

Promoting Healthy Eating and Physical Activity in Health Care Settings

Prepared by:

Sally Lawrence, MPH

Lisa Craypo, MPH RD

Sarah E. Samuels, DrPH

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Samuels & Associates

1222 Preservation Park Way

Oakland, CA 94612

(510) 271 6799

Fax (510) 271 6791

www.samuelsandassociates.com

Strategic
Alliance
Promoting healthy food and activity environments

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INTRODUCTION

Poor diet and inactivity have significant medical and economic consequences. Diet and inactivity have been linked to a number of chronic diseases, including Type 2 diabetes, hypertension, heart disease, stroke, and some cancers. Millions of Americans live with debilitating chronic illnesses and the medical care for these chronic illnesses account for over 75% of the 1.5 trillion dollars spent on health care in the United States each year.¹

While the high costs associated with the treatment of chronic diseases should spur investment in prevention methods, current practices of health insurance plans, health care providers, and health care institutions do not fully support nutrition and physical activity as a means of chronic disease prevention. Programs and policies developed by these entities have the potential to be effective in promoting individual behavior change and providing environments that support healthy lifestyles. It is crucial that encouragement and support of healthy eating and physical activity as a means of chronic disease prevention become a standard component of the public's interaction with the healthcare sector.

This brief provides an overview of the deficiency of healthy eating and physical activity promotion in clinical practice and health care settings. It provides examples and recommendations for changing the focus of clinical practice to prevention and improving the nutrition and physical activity environment in health care facilities.

CURRENT SITUATION IN CLINICAL PRACTICE

Lack of time and information hinders promotion of prevention

Despite good intentions and knowledge about the importance of prevention, surveys with health care providers have revealed that there is often too little time for nutrition and physical activity promotion during clinical encounters.² Limited attention to prevention activities is mainly attributed to the fact that the majority of health plans do not reimburse providers (e.g., physicians, nurses, health educators, and dietitians) for their time spent on nutrition and physical activity services. Lack of coverage and reimbursement results in a failure to adequately address nutrition and physical activity until after chronic diseases have developed.

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Strategic Alliance is a state coalition advocating for healthy food and activity environments and is staffed by Prevention Institute.

More information can be found at www.preventioninstitute.org/sa.

Surveys also revealed that providers often lack information about appropriate interventions and referrals and evidence about effective prevention methods. Some providers expressed frustration at their lack of knowledge about what to do in a clinical encounter and asked for help in learning more about healthy eating and physical activity for chronic disease prevention, especially in the pediatric population. One stakeholder stated that a barrier to further work in prevention included a lack of evidence-based guidelines around nutrition and physical activity.

FOCUSING CLINICAL PRACTICE ON PREVENTION

Changing health promotion messages, insurance coverage, and reimbursement

In response to the current situation in clinical practice, several health policy experts and medical associations have issued primers and guidelines for making nutrition and physical activity-based prevention a part of clinical practice.^{3,4,5} Some of the guidelines include:

- Healthcare institutions should make better use of ancillary staff for patient education and counseling, and development of referral systems.^{6,7}
- Patients should receive assistance with adopting healthy eating habits and increasing physical activity.^{8,9}
- Health professional organization should create and disseminate evidence-based clinical guidelines and provide training to health care professionals around proper nutrition and physical activity.¹⁰
- Physicians should become aware of and share community resources and referral services that can help promote a healthier lifestyle.¹¹

Another emerging prevention guideline is the recommendation to use body mass index (BMI) measurements at well-child visits. Although BMI is currently considered one of the best clinical measures of overweight by many health care experts and medical associations,^{12,13,14} it may not always be a reliable estimate of a child's body fat and overall health. The Agency for Healthcare Research and Quality suggests that, "BMI measurement in children should be performed as a growth-monitoring tool that may indicate future risk for adult overweight...rather than as a screen for determining current overweight." Furthermore, BMI is only a *rough* estimate of the risk for overweight. For each individual child or adolescent, BMI is likely to change over time as they go through different growth stages. Having a high BMI does not always accurately indicate that the child is at risk of having too much body fat while having a low BMI does not necessarily mean that the child is not at risk for having high body fat.¹⁵ In turn, the use of BMI could lead to unintended consequences that may cause unnecessary emotional or physical harm to the child (e.g., stigma, food deprivation). The Agency recommends using a "healthy lifestyle prescription," emphasizing healthy eating and physical activity over targeted overweight treatment.¹⁶ In addition, using BMI measurements as the sole basis for determining the need for nutrition and physical activity interventions neglects the fact that everyone one can benefit from improved nutrition and phys-

ical activity habits. Rather than just targeting patients with higher BMIs, a true prevention approach requires health care providers to address nutrition and physical activity with all patients.

