

Tipping the Scales of Prevention Advocacy with \$10,000 and a Notebook

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A nationwide glance reveals that North Carolina has some of the best health insurance coverage and benefits for obesity. Examples include health coaching and lifestyle improvement programs offered by the State Health Plan of North Carolina; reimbursement and tools for primary care providers to address obesity, nutrition counseling, and weight loss medications through Blue Cross Blue Shield of North Carolina; and medical nutrition therapy for children and adolescents provided through the NC Division of Medical Assistance. Unfortunately, more than 1.3 million nonelderly people in North Carolina lack health insurance coverage, and these resources are not available to them.¹ Furthermore, access to these policies and resources in other settings are critical in the fight against obesity and overweight.

NC Prevention Partners' (NCPP) collaboration with the Kate B. Reynolds Charitable Trust addressed this issue in five low-income community health centers (CHC) throughout the state. Over the last three years, this partnership enabled NCPP to work closely with these CHCs to establish systems to improve health. In addition, this funding along with funds from the NC Division of Public Health facilitated the creation of the *Prevention Rx* system for healthcare clinics, the *NC Good Health Directory*, and the *Starting the Conversation* series. With these tools, the CHCs have built strong, sustainable systems, including those that support nutrition and tobacco cessation in their communities.

Imagine a community health center has been given a check for \$10,000 to be used over

two years. With this money, they've hired a part-time, 15-hour a week nutritionist. Then, imagine the funding disappears or comes to an end. Would the nutrition program be gone, too? This amount of money, given to one CHC, helped to start an effective nutrition counseling program. Thanks to system-level changes the CHC made, the program is still in operation and is now sustainable even after the funding period ends.

Here is what one CHC did. First, the CHC hired a part-time dietitian to counsel both patients and staff. However, the CHC did not just hire a nutritionist for the life of the grant. Instead, to be able to retain the services of a nutritionist after the grant, they began filing for reimbursement for the nutrition services they offered. The nutritionist worked closely with the billing and coding departments to set up a system to reduce the number of rejected claims. In addition, she worked with the CHC's staff providers to educate them about the services she

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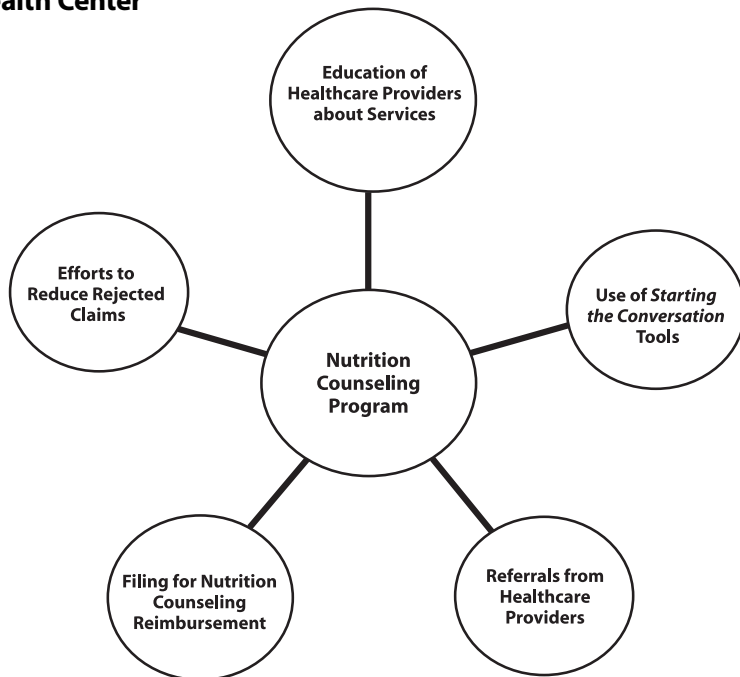
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Figure 1.
Sustainable System for Nutrition Counseling at the Community Health Center



offered and to increase patient referrals. These system-level changes, as seen in Figure 1, are critical components of the CHC's ability to impact obesity and overweight in the local community.

Many motivated health professionals attend trainings to learn about how to combat obesity and chronic disease. Unfortunately, many of the notebooks and resources provided often return to offices only to sit unused on bookshelves. What made the difference for the community health center described above was that the nutritionist and other staff who attended the Prevention Partners *Prevention Rx* training session made it a priority to use those resources and newly-acquired tools and skills. A measure of their nutrition program's success can be seen in the number of patients helped—nearly 400 in less than two years. One patient seen during that time had been obese for years and was able to lose over 100 pounds, dramatically improving her quality of life.

This story exemplifies the way NC Prevention Partners approaches problems in public health. We want the notebook to come off the shelf. We look for ways to make it easier for individuals to do simple things like make good food choices, receive preventive healthcare, and find support for healthy behaviors. We focus on system, policy, and environmental changes because, as Malcolm Gladwell, author of

The Tipping Point: How Little Things Can Make a Big Difference, states,² "Human beings and their behavior are highly-sensitive to their environment." The environments highlighted in this article are healthcare settings, schools, and worksites.

