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Strategies to Reduce Obesity, Diabetes and the Burden of Chronic Disease

I. Laws, Regulations and Policies

- I.A. Advocacy and Lobbying
  - I.A.1. Empower communities to take charge of their health and environment
  - I.A.2. Build community capacity and mobilize community action
  - I.A.3. Train advocates to apply the power of media to advance public health policy
  - I.A.4. Train advocates to discuss issues persuasively
  - I.A.5. Increase effectiveness by utilizing lessons learned from Tobacco, Alcohol & Firearms policy struggles
  - I.A.6. Demystify legal & regulatory process
  - I.A.7. Educate on land-use decision-making process
  - I.A.8. Promote collaborations
- I.B. Educate policymakers
  - I.B.1. Translate research into action and recommendations into policy
  - I.B.2. Assist with implementation and program evaluation
- I.C. Government Institutions
  - I.C.1. Link city/county health and planning departments
  - I.C.2. Monitor community health using epi-tools to analyze relationship between social context and health
  - I.C.3. Reduce/eliminate neighborhood level marketing of unhealthy foods to children
  - I.C.4. Develop regulations that support healthy environments
  - I.C.5. Implement policy that support healthy environments
- I.D. School/Children's Environment
  - I.D.1. Improve nutrition education programs
  - I.D.2. Implement healthy food and beverage standards
  - I.D.3. Mandate & improve daily physical education programs
  - I.D.4. Mandate BMI report cards in schools
  - I.D.5. Ban soda and fast food contracts in schools
  - I.D.6. Regulate vending machine content
- I.E. Media
  - I.E.1. Institute statewide, regional and local social marketing campaigns to promote healthy food & physical activity
  - I.E.2. Regulate marketing to children under 12
- I.F. Increase Food Security
  - I.F.1. Protect local agriculture from free trade agreements
  - I.F.2. Subsidize farming of healthy foods
  - I.F.3. Subsidize healthy food products
  - I.F.4. Incentivize local business to provide fresh foods
  - I.F.5. Community/economic development projects should assist healthy food small businesses
  - I.F.6. Provide food assistance directly to consumers via coupons or direct distribution
- I.G. Built Environment
  - I.G.1. Increase access to healthy foods
    - I.G.1.a) Sponsor Farmers Markets
  - I.G.2. Increase & improve parks & playgrounds
  - I.G.3. Limit fast food restaurant density through local zoning law
  - I.G.4. Research policy strategies that improve built environment i.e. use of general plan & zoning regulations
- I.H. Industry
  - I.H.1. Incentivize healthy food production
    - I.H.1.a) Create nutrient criteria
    - I.H.1.b) Partner to promote healthy foods
  - I.H.2. Regulate harmful practices
    - I.H.2.a) Control advertising to children
    - I.H.2.b) Limit trans-fat use in commercial food preparation
- I.I. Tax & Price Interventions
  - I.I.1. Subsidize healthy foods
  - I.I.2. Implement premium on high fructose corn syrup
  - I.I.3. Implement soda tax
  - I.I.4. Identify unhealthy products where premium can be used to support prevention programs

II. Behavior Change

- II.A. Workplace & Industry
  - II.A.1. Prioritize access to healthy food in lunchrooms, vending machines
  - II.A.2. Increase access to physical activity
    - II.A.2.a) Organize exercise breaks
    - II.A.2.b) Make stairwells accessible
  - II.A.3. Promote physical activity
    - II.A.3.a) Subsidize gym membership
    - II.A.3.b) Install software that provides easy desk-side activity instruction
    - II.A.3.c) Use A-V tools to guide physical activity breaks during long meetings
  - II.A.4. Innovate with industry
    - II.A.4.a) Stimulate voluntary industry standards
    - II.A.4.b) Grocery stores can highlight healthy food products through
      - II.A.4.b)a) Product placement, signage & printed materials including grocery bags with product nutritional information
      - II.A.4.b)b) Experiential elements including youth oriented store tours
      - II.A.4.b)c) Targeted audience food product demonstrations
    - II.A.4.c) Restaurant industry
      - II.A.4.c)a) Provide menu information
      - II.A.4.c)b) Sponsor special menu events
      - II.A.4.c)c) Highlight local food sources
    - II.A.4.d) Agriculture
      - II.A.4.d)a) Agriculture in the classroom
      - II.A.4.d)b) Commodity boards
    - II.A.4.e) Research
      - II.A.4.e)a) Study target response
      - II.A.4.e)b) Examine effectiveness of innovations
      - II.A.4.e)c) Provide evidence for ROI
  - II.A.5. Promote health improvement
    - II.A.5.a) Award healthy behavior through incentives or prizes
    - II.A.5.b) Subsidize smoking cessation, exercise and stress reduction workshops
- II.B. Community Institutions, including schools, churches & community events, youth & after-school programs, fairs
  - II.B.1. Stimulate local government & community partnerships
  - II.B.2. Hospital community benefits programs
    - II.B.2.a) Promote healthy environment
    - II.B.2.b) Provide access to healthy foods (sponsor farmers markets)
- II.C. Community
  - II.C.1. Aggressively work to impact school board policy
  - II.C.2. Train youth advocates/educators
  - II.C.3. Strengthen capacity to engage in community's development
  - II.C.4. Train peer health/wellness coaches
  - II.C.5. Develop wellness mentors/role models
    - II.C.5.a) Physicians can be trained as "Health Champions" to give presentations to select groups such as schools and churches
    - II.C.5.b) Other community leaders and sports icons can be trained to serve as physical activity promoters (Professional Athletes Council)
  - II.C.6. Develop social marketing campaigns to promote increased physical activity and good nutrition
    - II.C.6.a) California Department of Public Health "Champions for Change" campaign empowers women to promote good nutrition and increased physical activity in the home
  - II.C.7. Utilize promotoras and community health workers to teach strategies for community health improvement
- II.D. Individual
  - II.D.1. Increase intake of healthy food
  - II.D.2. Decrease fat, sugar and processed food intake
  - II.D.3. Increase physical activity
  - II.D.4. Decrease sedentary behavior
  - II.D.5. Attend regular check-ups
  - II.D.6. Stop smoking

