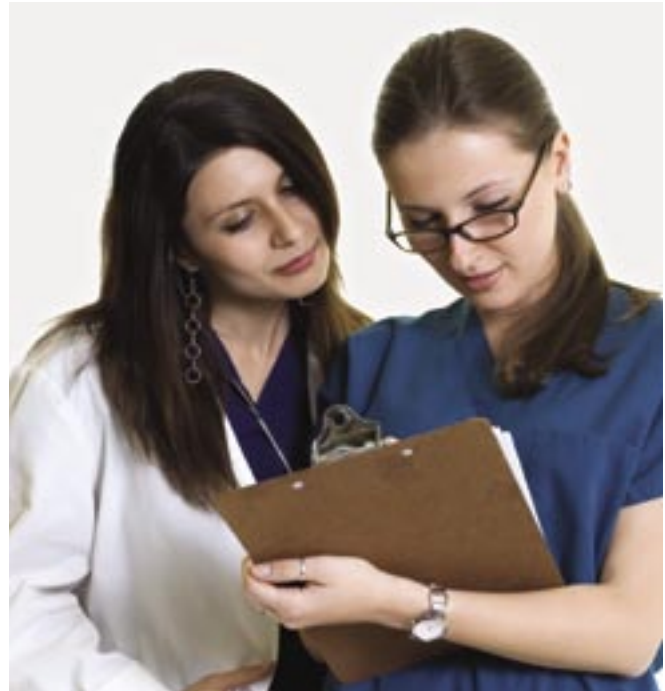
Some specific ideas to address the challenges of maintaining a healthcare coalition include:

- Reinforce individuals' roles and responsibilities in achieving the long-term goals of the coalition.
- Identify the strengths of the various members as well as what they can contribute to the coalition.
- Hold meetings at a time that works for physicians such as early in the morning before work, at lunchtime or after dinner and offer breakfast/lunch/dinner.
- Offer Continuous Medical Education credits for participation in the coalition whenever possible.

Engaging youth in the healthcare sector may not be as obvious as in the school or neighborhood sectors, however some youth may have a particular interest in this sector:

- Youth in training programs in healthcare.
- Youth volunteers at local clinics and hospitals.
- Youth community health workers.
- Pediatric diabetes coalitions or pediatric weight management groups.
- Student groups focused on policy or health issues.

In addition, youth from the larger coalition who may be working primarily in the neighborhood or school sectors can make occasional contributions to the work in healthcare. Photovoice projects could be used to demonstrate how healthcare facilities are increasing availability of fresh fruits and vegetables in neighborhoods, such as through farmers markets, or to show the types of foods and beverages sold in vending machines in clinic and hospital settings. In advocacy, healthcare champions can team up with youth – a healthcare provider and a young person make a powerful team when testifying at a hearing, or advocating for a policy.



Step 2: Assess and Prioritize Issues

To begin planning the strategy, activities, and next steps for the healthcare sector, a healthcare community scan or assessment is critical. This assessment will help to identify priority issues to target in the community as well as any existing challenges.

Coalition leaders should coordinate the environmental assessment with assistance from coalition and community members. Individuals from each participating healthcare sector organization should be responsible for conducting the assessment within their organization.

Many clinics in South L.A. are overwhelmed. They have an enormous number of patients, and are dealing with staff turnover. We help them to leverage community resources, such as working with a local YMCA to provide a dietitian to volunteer a few hours on-site.

Jeremiah Garza, HEAC Health Sector
Project Coordinator for South Los Angeles

The following list of questions is intended to help communities gather information specifically about the healthcare sector. This information will help the process of prioritizing policy options and selecting goals.

Checklist: Assessing the Current Environment

Has your coalition/committee assessed this?

Political Environment

- Have any local leaders (e.g. local senators, assemblyman, mayors, county supervisors, or city council members) taken the lead on issues related to obesity?
- Has the local public health department provided visible leadership? Who in the health department has responsibility for working on this?
- What local advocacy groups are working in this area? What is their focus? Are they collaborating with anyone? Are health providers or public health departments involved in local advocacy efforts?
- Are there any current local bills or ordinances related to obesity prevention (for example, creating more physical activity programs through parks and recreation departments or schools, restrictions on junk food or sodas in places where children play)?
- Does the public support this issue? Believe it is important? How could healthcare professionals be engaged to promote more public support?

Yes

No

Healthcare Facilities

- Are there any healthcare organizations (hospitals, clinics, etc.) currently modeling healthy food or physical activity environments? (For example, have unhealthy foods been removed from hospital vending machines and cafeterias? Are there policies that support physical activity breaks for employees?)
- Do they have a current group of health policy champions?
- What kinds of changes have they made? Do they have a current policy in place? Do they need support with implementation or monitoring of changes?
- Are there any healthcare organizations, including public health departments that are working to transform and improve their policies around food and physical activity?
 - o What kinds of changes are they planning to make? What kind of support do they need related to policy development, implementation and monitoring?