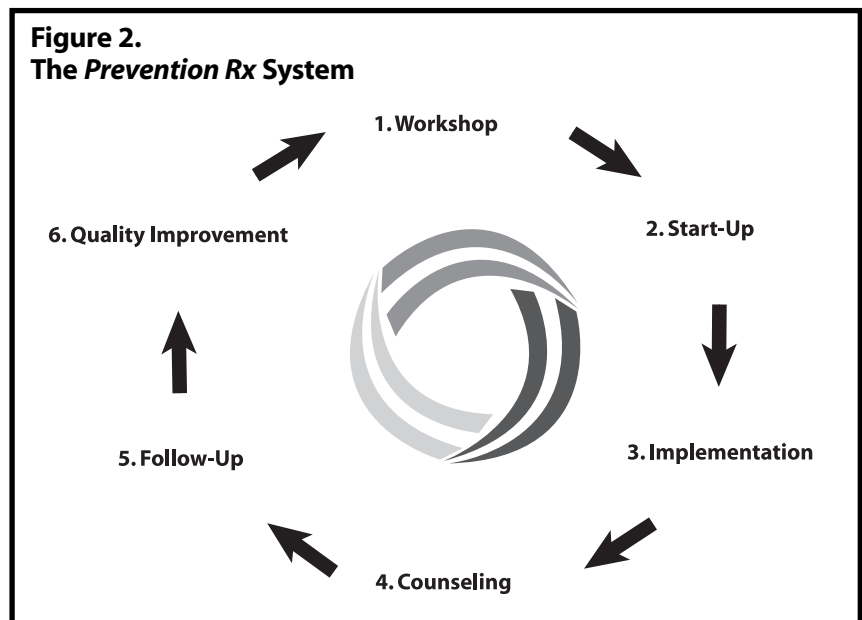
Where People Receive Healthcare

If the familiar adage, "An ounce of prevention is worth a pound of cure," was restated using units of time, it might read as: "A brief preventive healthcare intervention can add up to years of quality, healthy living." NC Prevention Partners created the *Prevention Rx* system to facilitate the process of routinely addressing physical activity, nutrition, and tobacco use in healthcare interactions. As shown in Figure 2, *Prevention Rx* workshops give healthcare providers working in any setting the necessary tools, resources, and skills to do this.

Through the one-day workshop, healthcare professionals learn how to use

the *Starting the Conversation* series—tools that help providers conduct brief screening and counseling for nutrition, physical activity and tobacco. In addition, information is provided about modifying patient history forms, documenting prevention encounters, and filing for reimbursement. Finally, an on-line referral database called the *NC Good Health Directory* gives providers a collection of local resources to which they can refer their patients. *Prevention Rx* is a healthcare office system that takes the guesswork out of how to help patients practice healthy behaviors, such as those that support a healthy weight.

Figure 2.
The *Prevention Rx* System



Where People Learn

There has been substantial controversy surrounding the nutrition and physical activity environment in the school system. Along with the recent release of the “School Foods Report Card” from the Center for Science in the Public Interest, there has been a strong push for national and state system-wide changes. Reaching children through schools is logical because children spend so much time there. However, differences between school systems at the local level mean that policy or programmatic changes need to incorporate flexibility to allow for district specific adaptations. It is these smaller modifications that will tip the local scales in favor of a generation of healthier youth.

Since 2004, North Carolina has taken a step forward in addressing the health of children through “Eat Smart: North Carolina’s Recommended Standards for All Foods Available in Schools,” and “Move More: North Carolina’s Recommended Standards for Physical Activity in Schools.” Additionally, national legislation now requires schools participating in any reimbursable meals program to develop district-level wellness policies by the start of the 2006-07 school year.

NC Prevention Partners’ *Zone Health* pilot program, supported by GlaxoSmithKline Community Partnerships, provides schools with toolkits to take local policies from the notebook to practice. Recognizing that obesity is a multi-factorial problem, *Zone Health* guides schools through an assessment of their school health environments and policies. Through the program, schools receive assistance and resources to make changes and to begin drafting quality prevention policies to support the health of their students and staff. Once their policy development is complete, schools are given training and tools to do ongoing evaluation and policy revisions. Even schools that have completed and adopted wellness policies at the school level can benefit from the *Zone Health* program because it allows them to assure the steps they have taken are comprehensive and meet or exceed district-level policy requirements.

The *Winner’s Circle Healthy Dining Program* is another collaborative initiative between NC Prevention Partners, local and state public health and school leaders. This program offers tools and training for schools to promote healthy foods and beverages on their campuses using the *Winner’s Circle* purple star and gold fork logo. One of the organizational goals for DPI set by the Section Chief of Child Nutrition Services is for all NC elementary schools to implement the *Winner’s Circle* program. Eventually, middle and high schools will also be targeted for *Winner’s Circle* implementation. This will help schools meet the health and nutritional policies detailed in the state publication, “Eat Smart: North Carolina’s Recommended Standards for All Foods Available in School.” Since 2002, eighty-one NC Local Education Areas (LEAs) have received *Winner’s Circle Healthy Dining Program* training through the NC Division of Public Health (DPH) and the NC Department of Public Instruction (DPI). To date, *Winner’s Circle* has been implemented in approximately 1,600 schools.