III. Clinical Prevention

- III.A. Increase pool of providers with ability to address needs of high risk populations
  - III.A.1. Increase screening of high risk group (African Americans, Latinos, Asian-Pacific Islanders)
  - III.A.2. Offer alternative health screening sites to increase reach to high risk groups (schools, businesses, community health fares)
  - III.A.3. Support cultural competency training
- III.B. Provide prevention and wellness activities 4
  - III.B.1. Provide nutrition education
  - III.B.2. Provide physical activity classes
  - III.B.3. Promote breast feeding
  - III.B.4. Assess behavior
  - III.B.5. Link to community-based health/wellness resources
  - III.B.6. Utilize tools and strategies that are linguistically and culturally appropriate
  - III.B.7. Provide smoking cessation tools including medication management where appropriate
- III.C. Anthropometrics at every visit
  - III.C.1. Measure waist/hip circumference, Calculate ratio, educate patients about importance
  - III.C.2. Record blood pressure
  - III.C.3. Record random BG-fingerstick
  - III.C.4. Record weight, calculate BMI
- III.D. Maximize use of IT and other technologies to identify high risk individuals and provide anticipatory management
  - III.D.1. Pre-conception & post-partum counseling & referral to community based resources for women of childbearing age
  - III.D.2. Use Registries to follow gestational diabetic offspring
- III.E. Support Research
  - III.E.1. Research Primary and Secondary prevention strategies
  - III.E.2. Research Environmental factors
  - III.E.3. Research the psychosocial aspects/predictors of care and patient compliance

IV. Clinical Management

- IV.A. Increase access to health care
  - IV.A.1. Support health reform strategies that increase access
- IV.B. Increase provider capacity to provide quality out-pt services
  - IV.B.1. (Diabetes) Institute model standards and emphasize consistent use of treatment guidelines
    - IV.B.1.a) Use HEDIS reporting measures to monitor practice performance
      - IV.B.1.a)a) Annual fundoscopic and extremities exam
      - IV.B.1.a)b) BP @ every visit
      - IV.B.1.a)c) Monitor lipid profile and treat as recommended
      - IV.B.1.a)d) Maintain HgA1C below 6.5%
      - IV.B.1.a)e) Maintain vigilance for microalbuminuria
    - IV.B.1.b) Track effectiveness of disease management efforts
  - IV.B.2. Institute model practice guidelines as standards for reimbursement
  - IV.B.3. Incentivize outcomes improvement
  - IV.B.4. Risk stratify patients to maximize use of resources
  - IV.B.5. Case manage high risk patients and their families
  - IV.B.6. Institute group appointments
  - IV.B.7. Support access to care, including Specialty Care
- IV.C. Improve patient education
  - IV.C.1. Use language&culturally appropriate self management and education tools
  - IV.C.2. Support pt. education through home education tools such as CDs/DVD & computer-based programs
- IV.D. Improve patient self-management
  - IV.D.1. Provide self management tools & support to increase level of self-sufficiency
  - IV.D.2. Encourage pt. utilization of computer-based self-management tools
- IV.E. Improve facility to support behavior change
  - IV.E.1. Co-locate healthy food outlets
  - IV.E.2. Remove unhealthy foods from clinic vending machines