Yes

No

Note: The following questions may be most appropriate for one-on-one interviews with community members.

Checklist: Assessing Health Leadership and Infrastructure

Has your coalition/committee assessed this?

Assessing Leadership

- Who are the recognized physician leaders in the community? Other health care provider leaders? Are any of these involved in obesity prevention or changing the environment to promote health?
- Who are the recognized leaders in pediatric overweight and diabetes in your community?
- How has the public health department been involved, or what are they known for, related to pediatric overweight or diabetes in the community?
- Have any academic institutions been involved in your community, and if so, in what way? How could they play a role in this work?

Yes

No

Continues on following page

Checklist: Assessing Health Leadership and Infrastructure (continued)

Has your coalition/committee assessed this?

Assessing Infrastructure

- Where do adults and children receive healthcare in the community? Clinics? Hospitals?

For each facility describe:

- Name, location and description of facility (e.g., clinic, hospital, community based organization, school-based clinic).
- Types of healthcare providers who work with overweight and children in these facilities.
- What is the payor source for these children and their families? (E.g., commercial, Healthy Families, Medi-Cal Fee for Service, Medi-Cal Managed Care, CHDP, AIM, uninsured/self pay, etc.)
- What health plans provide insurance for the children? (E.g., CHP, Tower, UHP, Kaiser Permanente, Molina, local initiatives, etc.)

Yes

No

Note: The following questions may be most appropriate for a written survey, or document.

Checklist: Assessing Clinical Practices among Community Physicians and Practitioners

Has your coalition/committee assessed this?

- What are the current training needs of the community physicians and practitioners?
 - What types of training to address overweight children have the community physicians and practitioners already received?
 - Where do the community physicians and practitioners receive their ongoing educational training and CME?
 - What is the best method to communicate with community physicians and practitioners about ongoing education and training opportunities (e.g., mail, fax, telephone, email, etc.)?

Yes

No

- What kinds (if any) of weight management referral programs for children exist either at the facility, or in the community (e.g., classes, workshops, counseling, toll-free numbers)?

For each program, describe:

- Name of class or program, location, length.
- Target population, recruitment method.
- Staffing and cost to patient/family.

Yes

No

- What is each clinic's or facility's capacity to identify, track and follow-up with overweight children?
 - What types of clinical outcomes measures (e.g., BMI) or behavioral surveillance data are already being collected?
 - What types of information (IT) systems do they currently use (e.g., registries, electronic medical record)?

Yes

No

In the case of HEAC, all of the promotoras are versed in nutrition and fighting obesity. They typically do health education, but they don't actually create change. We want to give them an additional 32 hours of advanced training in the concepts of advocacy and policy. They would then be able to advocate and mobilize, and for example, help change what's served in school lunch programs, or help bring a farmers market in a particular community.

Melinda Cordero, director, network of Promotoras & Community Health Workers, Vision y Compromiso

Step 3: Develop Intervention Strategies

Once the environmental healthcare scan or assessment has occurred, the coalition should meet to review the information gathered and begin to prioritize issues and goals.

Certainly, coalition leadership as well as coalition members who conducted the environmental assessment and summarized the results should be involved in prioritizing issues and goals. However, in addition, all potential members should be invited to participate.

See Chapter Two for a general checklist for setting priorities.

We also need the (clinic) employees to provide a good example. We have a lot of sedentary providers.... We want providers to bring in just fruit and veggies to meetings, and initiate meetings where people are walking outside and discussing the business instead of sitting down. We're also encouraging employee-wide physical activity weeks.

Mitchell Kushner, M.D., Medical Director for SPA 3, Los Angeles County Department of Public Health

It is important to prioritize issues that have existing or potential support, from the public, the healthcare leadership and the local leaders (e.g. local senators, assemblymen, mayors, county supervisors, or city council members). A widespread base of support, spanning from politicians to community members, will help to facilitate potential change. In particular, there are several elements that you should consider when prioritizing issues and goals for the healthcare sector:

- The results of the environmental assessment.
- What are the particular assets and gaps that currently exist?
- Who are the local leaders in the healthcare sector?
- The focus of any current local momentum related to the obesity epidemic.

- Public mood – is there support for addressing this issue?
- Political will – do local leaders support this issue?
- Potential partnerships with similar efforts in the school, workplace and community sectors.



The depth of literature discussing healthcare interventions to decrease obesity varies widely. Not much literature exists on physical activity, while literature on nutrition is ample.

