

HEALTHCARE



Optimize healthcare systems and providers to augment prevention efforts and incorporate obesity prevention with treatment and care.

goal 7: healthcare

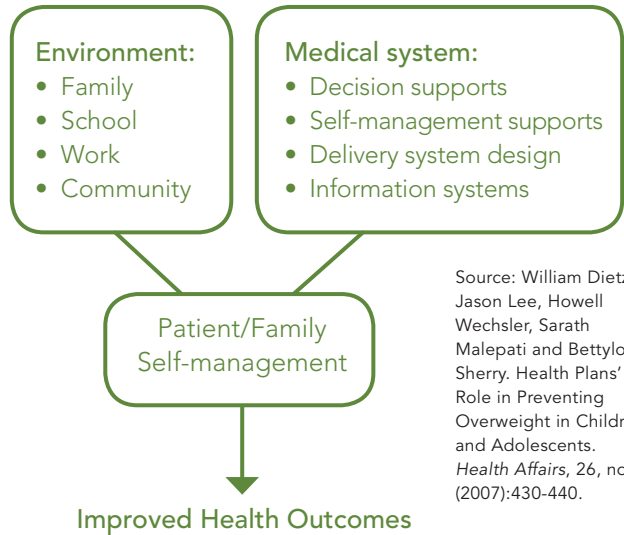
vision 2020:

The healthcare system will be integrated into statewide obesity prevention efforts.

rationale:

The healthcare system (providers, health plans, and insurers) plays a critical role in addressing overweight and obesity through early identification and response, leadership and collaboration within the community. The obesity care model shows the need to focus on both the medical system and the environments where patients live, work, learn and play. The obesity care model is shown in the figure to the right.

THE OBESITY CARE MODEL:



Source: William Dietz, Jason Lee, Howell Wechsler, Sarah Malepati and Bettylou Sherry. Health Plans' Role in Preventing Overweight in Children and Adolescents. *Health Affairs*, 26, no.2 (2007):430-440.

HEALTHCARE STRATEGIES

strategy H1:

Implement evidence-based guidelines for quality maternity care practices that are fully supporting of breastfeeding initiation, duration and exclusivity.

WILL THIS...	IMPROVE NUTRITION	REDUCE OBESITY
	Scientifically supported	Scientifically supported

strategy H2:

Routinely screen and counsel patients on BMI status following evidence-based practice guidelines.

WILL THIS...	REDUCE OBESITY
	Some evidence

strategy H3:

Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling.

WILL THIS...	REDUCE OBESITY
	Scientifically supported

strategy H4:

Participate in healthcare-community partnerships to facilitate the active referral of patients to community resources that increase access to opportunities for physical activity and high quality nutritious foods and beverages.

WILL THIS...	IMPROVE NUTRITION	INCREASE PHYSICAL ACTIVITY	REDUCE OBESITY
	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion	Limited evidence, supported by expert opinion

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strategy H1

Implement evidence-based guidelines for quality maternity care practices that are fully supportive of breastfeeding initiation, duration and exclusivity.

Objective H1.1:

By 2018, increase the average score of the State Maternity Practices in Infant Nutrition and Care (mPINC) from 76 to 84.

Objective H1.2:

By 2018, increase the percent of live births occurring at facilities designated as Baby Friendly from 16.85% to 33%.

suggested actions:

supportive policies

- Reimburse lactation support as a standard perinatal care service in all insurance plans
- Incorporate minimum lactation care competency requirements into health professional credentialing and certification processes

infrastructure

- Implement practices that improve exclusive breastfeeding in conjunction with the Joint Commission's Perinatal Care core measure on exclusive breast milk feeding
- Establish partnerships between maternity facilities and community groups for skilled breastfeeding support such as WIC peer support, breastfeeding clinics, lactation consultants and support groups
- Work to increase the number of racial and ethnic minorities who have specialized lactation education (e.g., IBCLCs, CLE)

resources and training

- Provide workshops in communities to establish links between maternity facilities and community support networks (e.g., Lactation Education Consultants "Building Bridges for Breastfeeding Duration")
- Train health care providers who provide maternal and child care on the basics of lactation, breastfeeding counseling, and lactation management during coursework, clinical and in-service training and continuing education
- Provide and promote around-the-clock access to resources that provide assistance with breastfeeding such as telephone triage, "warm lines," hotlines, and online networks

local implementation

- Establish hospital and maternity center practices that promote and support breastfeeding such as *The Ten Steps to Successful Breastfeeding* or Baby Friendly Hospital Initiative™
- Provide breastfeeding education to pregnant women, their partners and other significant family members during prenatal and postnatal visits as part of the standard of care
- Provide information to pregnant women and breastfeeding mothers on Wisconsin's Right to Breastfeed Act, breastfeeding equipment as an allowable medical tax deduction, current laws related to breastfeeding in the work place and other supportive regulations

strategy H2

Routinely screen and counsel patients on BMI status following evidence-based practice guidelines.

Objective H2.1:

By 2018, increase the proportion of primary care providers who regularly measure the body mass index of their patients from 73% to 80%.

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suggested actions:

supportive policies

- Institutionalize BMI measurement as a routine vital sign during patient visits

infrastructure

- Revise clinical documentation tools, including electronic health record modules, to include prompts for taking a focused family history, conducting an assessment of behavior and attitudes for diet and physical activity and documentation of actions for follow-up

resources and training

- Provide training for health care providers to accurately measure height and weight, and interpret results
- Integrate basic nutrition and physical activity counseling for behavior change (i.e. motivational negotiation/interviewing) into the healthcare provider's academic curriculum
- Conduct regular assessments of healthcare providers to determine current practices for BMI screening and counseling to inform resources and training needed

local implementation

- Calculate body mass index, record results in the patient's medical record and provide information to patients or caregivers
- Document BMI on professional claims for routine office visits and preventative services for patients 2 to 18 years old
- Provide anticipatory guidance to parents and young children to limit screen time to no more than 2 hours/day for children 2 and over and not to place a television or computer in the child's bedroom

strategy H3

Develop and implement a systems approach to identify and follow-up with at-risk, overweight and obese patients, including nutrition and physical activity counseling.

