

BUILDING HEALTHY COMMUNITIES
WELLNESS & HEALTHY COMMUNITIES

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Building Healthy Communities

Introduction

The evolution of corporate and community health promotion will have a major impact on the design of health-related facilities. Building healthy communities involves more than bricks and mortar. It involves delving into the root causes of poor health. Today's health promotion efforts go beyond a narrow focus on individual behaviors, risk factors and lifestyle. Building healthy communities requires a collaborative approach and innovative service delivery in the community.

This paper will first review the stages of managed care evolution and maturation in Health Promotion. A definition of health promotion will be provided. Trends in community health/wellness impacting on facility and service planning will be discussed. Three examples of community programs will be reviewed.

Definition of Health Promotion

Canadian Health Minister Marc Lalonde first introduced the term "Health Promotion" in 1974. Lalonde proposed that people's health was affected by a broad range of factors that went beyond the constricted biomedical view of health. In 1984 the European office of the WHO published an influential health promotion report positing equity in promoting health for all.ⁱ In 1986 the definition for Health Promotion merged from the first International Conference on Health Promotion in Ottawa, Canada. The conference articulated this definition:

Health promotion is the process of enabling people to increase control over, and to improve their health. To reach a state of complete physical, mental, and social well-being, an individual or group must be able to identify and realize aspirations, satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyle to well being.ⁱⁱ

The Impact of Managed Care on Health Promotion

Managed care has shifted attention to health status improvement for an insured population. The cost targets have moved from inpatient days and decreasing resource intensity to managing health risks of insured populations. The focus of control is the end-user, with an increasing emphasis on demand management strategies. These shifts have had an impact on health promotion efforts.

Paul Terry, Vice President at the Institute for Research and Education for HealthSystem Minnesota, has defined the stages of health promotion maturation. Past health promotion efforts focused on the individual. The goal was to improve the patient's role in self-management by encouraging compliance with medical treatments and recommendations. Health care organizations offered classes, counseling, and brochures on how to manage one's illness. The emphasis was on tertiary prevention-preventing the disease or illness from worsening.

Next health promotion focused on putting prevention into practice. The US Preventive Service Task Force developed clinical preventive guidelines which outlined cost-effective screenings and education which prevent or decrease the incidence of chronic diseases such as diabetes, hypertension, coronary artery disease, communicable diseases and birth defects. Clinical preventive guidelines shifted the focus to patient participation in preventive services. Patient risk assessment, using the clinical preventive guidelines, was instituted. Hedis indicators were developed to measure implementation and adherence to the guidelines. Multiple educational options were developed, targeted at high-risk groups.

Health promotion is now moving to a focus on improving population health. Managed care organizations have begun to realize that over one-fifth of their membership can change each year. The health of this shifting population needs to be addressed through other means. Organizations in Stages I and II use self care and disease management to channel service use in the short term. These efforts still do not get at the major causes of premature disease, disability and death.

The goal of organizations in Stage III Health Promotion is focused on improving the health outcomes for the enrolled population. Member risk appraisals and extensive use of the prevention guidelines are encouraged.

Disease management programs specifically targeted at high-risk insured groups are coordinated through HMO-based case managers. The focus is on secondary prevention. Risk factors, such as smoking, lack of exercise, poor nutrition and excess alcohol use are targeted. Organizations are challenged to find the balance between individual and social responsibility for health.

Stage IV health promotion focuses on the needs of the total community. Organizational goals are focused on improving the quality of life and social justice for the entire community. Corporate social responsibility and public trust mandates are focused on the whole community. Health promotion begins with community assessments, advocating for public policy changes and active support for the underserved. Primary prevention is the focus. Community assessment reveal that issues such as gender/race inequity, housing, employment, income, and education level all have a role in promoting the health of all community members. Funding for community-wide efforts must be shared between public and private sectors. Communities must address issues related to access preventive health care service access and delivery for uninsured and underinsured community members. Public policies must support non-smoking environments in public areas, non-contaminated public water supplies, sufficient resources for recreation, adequate and affordable housing. The return-on-investment for these types of social changes are not immediately evident. Assessment and service delivery must shift to a focus on non-tangibles, such as social connections between community members. Community assessments conducted by a cross-section of public and private sector community partners must be used to identify and prioritize community health issues. Competition and marketing advantage between competing health care systems continues to impede progress. Organizations with a strong social justice mission will flourish in Stage IV Health Promotion because of their increased sensitivity to the needs of the underserved. Unless driven by tenets from a faith community, it is difficult to reconcile this year's financial outlay for health promotion for all community members with the future health status of whole community.

