

Prevention Issue Brief

Prevention and Chronic Care Management Advisory Council
Iowa Department of Public Health
October 2010

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The dramatic growth of chronic diseases is a huge burden to America. An alarming 75 cents of every health care dollar is spent on chronic diseases, and they account for 7 out of every 10 deaths.¹ If this problem is ignored, the cost of treating chronic conditions such as diabetes, cancer, and obesity could overwhelm American health care. But improving preventive care and keeping people healthier is one of the most effective ways to reduce health care costs and is a major focus of health care reform.

Definitions

- **Health**- a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.²
- **Health Promotion**- the process of enabling people to increase control over the determinants of health and thereby improve their health.³
- **Social Determinants of Health**- the conditions in which people are born, grow, live, work and age, including the health system. They are shaped by the distribution of money, power and resources at global, national and local levels, which are influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.⁴
- **Prevention**- "To prevent" literally means "to keep something from happening". The term "prevention" is reserved for those interventions that occur before the initial onset of disorder.
- **Levels of Prevention**

Level	Definition	Examples
Primary Prevention	Health promotion activities that prevent the actual occurrence of a specific illness or disease.	<ul style="list-style-type: none">• Immunizations• Health education about prevention illness• Hand washing
Secondary Prevention	Promotes early detection of disease, thereby increasing opportunities for interventions to prevent the progression of the disease.	<ul style="list-style-type: none">• Screening for a specific disease• Treatment of hypertension to prevent complications• Initiating dietary changes to prevent overweight/obesity
Tertiary Prevention	Directed towards recovery or rehabilitation of a disease or condition after the disease has been developed.	<ul style="list-style-type: none">• Referring someone who had a stroke to rehabilitation• Educating someone how to manage their diabetes

Health Benefits of Prevention

America's current health care system is set up to focus on treating people once they become sick. Some experts describe this as "sick care" instead of health care. The country will never be able to contain health care costs until we start focusing on how to prevent people from getting sick in the first place, putting an emphasis on improving the choices we make that affect our risk for preventable diseases. Experts widely agree that three of the most important factors that influence our health are:

- 1) **Physical activity**
- 2) **Nutrition**
- 3) **Whether or not we smoke**

CDC estimates that eliminating these three risk factors would prevent:

- **80% of heart disease and stroke**
- **80% of type 2 diabetes**
- **40% of cancer¹**

Prevention in Federal Health Care Reform

On March 23, 2010 President Obama signed the Patient Protection and Affordable Care Act into law. A number of provisions are directed toward prevention and wellness initiatives:

- A **National Prevention, Health Promotion and Public Health Council** was created to provide coordination and leadership among agencies related to prevention and health promotion practices.
- A **Prevention and Public Health Fund** was established to provide an expanded and sustained national support for public health and prevention programs directed toward activities to prevent and control chronic diseases. It will be funded at \$7 billion from 2010 through 2015, and \$2 billion for each fiscal year after 2015.
- It allows insurers to create incentives for health promotion and disease prevention practices through significant premium discounts and encourages employers to provide wellness programs and provide premium discounts for employees who participate in these programs.
- It requires chain restaurants and vending machine food to disclose the nutritional content of each item.
- It appropriates \$25 million for the childhood obesity demonstration project, which was established through the Children's Health Insurance Program Reauthorization Act (CHIPRA).⁵

CDC's Six Winnable Battles: A National Prevention Effort

CDC has coined the term Winnable Battles to describe public health priorities with large-scale impact on health and with known, effective strategies to intervene. To date, six winnable battles have been identified based on the magnitude of the health problems and CDC's ability to make significant progress in improving outcomes. Many of these relate to the prevention of chronic diseases.

- **Healthcare Associated Infections (HAIs)** – CDC is committed to eliminating preventable infections that occur from medical or surgical procedures. HAIs are one of the top 10 leading causes of death in the United States, accounting for an estimated 1.7 million infections and 99,000 associated deaths each year.
- **HIV** – CDC provides leadership in reducing new HIV infections through awareness of HIV status, prevention for positives, prevention for high risk negatives, and elimination of health disparities.
- **Motor Vehicle Injuries** – CDC actively supports evidence-based interventions such as primary restraint laws, graduated driver licensing, and DUI interlock devices to drive down deaths and injuries from motor vehicle crashes.
- **Obesity, Nutrition, Physical Activity and Food Safety** – CDC is committed to addressing the epidemic of obesity and overweight in the U.S. and improving the public's health through the promotion of good nutrition, physical activity, and a safe food supply.
- **Teen Pregnancy** – CDC works to prevent teen pregnancies that contribute to poor health and negative social outcomes through evidence-based strategies, policies, and systems change.
- **Tobacco** – CDC is dedicated to reducing the death and disease caused by tobacco use and exposure to secondhand smoke.⁶

Helping people stay healthy is a common sense solution to the rising cost of health care.

