



Health Program

Nutrition and Physical Activity Initiative

Healthy Communities

Community-based, Prevention-focused Health Care

Rising health care costs have prompted growing interest in disease prevention as a more effective and ultimately less expensive way to keep Americans healthy. We recommend three kinds of interventions to support the shift to a prevention-focused health care system: (1) better training—especially in the areas of diet, physical activity, wellness and disease prevention—for health care professionals; (2) increased capacity to deliver preventive care services in non-clinical, community-based settings using non-traditional providers, and (3) mechanisms to enable public and private reimbursement for these kinds of services.

RECOMMENDATION: NUTRITION AND PHYSICAL ACTIVITY TRAINING SHOULD BE INCORPORATED IN ALL PHASES OF MEDICAL EDUCATION – MEDICAL SCHOOLS, RESIDENCY PROGRAMS, CREDENTIALING PROCESSES AND CONTINUING EDUCATION REQUIREMENTS.

The medical education and licensing system in the United States is not currently set up to ensure that health professionals have the incentive and expertise to deliver messages about weight, chronic disease, diet and physical activity—not only effectively but consistently. On the contrary, training in these areas is uneven at best and often inadequate. The goal of this recommendation is to infuse the education and training of all health professionals with nutrition and physical activity information and behavioral methodologies or tools (such as motivational interviewing), and to make basic competency in these areas an integral part of certification and continuing education requirements. To achieve this goal, leading expert organizations will need to partner to develop strategies and standards for nutrition and physical activity education across the continuum of the health profession.

RECOMMENDATION: NON-CLINICAL, COMMUNITY-BASED CARE IS A CRITICAL TOOL IN PREVENTING OBESITY AND CHRONIC DISEASE. WE NEED TO TRAIN AND DEPLOY A PREVENTION WORKFORCE TO DELIVER THIS KIND OF PREVENTIVE CARE.





Health Program

Nutrition and Physical Activity Initiative

Recent initiatives suggest that community health workers, health coaches, dietitians and nutritionists, lactation consultants, and others can be effective in working with individuals and groups to change awareness and habits around diet, physical activity and other health-relevant behaviors. Moreover, their interventions, whether provided in collaboration with a health professional or not, can be more cost effective than the same services delivered by a traditionally trained doctor or nurse practitioner. Expanding this community-based prevention workforce could offer multiple benefits while also creating new job opportunities, but it will require the development of standardized training programs and curricula as well appropriate reimbursement mechanisms.

RECOMMENDATION: PUBLIC AND PRIVATE INSURERS SHOULD STRUCTURE INCENTIVES TO REWARD EFFECTIVE, COMMUNITY-BASED, PREVENTION-ORIENTED SERVICES THAT HAVE DEMONSTRATED CAPACITY TO REDUCE COSTS SIGNIFICANTLY OVER TIME.

An example of this approach is being pioneered by UnitedHealth Group (UHG) and the YMCA, which have partnered to implement a diabetes prevention program in which UHG reimburses the YMCA for education, counseling and weight-loss services according to performance-based metrics (not simple participation rates). Similarly, the federal government is examining potential ways to increase coverage for preventive services through programs such as Medicare, Medicaid and the Children’s Health Insurance Program (CHIP). Further demonstration projects, whether public or private, are needed to provide data on what works. We should reward those services and providers who demonstrate the capacity to bend the cost curve.

Large Institutions

Large institutions such as hospitals and universities, sports and entertainment venues, hotels, and large government departments or agencies serve meals to thousands of people on a daily basis. A single major retailer such as Walmart may sell food to millions of customers each day. These entities have enormous purchasing power and can leverage major changes in the food supply chain. As in schools and workplaces, innovative programs and partnerships to promote healthy food and wellness through such institutions have been multiplying. A number of promising initiatives have been launched by large hospitals, major retailers, universities, restaurant and hotel chains, and large government agencies in recent years.





Health Program

Nutrition and Physical Activity Initiative

RECOMMENDATION: LARGE, PRIVATE-SECTOR INSTITUTIONS SHOULD PROCURE AND SERVE HEALTHIER FOODS, USING THEIR SIGNIFICANT MARKET POWER TO SHIFT FOOD SUPPLY CHAINS AND MAKE HEALTHIER OPTIONS MORE AVAILABLE AND COST-COMPETITIVE.

We recommend that large private-sector institutions:

- Establish procurement guidelines to routinize the purchase of healthier choices and stimulate market demand, using guidelines that are consistent with the U.S. Dietary Guidelines.
- Engage actively with vendors to promote more nutritious offerings at cost.
- Engage food service distributors in a national conversation about the importance of healthy diet, educate distributors about the need for longer lead times to build demand for healthy foods, and encourage them to dedicate a percentage of their shelf space in distribution centers to healthier products.