Top 10 Health Promotion Trends Impacting on Facility Planning

1-Community-based programming will be driven by community needs assessment. Many communities have already completed needs assessments. These assessments bring together health care competitors, corporate interests, public health officials and community funding sources. In the Fox Valley area, the Partnership Project and the WinnebagoLand Focus were two examples of community-wide assessments, which identified areas of community need. Key issues that surfaced from these assessments identified issues such as personal safety, lack of access to affordable housing, the need for supporting parenting and family issues, and access to preventive services for segments of the community. Community funding organizations (community foundations, United Way organizations and corporate funders) are interested in having a prioritized list of community needs to better focus utilization of community resources. The community assessment process provides this direction.

2-The movement of health care out of traditional health care settings and into community and work settings will continue. Health center facilities that combine lifestyle enhancement programs and rehabilitative/reconditioning programs have been built in many areas. Cooperative programs with local resources, such as YMCA's have been developed. Health promotion programs, such as Education for Healthy Kids, will be designed and delivered in the school settings. In the Fox Cities, the Fox Cities Community Clinic was built into space leased from Goodwill Industries. This co-located the health care services with other social and work-related services. Health care facility providers were involved in the planning of this clinic environment. Many of the facility amenities, such as exam room cabinets, blood pressure monitors, exam tables, etc. were donated from either health care facilities or local construction vendors. Collaborative development of off-site services requires increased levels of communication and flexibility for those involved in the planning, building and staffing of these types of off-site services.

3-An increased focus on preventive mental health and spiritual wellness is evident. Wellness programs through Employee Assistance Programs (EAP) are becoming more prevalent. EAP on-site programs often focus on stress-prevention strategies, mental health, self-esteem enhancement, and money management and relationship management. Research on psychoneuroimmunology and the increased prevalence of alternative medicine modalities have been prevalent in scientific literature. Facility planners might need to consider reformatting use of present space or building in meditation rooms and areas for relaxation therapy. Quiet, soothing, soundproof environments will need to be part of future planning. Some exam rooms in clinics might contain massage tables instead of exam tables. Facility planners will have to evaluate the need for convertible space, which can be used for large and small group health promotion activities.

4-The focus on self-management and demand management strategies will continue. The availability of self-care resources will become a facility planning issue. Health promotion libraries, Internet access to health education, educational videos, nurse call lines and the ability to use technology efficiently will become important drivers for space planning. Home diagnostic kits, “Healthwise Handbooks” and monitoring equipment will become important tools for people in taking responsibility for managing their health status. Onsite technology needs in physician offices will continue to escalate. Using touch-screen computers to complete health histories and administration of health risk appraisals in the physician office will become commonplace. Patients will expect health care providers to use technology to provide access to instant education once a diagnosis has been made. Technology will be used to educate patients as they make health care decisions.

5-Employers will continue to shift health care costs to employees. Higher health care premiums will force employers to require employees to pay a larger portion of health care costs. Increased co-pays and increased premium rates will force some workers to forego insurance coverage and this will increase the number of uninsured in the community. However, on the brighter side, third-party reimbursement for lifestyle-related activities will continue to increase. More insurers are now covering smoking cessation-related costs, nutrition counseling, stress management and physical fitness.

6-The emphasis on the link between corporate and community health will become more prominent in the future. Many corporations are beginning to realize that they pay for the costs of poor community health in more ways than just increased health care premiums for their workers. Mass media campaigns with health promotion messages target both corporate and community groups.

7-An increased emphasis on developing and maintaining healthy worksites and workers will continue. Corporations are beginning to understand the interplay between healthy environments, healthy workers and healthy bottom lines. New OSHA standards, such as the respiratory standard, are focusing attention on prevention, screening and environmental controls. Health risk assessments, health promotion activities and health screening activities (including drug and alcohol) will be used to promote worksite health and safety. Worksites may need to be revised to include health promotion access, e.g. walking paths, exercise gyms, access to exercise equipment, healthy food in vending machines and smoke-free environments. Integration of worksite injury management and health promotion strategies will continue. Specifically, in health care facilities, worker screenings, training and exposure prevention will continue to be important components of any health and safety program. Ergonomic issues related to patient care, increased use of technology and increased exposure to communicable diseases will greatly affect health care facility planning. Patient care technologies need to be available but not intrusive in the health care settings.