Return on Investment

A small strategic investment in disease prevention could result in significant savings in U.S. health care costs. A recent report¹ finds that an investment of \$10 per person per year in proven community-based programs to increase physical activity, improve nutrition, and prevent tobacco use could save America more than \$16 billion annually within 5 years. **This is a return on investment of \$5.60 for every \$1.** The report focused on disease prevention programs that do not require medical care and target communities. Examples of these programs include providing increased access to affordable nutritious foods, increasing sidewalks and parks in communities, and raising tobacco tax rates.⁷

Iowa could save \$214,300,000 in 10-20 years by making this \$10 per person per year investment. That is a return on investment of more than 6 to 1.⁷

Obesity Prevention

Obesity rates in the U.S. have increased dramatically over the last 30 years, and obesity is now considered an epidemic in America.⁸

There is great opportunity to reverse this trend and save nearly \$200 billion in health care costs by enacting common-sense reforms. The *Partnership to Fight Chronic Diseases* proposes the following five recommendations, with examples of potential policy solutions, to address the obesity challenge:

If nothing is done to tackle the obesity crisis, by 2018:

- 103 million American adults (43% of the population) will be considered obese.
- US spending on health care costs caused by obesity will quadruple to \$344 billion.
- Obesity will account for more than 21% of health care spending.⁸

Recommendations	Potential Policy Solutions
Remove barriers and empower Americans to take control of their health.	<ul style="list-style-type: none"> • Include obesity counseling as a preventative service • Reinstate physical education and require school lunches to meet nutritional standards • Ensure that all Americans have access to a place where they can be physically active and purchase healthy foods by supporting tax, grant and subsidy programs that achieve these goals
Educate Americans to view obesity as a serious medical condition that increases risk for other health problems.	<ul style="list-style-type: none"> • Use public awareness campaigns to empower providers to treat obesity as a medical condition • Develop recommendations for approaching the subject of overweight/obesity in a clinical setting
Ensure that fear about the stigma of obesity does not eclipse the need to combat it.	<ul style="list-style-type: none"> • Support educational workshops that give Americans guidance in preventing and treating obesity • Provide support systems for patients and family members to adhere to treatments for obesity
Redesign our health care system to treat obesity like a preventable medical condition.	<ul style="list-style-type: none"> • Pay for "extra" care like weight loss counseling • Reimburse for nutritionists and other specialists • Increase coverage of comprehensive primary care to include obesity monitoring and prevention
Engage employers and communities to get them invested in promoting wellness.	<ul style="list-style-type: none"> • Offer tax credits to employers that offer wellness benefits and encourage health • Ensure that programs are voluntary, easy to access and have a well-designed and well-communicated structure and series of benefits • Provide incentives and funding through community health centers (including school-based centers)

Oral Health Prevention

Oral disease is both a health risk and chronic disease issue. Tooth decay affects children in the U.S. more than any other chronic infectious disease.⁹ If left untreated, it can lead to pain and infections that will affect a child's ability to eat, sleep, talk, play and learn. Adults are also significantly impacted by oral disease. Fourteen percent of adults ages 45-64, and 23 percent of 65 to 74-year olds have severe periodontal disease. Several reports link infection in the mouth to illnesses such as heart disease, lung disease, and poor pregnancy outcomes (babies born too small and too soon).¹⁰

The good news is that tooth decay and other oral problems are highly preventable. The combination of community water fluoridation and regular dental care has the potential to significantly reduce tooth decay and gum disease in children and adults.

