

Obesity Statewide Strategic Plan

***Mission:** Improve healthy weight status for all Iowans by creating supportive environments for healthy eating and physical activity.*

***Vision:** By 2019, improve overweight and obesity population measures and patient outcomes.*

1. Prevent overweight and obesity among Iowans (primary prevention).

- **Objective 1.1: Increase the percentage of Iowans at a healthy weight by advancing primary prevention efforts.**
 - Tactic 1.1-A: Align with existing statewide programs including the Iowa Healthiest State Initiative, Wellmark Community Health Improvement initiatives, Regional Food Systems Working Groups, Councils of Government, HPCDC (1305) etc.
 - Tactic 1.1-B: Collaborate with community stakeholders to implement evidence-based primary prevention efforts focusing on target behaviors of healthy eating and physical activity and determine how BMI data will be captured.
 - Tactic 1.1-C: Enhance and encourage collaboration between physical activity social support programs (i.e., Live Healthy Iowa).
 - Tactic 1.1-D: Collaborate with the Department of Education and local school districts to implement and strengthen local school wellness policies, inclusive of school-based wellness committees.

- **Objective 1.2: Increase the percentage of Iowans who follow healthy eating patterns.**
 - Tactic 1.2-A: Implement evidence-based strategies to increase access to healthy foods and beverages.
 - Promote access to healthy and affordable food and beverage choices in public venues (city and county buildings, parks, schools, and early childhood centers) and private sector businesses (grocery stores, convenience stores, restaurants, worksites, etc.), such as through the Nutrition Environment Measures Survey-Vending and Mix It Up marketing campaign.
 - Increase availability of fruits and vegetables in public service venues and private sector businesses (grocery stores, convenience stores, restaurants, worksites, etc.).
 - Promote incentives and supportive mechanisms for the local production, distribution, and procurement of healthy foods, such as through farm-to-table connections with grocers, convenience stores, farmers' markets, schools, food pantries, etc.
 - Encourage local policies that limit availability of less healthy foods and beverages and increase availability of healthier food and beverage choices in public and private venues.



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- Encourage public venues to establish local policies that limit advertisement of less healthy foods and beverages.
 - Promote smaller portion sizes in public and private venues.
 - Promote limited consumption of sugar-sweetened beverages (carbonated soft drinks, sports drinks, flavored/sweetened milk and fruit drinks).
 - Tactic 1.2-B: Implement strategies to promote and support increased breastfeeding rates including initiation, exclusivity and duration.
 - Promote evidence-based maternity practices in hospital and birthing centers. (Community-based example: Baby-friendly Hospitals)
 - Educate and equip employers support worksite breastfeeding.
 - Encourage the establishment of policies to engage early care and education providers in best practices for supporting breastfeeding.
 - Address social determinants of health that impact the decision to breastfeed.
 - Tactic 1.2-C: Promote healthy food attitudes and healthy choices through ongoing education and messaging.
 - Incorporate messages for healthy food attitudes, such as “food as fuel” and not a reward, as part of existing health education, messaging, and marketing.
 - Promote awareness and incorporation of cultural influences and traditions in food and beverage preferences and interventions for healthier choices.
 - Acknowledge and support health efficacy interventions, such as food preparation and healthy cooking, as part of efforts to increase healthy behavior choices.
- Objective 1.3: Increase the percentage of Iowans who engage in an active lifestyle.
 - Tactic 1.3-A: Improve community design and infrastructure that supports physical activity and safe use and accessibility (e.g., Complete Streets, shared lanes and shared-use paths, sidewalks, Safe Routes to School and parks, signage, zoning, and land use).
 - Tactic 1.3-B: Enhance and encourage collaboration between physical activity social support programs (e.g., Live Healthy Iowa).
 - Tactic 1.3-C: Expand utilization of the Comprehensive School Physical Activity Program with quality physical education as the foundation, physical activity before, during, and after school, staff involvement, and family and community engagement.
 - Tactic 1.3-D: Increase use of public facilities for physical activity through the implementation of shared-use agreements.
 - Tactic 1.3-E: Encourage the establishment of policies that limit screen time to less than two hours per day and eliminate withholding of physical activity as punishment in home, childcare, school and after-school settings.
 - Tactic 1.3-F: Educate and equip employers to support opportunities for physical activity throughout the workday through worksite location and designs, as well as wellness campaigns or policies.

- Tactic 1.3-G: Educate the public on opportunities to increase physical activity and maintain active lifestyles through activities beyond traditional exercise and physical education, such as gardening, walking, dancing, etc.

2. Ensure identification of overweight and obesity in its earliest stages (detection).

- Objective 2.1: Educate the public on overweight and obesity screening recommendations.
 - Tactic 2.1-A: Disseminate overweight and obesity risk factors information, prevention opportunities, and associated recommendations to providers and community partners.
 - Create and disseminate a standardized risk factors screening tool.
 - Tactic 2.1-B: Incorporate overweight and obesity risk factors information and recommendations as part of existing public awareness and education platforms.
 - Tactic 2.1-C: Promote positive language in education for overweight and obesity risk factors and recommendations promoting healthy weight status and reducing weight-based stigma.
- Objective 2.2: Increase access to quality recommended overweight and obesity screenings and healthcare services.
 - Tactic 2.2-A: Promote overweight and obesity screening, following national recommendations and tools, including growth charts and Body Mass Index, and national overweight and obesity definitions.
 - Tactic 2.2-B: Increase access to overweight and obesity screening opportunities through community, employer, schools, and workplace-based outlets.
 - Tactic 2.2-C: Promote physical activity and nutrition screening, utilizing evidence-based resources such as the Family Nutrition and Physical Activity (FNPA) survey, Healthy Habits questionnaire, and Exercise is Medicine programming.
- Objective 2.3: Implement health-care system-based strategies to identify and address undiagnosed overweight and obesity.
 - Tactic 2.3-A: Encourage use of risk stratification tools to identify appropriate patient populations for overweight and obesity screening.
 - Tactic 2.3-B: Educate and equip providers to address overweight and obesity risk factors and screening with patients.
 - Implement healthy weight discussions as part of routine and all non-acute patient care visits.
 - Identify barriers within primary care offices to addressing overweight and obesity screening with patients.
 - Promote and implement the use of technology to support overweight and obesity detection and diagnosis.
 - Incorporate motivational interviewing as part of healthy weight discussions and provide tools to address weight-based bias.
 - Tactic 2.3-C: Explore aligned incentive mechanisms with payers to support members in achieving and maintaining a healthy weight status.