8-The integration of complementary/alternative medicine into health promotion and medical care will escalate. Worksite stretching exercises, relaxation therapy, meditation rooms, and the use of aromatherapy are a few examples of alternative medicine approaches presently being used in worksites. Use of alternative therapies has risen from 34% in 1990 to 69% in 1998. Patients spend more out-of-pocket on alternative medicine than on visits to primary care providers. There is some movement towards integrating and covering the costs of alternative medicine therapies. For example, chiropractic care, nutrition counseling and biofeedback are now included in some insurance plans. Other modalities, such as Tai Chi, acupuncture, massage, herbal treatments and therapeutic touch are not yet reimbursed.

9-Variied marketing approaches for mass and cluster risk management are required to effectively deliver the appropriate health care messages. Women make up 51% of the population but are responsible for making 80% of all health care decisions. Improving their health care purchasing effectiveness requires substantial education. Variied racial and ethnic populations require different educational and marketing messages. Blue-collar workers and white-collar workers respond to different health promotion activities and educational efforts. Previously, worksite wellness in industry was the responsibility of the company’s occupational health nurse. This person’s main focus was on getting injured workers back to work quickly and safely. Now, workers are being asked to become partners in health promotion by joining worksite wellness teams. Instant access to educational messages requires a variety of approaches. Facility planners may need to consider how and when health promotion messages can be delivered, e.g. increased use of billboards, internal posters, health promotion libraries and access to electronic on-line resources are important.

10-Measuring outcomes to monitor effectiveness will be increasingly tied to reimbursement. Accountability for resource utilization for health promotion and prevention efforts will continue to be a major factor in determining worksite wellness programs. Both communities and organizations will select key health indicators, which can be monitored on a routine basis to measure program effectiveness. Certification groups, such as NCQA, will continue to require demonstrations of prevention-related activities through such reports as Hedis indicators, which will be shared with the community. Repetitive community benchmarking efforts will be used to measure the effectiveness of community-wide programs. In the Fox Valley area, a consortium of representatives from the United Way, Community Foundation, Fox Cities Chamber and members from the original steering committees from the Partnership Project and WinnebagoLand Focus published a follow-up quality of life benchmarking study. The plan is to organize this benchmarking effort every 2 years.

Case Studies

Building Health Communities

Building Healthy Communities has been adopted by the Affinity Health System as the organizing framework for the development, implementation and delivery of health promotion services. There are 6 major focus areas: Child/Adolescent Health, Healthy Families, Women's Health, Workplace Healthy & Safety, Senior Care and Lifelong Health Promotion. These focus areas are used to organize the delivery of health promotion services to industry, Affinity Health System employees and the community.

Child/Adolescent Health initiatives include immunization programs, bike helmet safety, childcare seat safety and home safety programs. Adolescent issues are addressed through programming focused on prevention of high-risk activities-smoking, use of alcohol and drugs and teen sexuality programs. Healthy Family programs include parenting classes, home visit programs for first time parents, babysitting classes and other programs focused on family mental and physical health issues. Women's Health programs include preventive screening centers; prevention programs focused on domestic violence, maintaining mental health, osteoporosis and menopause. Workplace Health & Safety initiatives include worker health risk assessments, ergonomic assessments, screening programs, educational breakfast seminars for employers, and onsite educational programs. Senior Care initiatives include senior safety programs, educational programs and senior Olympic programs. Lifelong Health Promotion programs focus on physical activity, nutrition, smoking cessation use/abuse of alcohol and drugs and promotion of mental and spiritual health.

Marketing messages for all health promotion activities highlight the "Building Healthy Communities" theme. Mission-specific, grant-supported community initiatives like the Education for Healthy Kids and Fox Cities Community Clinic are linked to the Building Healthy Community focus areas.

Education for Healthy Kids

Education for Healthy Kids had its roots in a community assessment process called "The Partnership Project". One of the major findings from the community assessment was the importance of fostering prevention as a means of improving the health status of the community. Networking between health care providers and school district administration was the catalyst in pulling together community support for Education for Healthy Kids.

What makes this school-based community health education program unique is the collaboration between the public and parochial school systems, prominent health care organizations, state public instruction (DPI) officials and researchers from the University of Minnesota and the University of Wisconsin-pediatric epidemiology department which is being fostered by community participants. The steering committee is made up of the two school superintendents, two principals, and local health care providers and parent representatives. Research experts from the two universities and the DPI serve as ad hoc members. The local organizations and a grant provided funding for the project from the DPI. Total cost of the project is estimated at \$150,000 per year for the two schools.

Building on work done in 1991 through the Child and Adolescent Trial for Cardiovascular Health (CATCH), the program is aimed at an even earlier school-age child. CATCH was a large multi-center research project funded by a grant from the National Heart, Lung and Blood Institute which involved 96 schools in 4 states and focused on interventions with third through fifth graders and their parents. The Education for Healthy Kids interventions follow closely many of the US Department of Health and Human Services recommendations for school and community

programs promoting physical activity among young people and the recommendations for school health programs promoting healthy eating.