Changing insurance coverage and reimbursement codes may be required to ensure that there is time for physician and other non-physician health care providers, like nurses, health educators, and dietitians to address nutrition and physical activity based prevention with patients. In 2004, Medicare began to recognize obesity as a medical problem, which may have an impact on future coverage of prevention services.¹⁷ In addition, a number of states have considered legislation around insurance coverage of obesity treatment and prevention,¹⁸ but more needs to be done to ensure passage and implementation of these policies.

MODEL CLINICAL PRACTICE PREVENTION PROGRAMS

Overcoming barriers

Despite barriers around insurance coverage and reimbursement of prevention services, a number of health care organizations provide training for physicians and subsidize nutrition and physical activity programs for patients. Organizations that are providing these services to patients, absorb the cost in their budget, use grant funds or charge patients a small co-payment fee for participation. A few examples of model programs include:

Kaiser Permanente

Kaiser Permanente (KP) offers providers training in healthy eating and physical activity and diabetes prevention. KP's provider trainings cover a range of topics including an evidence-based rationale for the importance of prevention, ways to integrate BMI collection into routine well-child visits, coaching on treatment and referrals to community resources, the importance of changing the food and physical activity environment, communication skills, and concrete messages to provide to patients and the community around nutrition and physical activity. Providers are given tools at the trainings, including BMI Wheels, posters, tip sheets, goal setting materials, charting forms, and pedometers. KP trains its own physicians and is offering training and tools to non-KP providers as well.

In addition to provider education, KP has developed nutrition and physical activity promotion classes for patients. KP offers a 12-week group intervention to all adults in Northern California that addresses nutrition, goal-setting, physical activity, and encouraging a healthy lifestyle. There are also programs for children and adolescents that range from a single session to a 6-month program.

KP key messages for patients and providers emphasize:

- Exercising 30-60 minutes per day
- Cutting back on TV and video games
- Eating five helpings of fruits and vegetables per day
- Cutting down on sodas and juice drinks¹⁹

Alameda Alliance

The Alameda Alliance is a not-for-profit health plan that provides services to the people of Alameda County through Medi-Cal, Healthy Families, Alliance Group Care, and Healthy Kids programs. The Alliance reimburses members for nutrition classes held at Children’s Hospital in Oakland. It also offers a free telephone-based program called “Weight Talk” which entails four phone calls with a registered dietitian to explore food, nutrition, and weight loss. Following the calls the Alliance pays for members to attend either six weeks of Weight Watchers or an exercise program for six months.²⁰

Recommendations for improving clinical practices

- 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 and eating behavior.
- Provide training to providers to conduct screening and counseling in both a culturally appropriate and sensitive manner.
- Develop a referral system to help patients access further nutrition and physical activity resources.

CURRENT SITUATION IN HEALTH CARE FACILITIES

Health care facilities are promoting fast food

The mission of a hospital is to treat disease and provide a healing environment for patients and their families. However, this mission is often not reflected in the hospital environment. A survey of the top sixteen hospitals in the country, as ranked by *US News & World Report*, found that six have national fast food chains on hospital grounds and four of these contract with two fast food chains simultaneously.²¹ Examples of fast food chains located in hospitals include McDonalds, Dairy Queen, Pizza Hut, Wendy’s, and Burger King. A limited number of studies have shown that cost control measures undertaken by hospital food and nutrition services departments have resulted in contracts with fast food franchises, and introduction of brand name products, vending machines, and coffee kiosks into hospital facilities.²² While fast food restaurants, vending machines, and food kiosks allow staff and visitors access to food at all times, the majority of foods sold are high in fat and/or sugar and do not create a healthy environment in the very hospitals treating some of the sickest and most vulnerable patients.

FOCUSING HEALTH CARE FACILITIES ON PREVENTION

Increasing opportunities for healthy eating and physical activity

Hospitals and health care facilities are uniquely positioned to make environmental changes that promote the adoption of a healthy lifestyle. Hospitals around the

United States have begun to improve their food and physical activity environments for staff and visitors in a variety of ways.