Schools participating in the *Winner’s Circle* program develop

their own promotional campaigns to engage and encourage students to think about healthy eating. The schools also have the flexibility to adapt the program to their school-community culture by selecting from a variety of *Winner’s Circle*-qualified foods and beverages to include in their offerings. Any food substitutions can be incorporated over time to avoid potential financial losses from a complete system overhaul. In addition, incremental meal service modifications will lead to well-balanced menus and will tip the scales for obesity prevention in North Carolina.

Where People Work

The typical American spends well over half of his or her life at work, establishing the work environment as a significant factor in individual health. For example, access to nutritious foods at work can increase the likelihood that healthy food choices are made; physical activity incentives for employees can increase the likelihood that employees are more active; and health insurance options that include covered physical activity and nutrition benefits can help overweight and obese employees reach and maintain a healthy weight.

Every year, medical care and lost productivity from obesity, poor nutrition, physical inactivity, and tobacco use cost employers an average of \$5,000 per employee.² To help businesses improve employee health and reduce healthcare costs, NC Prevention Partners created the *Prevention 1st Challenge*. One of the goals of this program is to facilitate the creation of policies and environments that support individual health in worksites throughout the state.

The *Challenge’s* main tool—the *Prevention Audit*—provides businesses the opportunity to assess their physical activity, nutrition, and tobacco use policies and environments. The audit and resulting *Prevention Report Card*³ can then be used to identify priority issues and to assist in the development of a strategic prevention plan to create policies and environments that support employee health. The *Prevention 1st Challenge* can similarly be used by counties. County health directors and Healthy Carolinian coalitions can use their county *Prevention Report Card* to create awareness and leverage support from their local and state public policy makers and community leaders.

Be an Advocate

All of these programs require that simple changes in policy and environment are made. Taken together, these changes can significantly influence obesity and overweight. Using the premise of Gladwell’s book that, “little things can make a big difference,” it stands to reason that in public health, simple changes and actions will determine whether we win or lose the fight with obesity and overweight in this state. Advocacy is about doing something and doing something that makes sense. In his book, Gladwell² mentions three factors that drive social change. They are:

- **The Law of the Few**—Exceptional people who spread the word through social connections, energy, enthusiasm, and personality.

- **The Stickiness Factor**—Simple changes that can make a big difference in how much impact a message makes.
- **The Power of Context**—Human beings and their behavior are highly-sensitive to their environment.

With these three factors in mind, imagine if just 10 readers of this journal—that’s 0.03% of the *North Carolina Medical Journal’s* readership—made simple changes that led to sustainable system-level changes in their clinic, school or place of work. Now, like the clinic in the vignette above, imagine that each of those system-level changes affected 400 people over two years. Even with less than 1/10 of a percent of the journal’s readership causing these small changes, as many as 4,000 of the overweight or obese individuals living in this state could be helped.

As the CHC in the vignette showed, tipping the scales in favor of prevention could start with as little as \$10,000 and a notebook.

What else can we do? Be an advocate for sustainable systems in North Carolina to support healthy weight and consider the many additional opportunities described in Table 1. **NCMedJ**

Table 1.
Advocacy Opportunities for Addressing Obesity

- Strengthen your own clinic, hospital, school, or work environment by establishing the *Prevention Rx* system and linking with other resources in your community. Support one another, benefit from the expertise and experience of those around you, and avoid re-inventing the wheel.
- Advocate for local policy changes in your community’s schools and work sites. Advocate for increased availability of quality resources in your area to help people reach and maintain a healthy weight. Consider volunteering with a local task force or as a speaker to the school board.
- Advocate for state and federal policy changes to support improved nutrition and increased physical activity in schools and communities.
- Publicize resources and programs available in your area and share your success with others around the state on the *Healthy County Profile* (located under Quick Links) at www.ncpreventionpartners.org.
- Find and use local physical activity and nutrition resources in the *NC Good Health Directory* at www.ncgoodhealthdirectory.com, and submit resources not found there to let others know what is available in your area.
- Visit the *Preventive Benefits Watch* (located under Programs at www.ncpreventionpartners.org) to learn about what preventive benefits are offered for physical activity, nutrition, and obesity by the private and public NC health insurers. North Carolina is the only state in the nation that makes this information publicly available, thanks to all of the health plans voluntarily sharing and annually updating their preventive benefits profiles and to the NC Division of Public Health, NC Department of Health and Human Services.
- Attend a training session to obtain the tools and skills to implement *Prevention Rx*, *Winner’s Circle*, *Zone Health*, or the *Prevention 1st Challenge*. For current offerings, go to www.ncpreventionpartners.org.

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- 1 Expanding Health Insurance Coverage to More North Carolinians, North Carolina Institute of Medicine, April 2006.
- 2 Gladwell, M. (2002). *The Tipping Point: How Little Things Can Make a Big Difference*. Boston: Little, Brown and Company.
- 3 NC Prevention Partners, NC Prevention Report Card. 2005.