

HEAL Goals

To increase healthy eating and physical activity through environmental and policy changes.

To reduce the prevalence of chronic conditions and health disparities resulting from overweight and obesity.

Healthcare Sector Objectives and Strategies

Objectives		Strategies	Activities	Timeline	Activity Leads
# 1	At least 75% of the medical homes serving the area will institutionalize BMI screening and one additional clinical practice that addresses adult and family obesity and promotes good nutrition and physical activity, by December 2009.	1. Maintain “buy-in” between clinic administrators and medical directors.	1a. Continue to convene Healthcare Sector meetings and discuss barriers, resources, and costs needed to maintain “buy-in”	Jan –Dec 08	Project Coordinator, Chris Bekins, Sector Committee Members, CAP staff
			1b. Assist clinics with implementing systems changes as needed to support continued “buy-in” from clinic administration (i.e., HEAL Coordinator or AIM statement)	Jan –Dec 08	
		2. Provide technical assistance to implement organizational practices and guidelines that require routine BMI screening, counseling and tracking in primary care settings.	2a. Develop or adapt presentation on best practices.	Jan –Mar 08	Chris Bekins, Sector Committee Members
			2b. Facilitate staff training on BMI tracking	Jan –Mar 08	
			2a. Assist clinic staff to develop and implement a plan to evaluate the organizational practices and guidelines (<i>i.e. BMI tracking, use of nutrition tool kit, use of brief negotiations</i>)	Jan –Mar 08	
		3. Facilitate the provision of resources and visual aids for education of staff and patients about BMI projections, trends and steps to reduce BMI.	3a. Assist clinic staff to provide visual aides and resources in appropriate locations in clinics (<i>e.g. at scales and in every room, reminder at every visit</i>).	Jan –Dec 08	Project Coordinator, Chris Bekins, Sector Committee Members, CAP staff
			3b. Incorporate rewards and incentives for clinic staff to improve and manage tracking systems.	Jan –Mar 08	
			3c. Research and provide materials and resources for patients to reinforce healthy behavior change and next step (<i>e.g. promote self-management tools</i>).	Jan-Dec 08	
			3d. Provide CAN-C Nutrition Toolkits to clinics and provide training on their use.	Ongoing	
		4. Participate in long term efforts to increase the capacity of the health care workforce to address healthy eating and active living, with a focus on cultural understanding and sensitivity.	4a. Identify potential areas of need that require training around cultural sensitivity and issues pertaining to healthy weight.	Jan –Mar 08	Project Coordinator, Chris Bekins, Sector Committee Members, CAP staff
			4b. Provide technical assistance and training to health care organizations to increase cultural sensitivity and capacity to talk to patients about issues pertaining to healthy weight. (<i>e.g., cultural norms that value overweight babies [“gorditos”] by including extended family members in prenatal visits and early well baby check-ups</i>).	Ongoing	
			4c. Healthcare sector members will meet with CDHP to advocate for the addition of a health assessment for children at 2.5 years of age.	July-Dec 08	

		5. Collaborate with Managed Care, Medi-Cal and other insurance products to support BMI screening and other strategies to address obesity and overweight.	5a. Research successful advocacy or collaboration efforts by organizations and coalitions (i.e. How did they go about it and who did they talk to?)	Jan –Mar 08	Project Coordinator, Chris Bekins
			5b. Disseminate current practices to healthcare agencies.	Mar. 08 & Ongoing	
			5c. Healthcare Sector members to meet with their CEO or other representative on the Medic-Cal Managed Care Committee to advocate for support BMI screening and counseling.	Sep – Nov 08	Sector Committee Members
		6. Coordinate activities between Healthcare Sector members so that best practices, resources and evaluations efforts are shared and leveraged.	6a. Healthcare Sector agendas include time each meeting for activities coordination and resource sharing.	Jan – Dec 08	Chris Bekins, Sector Committee members