The following is a list of possible strategies to address three different goals for the healthcare sector, namely, influencing policy, changing food and activity environments and motivating patients.¹⁴

¹⁴Modified from the ENACT Toolkit: <http://www.preventioninstitute.org/sa/enact/members/index.php> & "Facilitating Community Change Framework for Kaiser Permanente's Community Health Initiatives".

Options: Strategies to Influence Policy

- Promote high standards of nutrition and physical activity practice to healthcare and provider associations.
- Increase the number of healthcare providers involved in advocacy; participate in the public policy process to highlight the need for community changes to improve eating and activity habits.
- Respond to news stories providing a health care provider perspective.
- Work with insurance companies to offer coverage for preventative services including nutritionists and employee wellness programs or work with your local medical association who may be doing this work as well.
- Join/partner with the Strategic Alliance or other state and national advocacy groups and with local coalitions.

Options: Strategies to Role Model Healthy Food and Physical Activity Environments in Healthcare Workplaces

- Serve as role models. Health providers and institutions who “walk the talk” by making changes themselves will feel more comfortable advocating healthy behaviors with their patients.
- Invest in making healthy foods available to staff, patients and surrounding community.
- Establish healthy nutrition standards for all cafeteria meals and vending machines; identify other venues where food/beverages are sold in healthcare facilities, such as gift shops or venter trucks, and work with proprietors to stock healthy foods or establish a policy setting guidelines for these venues.
- Implement activity breaks for meetings that are longer than one hour; or create a culture that supports walking meetings.
- Encourage employees and visitors to use the stairs by unlocking stairwells, providing good lighting, and installing signage to promote stair use.
- Provide water to drink; have clean sources of tap water and/or working water fountains.
- Improve access to breast-feeding information and services for patients & employees; develop a policy that supports breastfeeding for working moms and patients.
- Eliminate fast food restaurants at hospitals and other health care facilities.
- Include facilities/construction department in strategizing for healthy buildings, e.g. walking paths, open stairwells.

Options: Influencing Patient Behavior: Strategies for Changing Clinical Practice

- Encourage regular physician communication and brief counseling regarding physical activity, eating habits and breastfeeding.
- Adopt standards of practice that include routine screening of all patients regarding physical activity, eating behavior and BMI.
- Provide training to providers to conduct screening and counseling in both a culturally appropriate and sensitive manner. A number of organizations, including the California Medical Association Foundation, the American Academy of Pediatrics and Kaiser Permanente have developed training programs for changing clinical practices. Contact your local organization to find what is available near you.
- Develop referral systems to help patients access further nutrition, physical activity, and weight management resources.

¹⁵Samuels & Associates, HEAC Healthcare Stakeholder Interviews: Summary of Baseline Findings, 2006.

Steps 4 & 5: Take Action; Reflect and Evaluate

When developing your action plan for the health sector, keep in mind that physician time to engage in the intervention, particularly for policy change, will be very limited. As you consider what work needs to be done, try to engage members of your coalition in as much of the planning and preliminary legwork as possible. Bring in the physicians and other health providers at key times – such as testifying before policy-makers, meeting with leaders of a healthcare practice to adopt policies, or appearing in public forums to give a presentation.

Some broad lessons from past healthcare sector interventions follow.

Intervention Tips for the Healthcare Sector:

1. Influencing Policy
 - a. Try to involve youth in advocacy; having youth testify at a legislative (or city council or county level) hearing with a physician can be quite powerful.
 - b. Attend local conferences to gain knowledge and ideas for policy interventions.
2. Influencing Healthcare Food and Activity Environments
 - a. When creating new practices in the worksite, such as a walking club or activity breaks during meetings, try to have a small committee of advocates rather than just one champion.
 - b. Work not only with hospitals and clinics, but also with other health/healthcare departments and organizations, such as public health departments.
3. Influencing Patient Behavior
 - a. Training providers is an on-going process – consider train-the-trainer trainings to build the capacity within all clinics and provider groups to train new and incoming practitioners.

Evaluating the changes in the healthcare sector can take many forms. Similar to the assessment process, different methods of evaluation may be more appropriate with different types of strategies. For example, you may look for a new medical practice policy that requires practitioners to take BMI for all pediatric patients. If you want to assure that this policy is being implemented, you may decide to do a survey of provider practices and include both providers and patients in completing the survey. You could conduct an environmental assessment of pediatric offices or do a Photovoice project documenting the food available in health facilities. See Chapter 2, Step 5 for a listing of evaluation methods and their uses.

You may also look at evaluating the existence of prevention policies/reimbursement for local health insurers or how reimbursement can creatively influence provider prevention messages. In results from stakeholder surveys conducted with members of the HEAC healthcare sector, respondents felt that they do not receive adequate reimbursement for prevention services. Survey participants expressed frustration that insurers did not place priority on prevention, over spending on treatment.