3. Improve the quality of healthy weight management and treatment services and care (management/treatment).

- Objective 3.1: Increase awareness of and capacity to address the psychological and social factors contributing to overweight and obesity.
 - Tactic 3.1-A: Champion education among medical and behavioral health service communities to assess root cause of overeating and overweight/obesity and identify appropriate methods to address underlying causes.
 - Tactic 3.1-B: Promote public and patient education to inform of the potential psychosocial reasons for overeating and overweight/obesity and appropriate methods to address underlying cause.

- Objective 3.2: Implement clinical, systems-based healthcare strategies to achieve and support healthy weight management.
 - Tactic 3.2-A: Implement evidence-based interventions to enhance overweight and obesity identification and treatment, such as established treatment algorithms.
 - Create and disseminate provider toolkit to identify and connect essential resources.
 - Tactic 3.2-B: Engage providers and patients in healthy weight management and best practices, including role of nutrition and physical activity as part of treatment and care.
 - Educate providers on best practices for health weight management and treatment for adult and pediatric patient populations.
 - Tactic 3.2-C: Equip providers to recognize and address social determinants of health influencing healthy weight status.
 - Tactic 3.2-D: Promote a culture of safety throughout provider settings supportive of patient and family engagement and activation.

- Objective 3.3: Increase coordination of weight management and overweight/obesity treatment activities.
 - Tactic 3.3-A: Promote care coordination across community of providers.
 - Tactic 3.3-B: Increase provider and consumer awareness and use of healthy weight management resources, including community-based and virtual offerings.
 - Tactic 3.3-C: Ensure providers are aware of and refer patients to appropriate resources to address social determinants of health and barriers to management and treatment.

- Objective 3.4: Engage patients and families as the center of their weight management care.
 - Tactic 3.4-A: Increase overweight and obesity health literacy for patients, caregivers, and their providers, inclusive of risk factors and healthy weight management recommendations.
 - Tactic 3.4-B: Champion shared decision-making principles and practices as a fundamental component of care for patients and their caregivers.

- Tactic 3.4-C: Equip parents and family members to be active members of weight management efforts for children and family members.
- Tactic 3.4-D: Identify and address barriers to patient care impacting weight management and overweight/obesity treatment.
 - Encourage patient and provider discussions to identify social determinants of health and patient needs impacting care.
 - Incorporate referrals to community-based services to assist in addressing barriers to care and supporting self-management.
- **Objective 3.5: Increase availability and access to comprehensive weight management, treatment, and support services.**
 - Tactic 3.5-A: Identify and support existing resources to assist patients in locating and accessing overweight and obesity care services.
 - Tactic 3.5-B: Maximize effectiveness and use of comprehensive weight management education and support.
 - Support increased access and use evidence-based, endorsed weight management education and support services.
 - Educate providers and consumers about the purpose and availability of weight management education and support services in Iowa.
 - Increase provider referral of diagnosed patients to weight management education and support services.
 - Tactic 3.5-C: Increase the number of weight management education and support programs across Iowa to improve access to comprehensive weight management programs for all Iowans.
 - Tactic 3.5-D: Explore mutual support and sustainability strategies with the payor community to improve access and coverage for services, including clinical, dietetic, and community-based services and programs.

4. Use data to drive population-based weight management and healthy living strategies (data).

- **Objective 4.1: Develop common adult and pediatric overweight and obesity measure sets across the Iowa provider community.**
 - Tactic 4.1-A: Align measures and data collection with national quality measure conventions, as able (e.g. CMS, National Quality Forum (NQF)).
 - Tactic 4.1-B: Identify set of common care measures to monitor patient population healthy weight status.
 - Tactic 4.1-C: Encourage provider routine tracking and utilization of overweight and obesity data
- **Objective 4.2: Enhance overweight and obesity surveillance through development of an “Iowa suite” of standardized metrics.**
 - Tactic 4.2-A: Utilize diverse sources of available data, including surveillance and claims/service-based reporting, to capture ongoing execution of overweight and obesity strategies.
 - Tactic 4.2-B: Identify potential sources of data and sampling methodology options for capturing needed data.

- Tactic 4.2-C: Support public availability and access of weight management and healthy living surveillance data through establishment of a report highlighting current state of overweight/obesity and healthy living in Iowa.
- Objective 4.3: Use data as a transformative suite to support transformation of the healthcare system in Iowa
 - Tactic 4.3-A: Facilitate improvements in chronic care across settings through overweight and obesity quality improvement and tracking activities.
 - Promote expansion of clinical care process measures beyond overweight and obesity, to include other chronic conditions and co-morbidities.
 - Encourage surveillance of overweight and obesity as part of chronic care continuum, inclusive of related conditions and social determinants of health.
 - Ensure incorporation of qualitative data to enable optimal understanding and tracking of progress.