- **Community Water Fluoridation:** Fluoridation is a cost-effective, safe, evidence-based approach to prevent tooth decay and it is recognized by the CDC as one the ten great public health achievements of the 20th century. This modality benefits persons in all age groups and of all socio-economic statuses, including those difficult to reach through other public health programs and private dental care.
- **Early and regular dental care:** Professional dental care, starting at age 1, contributes to improved oral health through preventive services such as fluoride varnish and dental sealant applications. All persons should use fluoride toothpaste to help prevent tooth decay and should brush and floss daily to prevent gum disease. Prevention also includes appropriate diet, limiting daily intake of sugary foods and drinks.¹¹

Policy Recommendations:

- Expand the IDPH I-Smile™ initiative (page 8) to include maternal health programs and nursing homes to reach more at-risk populations and prevent disease.
- Advocate for a legislative and/or governor's proclamation in support of continuing community water fluoridation as an effective means to decrease dental disease and the resulting health complications.
- Continue to support the Iowa Department of Public Health I-Smile™ program and its community-based coordinators to improve access to care through strengthened referral systems and prevention services.
- Explore new dental workforce models that would expand preventive and restorative services.
- Expand loan repayment options for dentists and dental hygienists who provide services to underserved Iowans, particularly in rural counties.
- Increase Medicaid reimbursement for dental services.

Musculoskeletal Health

Although generally not life threatening, musculoskeletal disease is far more prevalent than any other chronic condition requiring medical attention and the costs are staggering. It is estimated that \$849 billion is spent each year on musculoskeletal health. This is nearly 7.7% of the national gross domestic product. Musculoskeletal disease is a significant contributor to pain, disability and diminished quality of life.¹³

A focus on musculoskeletal health and injury prevention will also impact other chronic disorders, since it is a major reason for diminished activity. Prevention priorities include:

- physical activity
- ergonomic education
- motor vehicle safety
- violence prevention
- appropriate use of protective gear in sports
- screening for scoliosis and osteoporosis
- fall prevention in the elderly
- access to care

Physical Activity and Healthy Eating

Chronic illnesses caused by obesity can be avoided by living a healthy lifestyle through nutritional and portion-controlled eating habits and regular exercise. On the other hand, unhealthy eating habits and physical inactivity are the two main risk factors for major chronic diseases such as diabetes, cardiovascular disease, and cancer.

Over 67% of adult Iowans are overweight or obese, up from 55% in 1995.

Healthy People 2010 states that around 75 percent of Americans do not eat enough fruit, over half do not eat enough vegetables, and 64 percent consume too much saturated fat. Low fruit and vegetable consumption and high saturated fat intake are associated with coronary heart disease, some cancers, and diabetes.¹⁴

Regular physical activity is essential for a healthy life. Physically inactive people are two times as likely to develop coronary heart disease as people who engage in regular physical activity. Thus physical inactivity causes almost as much risk for heart disease as cigarette smoking, high blood pressure, or a high cholesterol level, but is more prevalent than any of these other risk factors.

The CDC developed a report "[Recommended Community Strategies and Measurements to Prevent Obesity in the United States](#)" which contains 24 recommended obesity prevention strategies focusing on environmental and policy level change initiatives that can be implemented by local governments and school districts to promote healthy eating and active living.¹⁵

Strategies to Promote the Availability of Affordable Healthy Food and Beverages

1. Increase availability of healthier food & beverage choices in public service venues
2. Improve availability of affordable healthier food & beverage choices in public service venues
3. Improve geographic availability of supermarkets in underserved areas
4. Provide incentives to food retailers to locate in and/or offer healthier food & beverage choices in underserved areas
5. Improve availability of mechanisms for purchasing foods from farms
6. Provide incentives for the production, distribution, & procurement of foods from local farms

Strategies to Support Healthy Food and Beverage Choices

7. Restrict availability of less healthy foods & beverages in public service venues
8. Institute smaller portion size options in public service venues
9. Limit advertisements of less healthy foods & beverages
10. Discourage consumption of sugar-sweetened beverages

Strategy to Encourage Breastfeeding

11. Increase support for breastfeeding

Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth

12. Require physical education in schools
13. Increase the amount of physical activity in PE programs in schools
14. Increase opportunities for extracurricular physical activity
15. Reduce screen time in public service venues

Strategies to Create Safe Communities That Support Physical Activity

16. Improve access to outdoor recreational facilities
17. Enhance infrastructure supporting bicycling
18. Enhance infrastructure supporting walking
19. Support locating schools within easy walking distance of residential
20. Improve access to public transportation
21. Zone for mixed-use development
22. Enhance personal safety in areas where persons are or could be physically active
23. Enhance traffic safety in areas where persons are or could be physically active

Strategy to Encourage Communities to Organize for Change

24. Participate in community coalitions or partnerships to address obesity

Keeping our children healthy and safe is the responsibility of all of us--parents, doctors, nurses, and teachers.

