

**Healthy Eating and Physical Activity:
New Directions for Community and Health System Improvement**

Community

Research on methods to improve poor health behaviors has traditionally focused on health education and models of behavior change. These approaches alone, however, have had limited success. It is now recognized that improving health behaviors (such as healthy eating and physical activity) will require multiple levels of intervention across a “Spectrum of Prevention” that includes changing the environments in which people live, work, and play.¹ It will require a comprehensive approach that mobilizes neighborhoods and communities; changes community, organizational and school policies and practices; educates service providers; and strengthens individual knowledge and skills.

Lower income populations are disproportionately affected by environmental conditions that do not support healthy eating and physical activity. To address these disparities, research suggests that it is important to pay special attention to low-income neighborhoods where people live, work, recreate, socialize, go to school and shop for food.

A number of state and national health research, policy and advocacy groups are providing guidance about strategies that communities can take to promote healthy eating and physical activity. In *Improving Access to Healthy Foods*, the Robert Wood Johnson Foundation reviewed best practices and has identified five areas in which local leaders can have a significant impact on improving healthy eating:²

1. Support the production and marketing of healthy, fresh foods
2. Make healthy foods affordable
3. Increase easy access to healthy foods
4. Purchase healthy foods for public schools and other government institutions
5. Limit access to unhealthy foods

In its report *Designed for Disease* released in April 2008 by the California Center for Public Health Advocacy found strong links between the retail food environment and health outcomes in California communities.³ The report recommends the following specific strategies for improving local food environments:

1. Increase access to healthy foods by providing incentives for retail store development and improvement.
2. Promote retail innovations, including smaller-scale markets selling healthy foods.
3. Maximize opportunities presented by changes in the WIC food package.
4. Implement zoning designed to limit fast-food restaurants in overburdened communities.
5. Require menu labeling.

These recommendations reflect the growing recognition of the importance of creating food environments that support individuals in making healthy food choices.

A number of recommendations are also emerging for strategies that communities can take to promote physical activity. In *Increasing Active Living*, the RWJ Foundation recommends strategies to improve physical activity in the following nine areas:⁴

1. Establish collaboration between public-sector departments and coordinate efforts among sectors
2. Encourage school facilities and policies that promote active living
3. Improve streets, sidewalks, and street-crossings for Safer Routes to School
4. Support safe, pedestrian-oriented transportation
5. Support active living land-use planning and development
6. Identify and create funding for active living initiatives
7. Publicize the availability of active living resources in the community
8. Support parks, trails and recreation facilities
9. Create incentives to support active living in workplaces, communities and households

Health Care Delivery System

Improving the health care delivery system to better support healthy eating and physical activity will require expanding the capacity for primary and preventive care in Sonoma County. While research studies have demonstrated that a strong primary care foundation can reduce costs and improve health outcomes, the primary care system in the United States is struggling as medical graduates increasingly avoid primary care careers due to relatively low reimbursement and an unsatisfying work life. Improving the health care system to better support healthy eating and physical activity will require an examination of the current practices of health insurance plans, employers and others that pay for health benefits, health care providers, and health care institutions.

A number of promising approaches to improve primary care and prevention capacity in support of healthy eating and physical activity include:

1. **Connect everyone to a patient-centered medical home.** One of the most promising approaches being championed by legislators, large employers, patient groups and organized medicine is the patient-centered medical home (PCMH). According to the joint principles adopted by a number of prominent medical associations, a PCMH should have the following characteristics: a personal physician, physician-directed medical practice, whole-person orientation, coordinated care, quality and safety, enhanced access and adequate payment. PCMHs are seen as a way to more effectively address all the patient's health care needs and to support and engage the patient in taking an active role in their health and health care.⁵

2. **Engage employers and other payers to develop innovative reimbursement structures to pay for prevention and expanded services of the patient-centered medical home.** The National Business Group on Health's work group on primary care has developed the following strategies for employers to increase support for primary care: payment policies that recognize the value of primary care services, patient-centered medical homes, health information technology for practice transformation, and educational and loan programs that encourage health professionals to work in primary care. The Patient-Centered Primary Care Collaborative is another initiative that is engaging employers to transform how primary care is organized and financed.⁶
3. **Integrate nutrition and physical activity-based prevention into standard clinical practices.** Recommendations include: encouraging regular 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 culturally appropriate and sensitive manner; and develop a referral system to help patients access further nutrition and physical activity resources.⁷

A specific national effort is the Exercise Is Medicine™ initiative, which strives to make physical activity and exercise a standard part of a disease prevention and treatment medical paradigm in the United States. Its vision is that physical activity will be considered by all health care providers as a vital sign in every patient visit, and that patients are effectively counseled and referred as to their physical activity and health needs, thus leading to overall improvement in the public's health and long-term reduction in health care costs. Recommended components of this initiative include:

1. Creating broad awareness that exercise is indeed medicine.
2. Making "level of physical activity" a standard vital sign question in each patient visit.
3. Helping physicians and other health care providers to become consistently effective in counseling and referring patients as to their physical activity needs.
4. Leading to policy changes in public and private sectors that support physical activity counseling and referrals in clinical settings.
5. Producing an expectation among the public and patients that their health care providers should and will ask about and prescribe exercise.
6. Encouraging physicians and other health care providers to be physically active themselves.

Endnotes

¹ Prevention Institute, *Spectrum of Prevention*, www.preventioninstitute.org, Oakland, California.

² Robert Wood Johnson Foundation, *Improving Access to Healthy Foods: A Guide for Policy-Makers*, Fall 2007.

³ California Center for Public Health Advocacy, *Designed for Disease: The Link Between Local Food Environments and Obesity and Diabetes*, April 2008.

⁴ Robert Wood Johnson Foundation, *Increasing Active Living: A Guide for Policy-Makers*, Fall 2007.

⁵ American Academy of Family Practice, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association, *Joint Principles of the Patient-Centered Medical Home*, February 2007.

⁶ Sepulveda, Martin-J., Bodenheimer, Thomas, and Paul Grundy, Primary Care: Can It Solve Employers' Health Care Dilemma? *Health Affairs*, Volume 27, Number 1: 151-158.

⁷ Lawrence, Sally, Craypo, Lisa, Samuels, Sarah, *Promoting Healthy Eating and Physical Activity in Health Care Settings*, prepared for the Strategic Alliance, December 2006.