The goal of the project is to demonstrate whether the planned interventions can be shown to have a positive short and long term impact on the attitudes toward physical activity and high risk behavior choices; incidence of chronic diseases; improvement in academic performance and school attendance. The planned interventions include:

1. targeting students at an earlier age (kindergarten through third grade)
2. addition of structured daily (30 minute) exercise and physical fitness component to K-3 curriculum
3. integration of health education in core K-3 curriculum, participation of entire teaching and administration staff, including staff development
4. addition of nutritious food choices in school menus
5. involvement of parents/families in health education program through monthly events
6. Involvement of community health care providers in the development and implementation of educational offerings.

The need to focus risk behavior prevention programs at younger students has been identified, as a community need. Previous middle school prevention programs focused on smoking, drugs and obesity had targeted middle school students. Students are making choices related to risk behaviors earlier and need to get positive lifestyle messages at an earlier age. Through early intervention, this project intends to give elementary school children a foundation that will 1) foster acquisition of behaviors that lead to good health and understanding of what it takes to maintain it and 2) prevent acquisition of health risk behaviors, including tobacco, alcohol and drug use and sedentary lifestyles.

The school principals are responsible for reengineering the school environment to foster healthy behaviors. Both sites are already smoke-free environments. Lunch menu choices have been addressed. A part time nutritionist works with school lunch staff to decrease the fat content of meals, increase offerings of fresh fruit and vegetables. Regular in-services are part of ongoing training for the staff. Parent involvement has been planned. Students are also encouraged to become involved in community fitness activities, for example communities fun runs/walks, etc.

Regular measurement is part of the pilot program. Both outcome and process variables are measured. Outcome measures include parental surveys, third grader surveys, FitnessGram, physical measurements, and absenteeism rates. Process measures include time spent in physical activity, fat content of lunch menu, tray analysis, principal/teacher surveys.

Fox Cities Community Clinic

The Fox Cities Community Clinic (FCCC) provides comprehensive, coordinated care for citizens not currently able to obtain primary care in the Fox Cities area due to a lack of health care insurance or the inability to pay for medical care. Service delivery focuses on primary care, including preventive and acute ambulatory care as well as treatment for chronic medical conditions. The clinic facilitates access to a broader range of health services through appropriate intake assessments, triage, and coordinated referral for non-medical services, mental health services, and specialized medical services including dental care. A combination of paid administrative and nursing staff, and volunteer professional staff provides primary healthcare, intake and referral services, working with a consortium of community medical and non-medical service providers to avoid duplication of services and minimize costs. Needed off-site medical services are provided through a system of vouchers and agreements with a network of specialists committed to providing a share of pro bono services. The Fox Cities Community Clinic is centrally located on the bus line and is adjacent to other services that might be sought by its clients, such as a food pantry, job service provider, etc. A sliding fee-for-service (including free care categories) and eligibility criteria is used. Approximately 350-400 individuals use the clinic on a monthly basis to obtain medical, dental and optical health care.

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Learning Objectives

- Gain an understanding of Community health and wellness trends impacting on facilities planning
- Gain an understanding of primary prevention and it's link to community-based planning
- Gain an understanding of "Education for Healthy Kids" and it's expected impact on the community
- Gain an understanding of the Fox Cities Community Clinic program

Hot Topics for Panel Discussion

- 1-Community-based planning based on community needs assessments-Who's agenda are we supporting?
- 2-Alternate site development for community-based health care services-Which services, where, by whom?
- 3-Alternative/complementary/integrative medicine-Research-supported activities vs word-of-mouth?
- 4-Integration of work-site health/safety and health promotion efforts-Who's responsible for integrating and implementing these efforts? What's cost-effective?
- 5-Mass vs cluster risk management-Who should pay for community health promotion programs?

Brief Outline

The evolution of corporate and community health promotion will have a major impact on the design of health-related facilities. Building healthy communities involves more than bricks and mortar. It involves delving into the root causes of poor health. This presentation reviews the stages of managed care evolution and maturation in Health Promotion. A definition of health promotion is provided. Trends in community health/wellness impacting on facility and service planning are discussed. Three examples of community programs are reviewed.

ⁱ Morgan, I. & Marsh, G. (1998). Historic and future health promotion contexts for nursing. **Image: Journal of Nursing Scholarship**, **20(4)**, 379-383.

ⁱⁱ World Health Organization (WHO). (1987). Ottawa Charter for health promotion. **Health Promotion**, 1(4), iii-v.