Pediatrics

Prenatal Care A child's health begins long before it is born. Habits that may not harm an adult may still harm a child's development. Prenatal care can greatly reduce a child's risk for health problems.

- Every year nearly one million American women deliver babies without receiving adequate medical attention. Babies born to mothers who received no prenatal care are **three times** more likely to be born at low birth weight, and **five times** more likely to die, than those whose mothers received prenatal care.
- Prenatal care involves the mother's caring for herself by:
 - following her doctor's advice, including prenatal vitamins & appropriate vaccinations
 - practicing good nutrition
 - getting plenty of rest
 - exercising sensibly
 - avoiding things that could harm her or her baby (smoking, alcohol, drugs etc.)

Well-Child Visits- A sick child should see a doctor. What about a healthy child? Childhood is a time of rapid growth and change. Pediatric well-child visits will help to **keep** children healthy. A child's doctor will evaluate their general health, growth and development, as well as provide appropriate medical services. A well-child visit is also a time to raise questions and concerns about issues such as normal development, nutrition, sleep, safety, and infectious diseases.

Family-Centered Care- Pediatrics is focused on family-centered care. It encompasses a number of distinguishing factors that should be utilized when caring for children. Family-centered care is based on the understanding that the family is the child's primary source of strength and support. Further, this approach to care recognizes that the perspectives and information provided by families, children, and young adults are important in clinical decision making. Family-centered care is built on partnerships between families and professionals and it honors the strengths, cultures, traditions, and expertise that everyone brings to the relationship with the child.

The Life Course Health Development Model- Pediatricians embrace the concept of positive health development for children. The Life Course Health Development (LCHD) Model is a conceptual approach that explains an individual's developmental process and addresses that people's experiences in the early years of life influence later health conditions and functional status. In the LCHD model, health is a result of genetic, biological, behavioral, social, and economic factors. These factors change as a person develops. Therefore, health is not seen as a static phenomenon. It develops over time and changes as a function of experience.¹⁶

Baby-Friendly Hospital Initiative

The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding. The BFHI assists hospitals in giving mothers the information, confidence, and skills needed to successfully initiate and continue breastfeeding their babies or feeding formula safely, and gives special recognition to hospitals that have done so.

The BFHI promotes, protects, and supports breastfeeding through The **Ten Steps to Successful Breastfeeding for Hospitals**. The steps are:

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breastmilk, unless *medically* indicated.
7. Practice "rooming in"—allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial nipples to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic

<http://www.babyfriendlyusa.org/>

Mental Health

As stated earlier health is defined as **“a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”**.

Therefore, in order to achieve holistic health, the improvement of mental health in individuals is essential. This is also important because mental disorders are responsible for a large amount of burden due to illness. This burden extends further into the community and society as a whole, having far-reaching economic and social consequences. Reports indicate that 83% of people with serious mental illnesses are overweight or obese. They also have shortened life-spans, on average only living until 53 years old. The shortened life-span is not brought on by the mental illness, rather by other chronic conditions including obesity.¹⁷

Iowa ranks 47th among states in psychiatrists per capita and 46th among states in psychologists per capita.

It is essential that effective preventive and health promotional measures be taken to reduce the impact of mental disorders on the individual and society. This can be done by giving greater attention to mental health at the level of policy formation, legislation, decision-making, resource allocation and the overall health care system.

Integrating mental health services into primary health care through a patient-centered medical is the most viable way of closing the treatment gap and ensuring that people get the mental health care they need. To be fully effective and efficient, primary care for mental health must be coordinated with a network of services at different levels of care and complemented by broader health system development.