Healthcare Sector Objectives and Strategies

Objectives		Strategies	Activities	Timeline	Activity Leads		
#2	All medical homes serving the area will participate in at least one community based strategy that strengthens the ability of individuals and families to make healthy living choices, by December 2009.	1. Maintain “buy-in” between clinic administrators and medical directors	1a. Continue to convene Healthcare Sector meetings and discuss barriers, resources and costs needed to maintain “buy-in.”	Jan-Dec 08	Project Coordinator, Chris Bekins, Sector Committee Members, CAP staff		
			1b. Assist clinics with implementing systems changes as needed to support continued “buy-in” from clinic administration (i.e., HEAL Coordinator or AIM statement)	Jan-Dec 08			
			1c. Identify opportunities to introduce HEAL to provider community and broader community such as collaborative meetings with community-based organizations.	Jan-Dec-08			
		2. Develop the capacity of providers within the medical homes serving the community to advocate for healthy eating and physical activity.	2a. Collaborate with Kaiser to provide advocacy trainings as needed.	Ongoing	Project Coordinator, Chris Bekins, Kaiser Staff, Sector Committee Members		
			2b. Coordinate with advocates on opportunities for leadership that make best use of their time and impact	Ongoing			
		3. Collaborate with Maternal, Child and Adolescent Health (MCAH) and other community coalitions to increase the length of time that mothers breast-feed their babies.	3a. Assist clinics and hospitals to institute practices that will increase support for breastfeeding and its duration. For example: <ul style="list-style-type: none"> Assist clinics to institute two-day post-partum visits, Facilitate the inclusion of exclusive breast-feeding until six months of age in nutrition education programs for families, Coordinate with providers and agencies to advocate for hospitals to reduce formula supplementation at birth. Coordinate with medical homes and agencies to advocate for supporting women who breast-feed when returning to work (e.g. adequate facilities to pump). 	3a. Assist clinics and hospitals to institute practices that will increase support for breastfeeding and its duration. For example: <ul style="list-style-type: none"> Assist clinics to institute two-day post-partum visits, Facilitate the inclusion of exclusive breast-feeding until six months of age in nutrition education programs for families, Coordinate with providers and agencies to advocate for hospitals to reduce formula supplementation at birth. Coordinate with medical homes and agencies to advocate for supporting women who breast-feed when returning to work (e.g. adequate facilities to pump). 	Jan-Dec 08	Rebecca Munger, Chris Bekins, Sector Committee Members, Clinic Staff	
				3b. Assist healthcare systems in developing and implementing a plan to collect data and track how long patients are breastfeeding.	Nov. Dec. 08		Rebecca Munger, Chris Bekins, Clinic Staff and Sector Committee Members
				3c. Assist clinics and hospitals to evaluate the effectiveness of educational efforts around breastfeeding.	Jan-Mar 08		Rebecca Munger, Chris Bekins, Clinic Staff and Sector Committee Members
		4. Increase public understanding of the connection of overweight and obesity to diabetes and chronic health conditions for	4a. Assist clinics and hospitals in defining and identifying community-based educators (i.e. lay health educators, teen peer educators, medical staff).	Jan-Feb 08	Project Coordinator, Chris Bekins, Sector Committee Members, Center for Well-Being Staff		

		the entire family.	4b. Assist clinics, hospitals, and community organizations (<i>i.e. Northern CA Center for Well Being, St. Joseph's Health System and Southwest Clinic</i>) to develop a plan to increase the number of community-based educators.	Mar-Apr 08	
			4c. Provide technical assistance in training community based-educators to target specific behaviors that will promote self-management goals and incentives for improvement.	Jan-Jun 08	
		5. Coordinate activities between Healthcare Sector members so that best practices, resources and evaluations efforts are shared and leveraged.	5a. Healthcare Sector agendas include time each meeting for activities coordination and resource sharing.	Jan-Dec 08	Project Coordinator, Chris Bekins, Sector Committee Members, Center for Well-Being Staff