Increasing access to healthy food

In an effort to help consumers make better choices health care institutions have instituted labeling projects and stricter nutrient standards for vending machines located on campus.²³ For example, Integrated Healthcare Association (IHA), a non-profit statewide healthcare leadership group based in Walnut Creek, California, has initiated a healthy vending machine campaign. Kaiser Permanente, AETNA, Blue Shield of California and several other large health care organizations have joined IHA in making healthy food and beverages available in vending machines at over 500 hospitals and workplaces statewide.²⁴ In addition, several county governments have adopted healthier vending machine policies which can cover local county hospitals and clinics. For example, Los Angeles County recently adopted a policy that provides mandatory guidelines for foods and beverages sold in all vending machines contracted through the County. Guidelines outlined in this policy are similar to nutrient standards established in state legislation for competitive foods and beverages sold in California public schools.²⁵

The National Institutes of Health, Duke University, Allen Memorial Hospital, and several Kaiser Permanente facilities have also opened farmers markets on their grounds to increase patient and staff access to fresh fruits and vegetables.²⁶ Health care institutions are also working to remove fast food restaurants from their facilities. Toby Cosgrove, the chief executive officer of the Cleveland Clinic, has removed a Pizza Hut restaurant and is working to remove a McDonald's restaurant from the Cleveland Clinic facility.²⁷

Promoting physical activity

Hospitals and health care institutions are also working toward improving the physical activity opportunities at their facilities. Mammoth Hospital in Mammoth Lakes California was recently awarded a Fit Business Award by the California Task Force on Youth and Workplace Wellness for implementing a wellness challenge for employees. The challenge includes both mandatory and optional nutrition and physical activity classes and activities. Employees who complete the activities are eligible for a 50% discount at a local gym.²⁸ In addition, a hospital in Los Angeles is increasing physical activity opportunities by turning their parking lot into a playground.

Recommendations for improving hospitals and health care facilities

- Establish healthy nutrition standards based on IHA guidelines for all cafeteria meals and vending machines.
- Change menus to incorporate local, fresh produce.
- Eliminate the co-location of fast food restaurants in hospitals and health care facilities.
- Transform stairwells to encourage employees and visitors to use the stairs.
- Implement activity breaks for meetings that are longer than one hour.

FOCUSING HEALTH CARE PROVIDERS ON PREVENTION THROUGH ADVOCACY

Patients rely on health care provider's advice

As leaders in the community, health care providers have an opportunity to impact nutrition and physical activity policies by engaging in advocacy efforts. Health care providers are a respected source of information related to obesity prevention and treatment. A survey of parents revealed that they are more likely to have communicated with physicians and healthcare providers about obesity prevention than school officials, grocery store or restaurant owners, or other government officials.²⁹

Many health care providers have been influential in testifying for both state level and local policies that promote healthier foods and beverages and physical activity in schools. For example, physicians participated in recent hearings for legislation that established rigorous nutrition standards for foods and beverages sold on public school campuses in California. By participating in school board meetings, physicians and health care providers have assisted in establishing local school nutrition and physical activity policy. Working with school systems and public health institutions in advocacy efforts, providers can ensure that their patients' daily lives take place in environments that provide ample opportunities for healthy eating and physical activity—allowing patients to put into action the counsel received in the clinical setting.

Recommendations on how providers can make a difference

- Serve as advocates to institute or improve policies around physical activity and nutrition in child care programs, preschools, schools, after school programs, and local government buildings and programs.
- Promote high standards of nutrition and physical activity practice to healthcare and provider associations.
- Write editorials in response to new stories providing a health care provider perspective.
- Develop relationships with insurance companies and work with them to offer coverage for prevention services.

CONCLUSION

Walking the talk

Although health care providers have a keen awareness of the negative health impacts of unhealthy foods and sedentary behaviors, the health care sector is just beginning to understand the link between the food and physical activity environment and health. While a strong evidence base for the success of environmental change as a means of prevention has not yet been established, healthcare providers cannot afford to sit back and wait for the evidence to build. The innovative efforts described in this report illustrate some of the first steps health care organizations have taken to address chronic disease prevention by providing training for physi-

cians, subsidizing nutrition and physical activity programs, and improving access to healthy foods and physical activity. However, additional work needs to be done in order to successfully focus the healthcare sector on prevention. Next steps for the healthcare sector require moving beyond these initial actions and engaging a broad cross-section of healthcare providers and facilities in promoting healthy eating and physical activity in their clinical encounters, their hospitals and clinic buildings, and in the community environments in which their patients live.

There are a growing number of opportunities for advocacy organizations, health providers and policy makers to become engaged in promoting nutrition and physical activity, including:

- Assuring routine clinical practice includes promotion of healthy eating and physical activity
- Improving health care environments by providing opportunities for healthy eating and physical activity
- Engaging health care providers in advocacy for healthier environments in health care facilities, neighborhoods and schools.

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