There are many advantages for integrating mental health services into primary health care:¹⁸

1. *Reduced Stigma for people with mental disorders and their families*- Because primary care services are not associated with any specific health conditions, stigma is reduced when seeking mental health care from a primary care provider, making this level of care far more acceptable.
2. *Improved access & treatment of co-morbid physical conditions*- Mental health is often co-morbid with chronic conditions such as cancer, HIV/AIDS, and diabetes. Primary care providers can treat the physical health needs of patients with mental disorders, as well as the mental health needs of those suffering from infectious and chronic diseases. This will lead to better health outcomes.
3. *Reduced burden and improved social integration*- many patients have to travel a far distance to access mental health services. This disrupts normal daily life, employment and family life. By providing services in a primary health setting, the burden on individuals, families and society is reduced, while household productivity and social integration is maintained, resulting in better chances of recovery.
4. *Better health outcomes*- For most common mental disorders, primary health care can deliver better care than that provided in psychiatric hospitals. Patients beyond general and ordinary mental health issues should be referred onto a mental health specialist for adequate care.
5. *Improving human resource capacity*- Integration is an important solution to addressing human resource shortages to deliver mental health interventions.

Iowa Examples of Successful Prevention Programs

Family Health History Initiative

The Family Health History Initiative is a program within IDPH's Center for Congenital and Inherited Disorders. The initiative encourages families to learn more about their family health history.

Health care professionals have known for a long time that common diseases - heart disease, cancer, and diabetes - and rare diseases - like hemophilia, cystic fibrosis, and sickle cell anemia - can run in families. If one generation of a family has high blood pressure, it is not unusual for the next generation to have similarly high blood pressure. Tracing the illnesses suffered by your parents, grandparents, and other blood relatives can help providers predict disorders patients may be at risk for and take appropriate action.

A family health history can:

- Teach about diseases or conditions one may be at increased risk for developing
- Point out behaviors (smoking, inactivity) or environmental exposures (secondhand smoke, farm chemicals) that may be increasing the risk for disease and that should be changed
- Help take advantage of appropriate screening tests (genetic testing, mammography, colonoscopy, blood pressure checks) that may detect problems early.

Family health history is defined as a family's combination of shared genes, environment, behaviors and culture.

Iowa Examples of Successful Prevention Programs (cont.)

YMCA Healthy Living Center- Tertiary Prevention at a Community Level

The YMCA Healthy Living Center (HLC) is a partnership between the YMCA of Greater Des Moines and Mercy Medical Center.

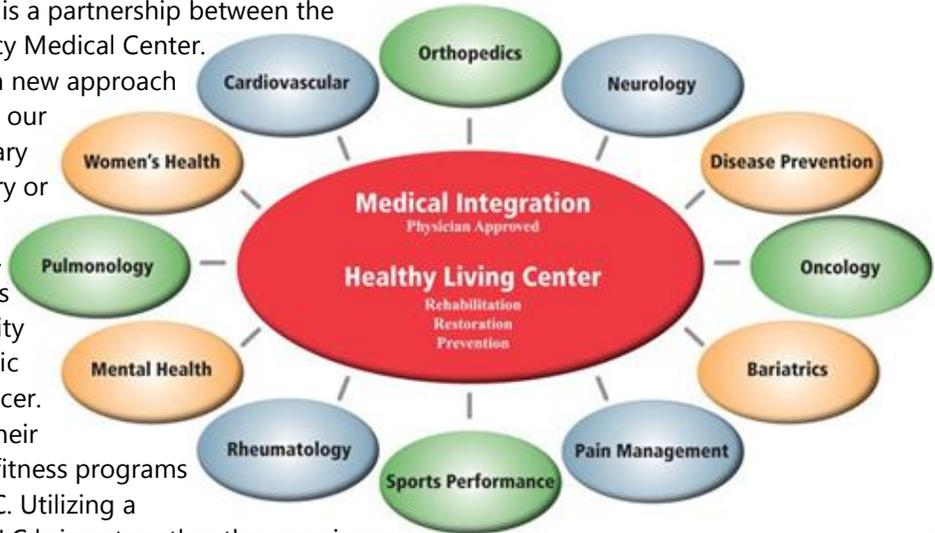
Located in Clive, Iowa, the HLC brings a new approach to health, healing, and healthy living to our community. As mentioned earlier, tertiary prevention is "directed towards recovery or rehabilitation of a disease or condition after the disease has been developed".

Over 400 different physicians in the Des Moines area utilize this community utility for their patients diagnosed with chronic conditions such as heart disease or cancer.

The physicians write prescriptions for their patients to participate in personalized fitness programs in a welcoming environment at the HLC. Utilizing a

"medically integrated" approach, the HLC brings together the experience

and expertise of both medical and fitness professionals to more effectively impact a person's health and well-being.