Objective H3.1:

By 2018, increase the proportion of physician office visits made by adult patients who are obese that include counseling or education related to weight reduction, nutrition, or physical activity. (Baseline will be established in 2013)

suggested actions:

supportive policies

- Reimburse services necessary to prevent, assess and provide care to overweight and obese children and adults, including services by Registered Dietitians, physical therapists, social workers, psychologists, health educators and other health professionals
- Adopt health insurance policies and benefit packages that promote wellness such as health risk assessments, discounts or incentives for prevention activities, nutrition counseling, fitness classes, and Community Supported Agriculture (CSA) shares

infrastructure

- Utilize national guidelines for the prevention and treatment of overweight and obesity
- Make available posters and educational materials to be placed in exam rooms, waiting rooms and similar areas to reinforce healthy behavior messages
- Utilize a multi-disciplinary team approach for treatment and management of overweight and obesity

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resources and training

- Train health care providers on evidence-based methods to effectively prevent, diagnose and treat overweight and obese across the lifespan during coursework, clinical and in-service training and continuing education
- Implement systems to improve preventative and follow-up services that include nutrition and physical activity counseling, such as coaching, online tracking tools, social media, telemedicine contacts, journaling, logs and tracking tools and referrals

local implementation

- Participate in the *Let's Move in the Clinic* initiative
- Identify at-risk, overweight and obese patients and provide information, guidance and support to adopt healthy behaviors to achieve and maintain a healthy weight

strategy H4

Participate in healthcare-community partnerships to facilitate the active referral of patients to community resources that increase access to opportunities for physical activity and high quality nutritious foods and beverages.

Objective H4.1:

By 2018, the percentage of local nutrition and physical activity coalitions that have active participation from high level representatives from healthcare will increase from 57% to 70%.

Objective H4.2:

By 2018, Wisconsin will have an Obesity Prevention Research Center.

suggested actions:

supportive policies

- Allow the use of hospital facilities at no or nominal cost for community coalitions or similar groups for meetings, educational seminars and training
- Implement vending and food service policies that increase access to healthy foods and limits access to unhealthy foods for patients, families and staff
- Conduct a community health needs assessment in partnership with the Local Public Health Department and local coalition and develop, implement and evaluate a coordinated health improvement plan

infrastructure

- Create hospital and clinic environments that support healthy eating and physical activity behaviors for patients and staff
- Implement steps necessary for the creation of an Obesity Prevention Research Center (PRC) in Wisconsin
- Integrate healthcare system activities with community, school, worksite and family initiatives

resources and training

- Provide opportunities to inform and engage healthcare providers in obesity prevention work that bridges the health system with the community setting

local implementation

- Refer patients to *Living Well with Chronic Conditions* workshop or similar community based resources
- Join a local nutrition and physical activity coalition and be a champion for policy, environmental and system changes with the community that support healthy eating and active lifestyles
- Serve as a champion or advocate in your organization, community, schools and family to create policies and environmental changes that promote health

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OTHER RESOURCES

What Works in Healthcare

A four-page summary of evidence-based and promising strategies that focus on helping people eat healthier and be more active in the healthcare setting. www.dhs.wisconsin.gov/physical-activity/Healthcare/WWHealthcare.pdf

Healthcare Section of the NPAO Program

Website. www.dhs.wisconsin.gov/physical-activity/Healthcare/index.htm

The Surgeon General's Call to Action to Support Breastfeeding. www.surgeongeneral.gov/topics/breastfeeding/index.html

CDC Guide to Breastfeeding Interventions

www.cdc.gov/breastfeeding

Living Well with Chronic Conditions Program

is a 6-week workshop in community settings, such as senior centers, churches, libraries, and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic condition themselves. www.gwaar.org/index.php/for-professionals/health-promotion-for-professionals.html

Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity – 2007

www.nichq.org/documents/coan-papers-and-publications/COANImplementationGuide62607FINAL.pdf

Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults.

www.nhlbi.nih.gov/guidelines/obesity

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition

www.brightfutures.aap.org

Registry-Based BMI Surveillance: A Guide to System Preparation, Design and Implementation

www.altarum.org/files/imce/Chomp_BMI_FINAL_060811r.pdf

Northwoods Breastfeeding Coalition

Since its inception in 2006, Debra Durchslag and the Northwoods Breastfeeding Coalition have been working with two hospitals in Oneida County to improve maternity care practices through changes in policies and procedures to create greater support for hospital breastfeeding outcomes. The result of their initial collaboration is that all hospital obstetrical nurses are now required to complete 18 hours of breastfeeding education due to new orientation procedures. The coalition next set out to work with the hospitals to write and implement evidence-based breastfeeding policies and practices. They identified key hospital stakeholders responsible for breastfeeding support and outcomes, and worked with them to form breastfeeding taskforces. One hospital's taskforce consists of administrators, physician medical directors, physicians, nurses, and a lactation specialist. The other's has an administrator, nurses and a lactation specialist.

In working with hospital administrators, Debra stresses the need for both patience and persistence:

"Have your plan of what needs to be accomplished, but be ready to change how you accomplish it based on their response and the needs of each hospital. Being flexible, in order to do whatever it is that will move the process forward is key."