We additionally recommend that:

- Sports leagues and theater associations engage in a similar discussion so that sports and entertainment venues follow similar concession standards as other large institutions.
- Restaurants expand on recent commitments to make their children's menus healthier by making similar changes to adult menus.
- Private sector institutions and large-scale food concessions that regularly serve children adopt the National Restaurant Association's Kids LiveWell standard and the National Restaurant Association ensure those who sign the pledge are implementing the standard.
- All food service venues adopt food labeling, including calorie and nutrition information, as currently required for chain restaurants with more than 20 locations.
- Nutrition labeling be used and a nutritional database be developed for common industrial food products (such as #10 cans) to ensure that large institutions can provide nutrition information to all customers, including concessioners and government commodity programs.





Health Program

Nutrition and Physical Activity Initiative

RECOMMENDATION: PUBLIC-SECTOR INSTITUTIONS SHOULD CONTINUE TO LEAD BY EXAMPLE, PROMOTING HEALTHY FOODS AND PHYSICAL FITNESS AS A MEANS TO ENHANCE EMPLOYEE PERFORMANCE, BOTH IN THE MILITARY AND WITHIN THE CIVILIAN WORKFORCE.

Large public-sector institutions should: (a) allocate existing federal resources to strengthen and fully implement the HHS/GSA guidelines across agencies, and track results and (b) revise the current system of federal health insurance data gathering, which is centralized at OPM, and make that data available on an agency-by-agency basis (note that this is a companion recommendation to that under workplace wellness).

Additionally, we recommend USDA develop a common definition of “natural” to standardize, clarify and ease purchasing by large institutions and work to ensure that the Department’s commodity foods comply with federal Dietary Guidelines for all clients and customers (including food banks, tribes and others). Finally, we recommend that the U.S. Department of Defense expand the Army’s “Fueling the Soldier Athlete” program to include all branches of service and all stages of service, not just basic training, for officers and enlisted service members.

Community Programs and the Built Environment

Community programs and the built environment play an important role in supporting (or discouraging) a healthy level of regular physical activity. In many parts of America, the built environment reflects and reinforces an automobile-centered way of life. Resource-strapped towns and cities have cut back on recreational programs and facilities. And only those with extra time and means have the option to join a health club or gym. In some areas, it’s hard even for children to be active; schools don’t offer sports and activities, parks and playgrounds may be inadequate or non-existent, and simply playing outside may be too dangerous because of traffic or crime or both. We recommend three areas of opportunity: (1) leveraging existing resources, (2) utilizing technology in innovative ways, and (3) changing the built environment over time.

RECOMMENDATION: LOCAL GOVERNMENTS SHOULD LEVERAGE EXISTING RESOURCES AND INFRASTRUCTURE ASSETS TO EXPAND OPPORTUNITIES FOR PHYSICAL ACTIVITY.

In communities that lack safe, adequate places for children, youth and adults to exercise and play, or where schools don’t have the facilities to support physical activity programs,





Health Program

Nutrition and Physical Activity Initiative

“joint use” agreements—typically between two government entities such as a school district and a city or county—provide a mechanism to enable the shared use of public facilities. Such agreements have been successfully used in a number of locales to expand the sport and recreational opportunities available to students and members of the community. Examples of other low-cost options and public-private partnerships include the various walking initiatives, such as Everybody Walk and Get Fit, that have been launched in neighborhoods and at schools across America.

RECOMMENDATION: FAMILIES AND LOCAL GOVERNMENTS SHOULD MAKE CREATIVE USE OF TECHNOLOGY TO INCREASE PHYSICAL ACTIVITY.

Modern technologies, including video games, mobile phones and computers, have become an inescapable and, for many people, indispensable part of daily life. Given this reality, it is time to reframe the debate to focus on how these technologies could be used in ways that promote physical activity and health. Games that require or encourage the user to be physically active already exist and new ones are rapidly entering the market. Promising ideas include linking pedometers and accelerometers to games and prizes, using geo-caching and other geographic digital games to encourage kids to go outside, and using social media to share information about physical activity options (such as mobile apps that provide information about good recreation or walking options).

RECOMMENDATION: LOCAL GOVERNMENTS SHOULD USE THE PLANNING PROCESS TO CHANGE THE BUILT ENVIRONMENT IN WAYS THAT PROMOTE ACTIVE LIVING.

Growing numbers of cities and towns are using the planning process and zoning codes to shape the built environment in ways that promote walking and bicycling, help residents stay connected, and improve quality of life. In many cases, mayors and county and city council representatives are working with architects and designers and with planning, transportation and public health departments to create healthier buildings, streets, and urban spaces based on the latest academic research and best practices. As an alternative to imposing new requirements, some cities have removed or changed old zoning codes that work against the goal of encouraging healthier, more active living. Other cities have incorporated physical activity guidelines into their construction codes and adopted policies that support outdoor play and exercise. These include offering incentives to designers and developers to build in ways that encourage walking, bicycling, and active transportation and recreation.





Health Program

Nutrition and Physical Activity Initiative