Iowa Walkability Assessment Tool- "Walking With a Purpose"

As Iowan's waistlines grow, so do the number of miles driven by cars. In order for more people to be physically active they need live in neighborhoods that are pedestrian and bicycle friendly. For years, we've turned our neighborhoods from pedestrian-based to a car-based. This has led to Americans having very sedentary lifestyles. To determine if an area is pedestrian-friendly, an assessment of the area's "walkability" needs to be conducted. Walkability is a measure of how friendly an area is to walking. This entails taking a look at the presence or absence and quality of sidewalks or other pedestrian right-of-ways, traffic and road conditions, land use patterns, building accessibility, and safety, among others.

The Iowans Fit for Life Community Work Group has created a tool "Walking With a Purpose" to assist communities as they assess walkability. The tool was developed specifically to help schools and children identify ways that their route to school could be more walkable. The tool gives ideas on where to complete the assessment, community members to invite to the assessment, a walkability checklist, discussion questions, what to do after the walk, potential class projects to consider, and resources.

In the spring of 2010, 13 community wellness grantees utilized Walking with a Purpose and had great results. Several communities had city officials take part in the event, as well as key school personnel and students. The results of the assessments will be shared with county boards of supervisors, city councils and school boards. The communities will be contacted at the end of 2010 for updates on their results. The Walking with a Purpose guide is available on the [Iowans Fit for Life web site](http://www.iowansfitforlife.org).

I- Smile™ Dental Home Initiative

The I-Smile™ Dental Home Initiative was created in response to legislation requiring Medicaid-enrolled children age 12 and younger to have a dental home. I- Smile™ approaches the **dental home** as a network of individualized care based on risk assessment. This includes oral health education, dental screenings, preventive services, diagnostic services, treatment, and emergency services to allow all children to have early and regular care and ensure optimal oral health.



Through the IDPH I-Smile™ project, dental hygienists serving as local coordinators are reducing barriers to care by building dental referral networks. They are also providing screenings and fluoride varnish applications in WIC clinics, Head Start centers, and other public health settings. In addition, coordinators serve as local advocates to increase oral health awareness and promote community water fluoridation. http://www.idph.state.ia.us/hpcdp/oral_health_ismile.asp

Iowa Examples of Successful Prevention Programs (cont.)

Community Wellness Grant

In 2009 the Decatur County Board of Health received a Community Wellness Grant administered by the Iowa Department of Public Health. Their goal was to make Lamoni a healthier place to live, work, and play. Because of their commitment to the health of their community, Lamoni now has a trail system that stretches for six miles in and around town. Using the new funding, community members were able to connect two existing trail systems, making it much easier for residents to use the trail for walking, bicycling, jogging or simply as a more enjoyable way to get from one place to another.

With 37 percent of Iowa adults now overweight and another 28 percent obese, the importance of an environment that supports healthy eating and physical activity cannot be underestimated. Currently, one in five Iowa adults reports no leisure-time physical activity over the past month and less than 20% report eating the recommended servings of fruit and vegetables. Thanks to the Decatur County Board of Health and their community coalition's investment in their community, the Decatur trail system provides residents with an effective and inviting way to get in the physical activity we all need to stay healthy.

Healthy Iowa Worksites Toolkit

In the spring of 2009, the Iowa Cancer Consortium funded the Healthy Iowa Worksites toolkit project. The project was led by the Iowans Fit for Life team at IDPH and was a collaborative effort with the Bureau of Chronic Disease Prevention and Management, the Division of Tobacco Use Prevention and Control, Iowans for Wellness and Prevention, and the Wellness Council of Iowa. The toolkit was developed because we know that:

- Iowa ranks 22nd in the nation for obesity with an adult obesity rate of 27.6%
- Iowans spend more than forty hours per week on work and work-related tasks
- Three of every four healthcare dollars is spent in the treatment of chronic disease
- Insurance premiums are increasing at an average rate of 11.1% across all Iowa employers (David P. Lind Associates, 2009)
- Iowa has roughly 91,000 businesses with fewer than 100 employees
- Small businesses generally don't have the same resources and capacity that larger businesses have to implement worksite wellness programs

The Patient Protection and Affordable Care Act includes provisions that encourage and incentive employers to offer worksite wellness programming to their employees. Small businesses need help and the Healthy Iowa Worksites toolkit is designed to provide that help. The toolkit provides a step-by-step process for implementing wellness programming, includes resources that are proven to be effective, programming examples, communications templates, and a comprehensive list of suggested policy and environmental change initiatives for employers to consider implementing. Iowa employers offer some of the best opportunities in the nation. Implementing wellness and prevention will continue this tradition and improve the health of the Iowa work force.