We get more money if we document the co-morbidities. The more complications you chart, the more money we get. Why can't we have an incentive of some sort of recognition program for agencies or providers of healthcare who go above and beyond to do preventative care? e.g., healthcare prevention academy awards.

Healthcare Stakeholder¹⁵

Kaiser Permanente found that training clinicians on shorter, more focused training topics was particularly effective in changing clinical practices and patient behavior. The following is a list of the types of trainings developed and conducted for HEAC sites and Kaiser's own practitioners:

Basic Pediatric Overweight Training – This training focuses on prevention, screening, and communication skills and targets four key behavioral determinants for childhood overweight: physical activity, television viewing, sweetened beverage consumption and fruit and vegetable consumption. Tools include exam room posters, patient education materials and BMI calculators.

Target: physicians, nurses, mid-level providers, nutritionists, counselors, etc.

Community Advocacy Training – This training focuses on the role of pediatric providers in community advocacy strategies to reduce childhood overweight. The presentation draws on examples from other successful environmental interventions and tips for starting a community intervention around pediatric overweight are covered.

Target: providers that want to get involved in community and policy level advocacy.

Parent/Teacher Childhood Overweight Talk – Parents and teachers learn about the obesity epidemic in children and what they can do to prevent it. Tips for what parents can do if their child is already overweight are also discussed as well as ways for schools and communities to get involved.

Target: parents, teachers, school administrators.

Weight and Body Image Teen Talk – Training addresses issues facing teens around weight and body image. Teens are given tips on what they can do to be healthier and have a healthy weight.

Target: adolescents.

Resources: Tools and Resources for Changing Healthcare Environments

Action Brief: Health Care System: A Powerful Force for Improving Eating and Activity Environments

(brief – download)

Strategic Alliance

An excellent synopsis of what the healthcare sector can do to prevent the obesity epidemic.

<http://www.eatbettermovemore.org>, click Health Care System, select Action Brief.

Step 2: Assessment

Obesity Prevention Project Community Resource Directory (online database)

The California Medical Association Foundation

This simple search engine allows searches by county, type of program (i.e. clinic, diabetes counseling, educational materials, physical activity, etc.), age group and language.

<http://www.calmedfoundation.org/>, click Projects, click Obesity Prevention Project, select Community Resource Directory.

Step 3: Choosing Policies and Strategies

Obesity Prevention Project (website)

California Medical Association Foundation

This site has a wealth of information focusing on physician approaches (advocacy, community outreach, train-the-trainer, etc.) to obesity prevention.

<http://www.calmedfoundation.org/>, click Projects, select Obesity Prevention Project.

Promoting Healthy Eating and Physical Activity in Healthcare Settings (guide – download)

Strategic Alliance (December 2006)

This guide offers ideas for how healthcare can help to decrease obesity. It describes using clinical practice for prevention, focusing on a larger healthcare facilities approach as well as the value of clinicians conducting local advocacy.

<http://samuelsandassociates.com/>, click Our Documents, click on Reports and Policy Briefs, scroll down to select guide.

American Academy of Pediatrics – Overweight & Obesity (website)

A key resource for physicians doing patient education and community outreach, this site has a variety of information.

<http://www.aap.org/obesity/>

Obesity Coding Fact Sheet (factsheet)

American Academy of Pediatrics, August 2007

Helps pediatricians and other health care professionals with coding for obesity-related health care services. The Academy presents strategies and a template letter for pediatric practices to handle carrier denials and contractual issues in a separate document accessible from the AAP Private Sector Advocacy web page on the Academy's Member Center web site.

<http://www.aap.org/obesity/>, click "AAP Resources", click "Reimbursement Information" and scroll down to "Obesity Coding Fact Sheet."

Nutrition, Physical Activity, Weight Management Resources

Kaiser Permanente has the following resources available for free to California-based non-profit community organizations, schools, public hospitals, clinics, and county public health departments:

- Handouts for parents, adults, teens, etc.
- BMI wheels, exam room posters, management and treatment guidelines for providers

NOTE: To request a resources order form in Northern California call (510) 625-6372, in Southern California call (626) 564-3600.

Step 4: Taking Action

ENACT Local Policy Database

This searchable database offers information of existing policies and programs working on nutrition and physical activity.

<http://www.eatbettermovemore.org>, select ENACT Local Policy Database.

California Fit Business Kit (web-based kit)

Offering a variety of tools including a healthy stairs tool and a guide to creating worksite walking groups, this is a valuable resource.

<http://www.dhs.ca.gov/ps/cdic/cpns/worksite/FitBusinessKit.htm>