The toolkit can be found on the Iowans Fit for Life web site by clicking on the Active and Eating Smart Tools for Change toolbox icon on the home page, or by clicking here:

<http://www.idph.state.ia.us/iowansfitforlife/toolkits.asp>



Council Members

Name	City	Representing
Jose Aguilar, MD	Des Moines	Iowa Nebraska Primary Care Association
Bill Appelgate, PhD	Des Moines	Iowa Chronic Care Consortium
Krista Barnes, PA-C	Des Moines	Proteus Migrant Health Project
Marsha Collins, PA-C	Des Moines	Iowa Physician Assistant Society
Ana Coppola, MPH	Des Moines	Community Advocate
Eileen Daley, RN, MPH	Waterloo	Iowa Public Health Association
Steve Flood	Des Moines	Holmes Murphy and Associates
Trula Foughty, RN	Des Moines	Iowa Healthcare Collaborative
Della Guzman	Des Moines	Iowa Health System
Terri Henkels	Des Moines	Iowa State Association of Counties
Melanie Hicklin, ARNP	West Des Moines	Iowa Nurses Association
Jason Kessler, MD, FAAP, CHBE	Des Moines	Iowa Medicaid Medical Director
Karen Loihl	Des Moines	Iowa Psychiatric Society
Teresa Nece, MS, RD, LD, SNS	Des Moines	Iowa Dietetic Association
Noreen O'Shea, DO	Elk Point	Iowa Academy of Family Physicians
Patty Quinlisk, MD	Des Moines	State Government
Peter Reiter, MD, FACP	Ottumwa	Internal Medicine
Suzan Simmons, PhD	Des Moines	Iowa Psychological Association
Donald Skinner, MD	Carroll	McFarland Clinic
Kim Stewart	Des Moines	YMCA of Central Iowa
John Stites, DC, DACBR	Davenport	Iowa Chiropractic Association
Jacqueline Stoken, DO	West Des Moines	Iowa Osteopathic Medical Association
John Swegle, PharmD, BCPS	Mason City	Iowa Pharmacy Association
David Swieskowski, MD	Des Moines	Iowa Medical Society

Resources

¹ Centers for Disease Control and Prevention, http://www.cdc.gov/pcd/issues/2009/apr/08_0236.htm

² World Health Organization, <http://www.who.int/about/definition/en/print.html/>

³ Ottawa Charter for Health Promotion. WHO, Geneva, 1986

⁴ World Health Organization, http://www.who.int/social_determinants/en/

⁵ American Medical Association, <http://www.ama-assn.org/ama1/pub/upload/mm/399/hr3590-summary-of-provisions.pdf>

⁶ Centers for Disease Control and Prevention, <http://www.cdc.gov/about/winnablebattles.htm#six>

⁷ Prevention for a Healthier America, <http://healthyamericans.org/reports/prevention08/Prevention08.pdf>

⁸ Partnership to Fight Chronic Diseases, http://www.fightchronicdisease.org/pdfs/PFCDPolicyRecommendationsonObesity_FINAL_000.pdf

⁹ Centers for Disease Control and Prevention, <http://www.cdc.gov/oralhealth/topics/child.htm>

¹⁰ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

¹¹ U.S. Department of Health and Human Services. *A National Call to Action to Promote Oral Health*. Rockville, MD: Public Health Service, Centers for Disease Control and Prevention and the National Institutes of Health, National Institute of Dental and Craniofacial Research. NIH Publication No. 03-5303, May 2003.

¹³ Bone and Joint Decade, <http://www.boneandjointburden.org/>

¹⁴ Healthy People 2020, <http://www.healthypeople.gov/>

¹⁵ Centers for Disease Control and Prevention, <http://www.cdc.gov/mmwr/pdf/rr/rr5807.pdf>

¹⁶ Zero to Three, <http://www.healthychild.ucla.edu/PUBLICATIONS/Documents/ZerotoThree.pdf>

¹⁷ World Health Organization, http://www.who.int/mental_health/media/en/545.pdf

¹⁸ World Health Organization, http://www.who.int/mental_health/policy/Integratingmhintoprimarycare2008_lastversion.pdf