

# ***Healthy Polk 2020 Community Priority: Devote Additional Resources to Prevention and Wellness***

November 1, 2011

***What follows is a summary of a process designed to transform a Healthy Polk 2020 community priority into specific, actionable strategies. The process was begun in the spring of 2011, and is continuing, as of this writing.***

## **Guidance from the experts**

### ***Meet the experts***

Sixteen prevention and wellness experts, who were identified by their peers, were gathered on several occasions over a two-and-a-half-month period, beginning in May, 2011. The experts included:

- Nicole Bruce, Health Initiatives Director, Live Healthy Iowa,
- Dave Discher, Interim CEO, Visiting Nurse Services
- Helen Eddy, Assistant Vice-President of Health/wellness, Hy-Vee
- Davi Ellis, Employee and Family Resources
- Dr. Bery Engebretson, Medical Director, Primary Health Care Inc.
- Jan Herke, Director, Urbandale Parks and Recreation Department
- Terri Henkels, Director, Polk County Health Department
- Terry Hernadez, Executive Director Chrysalis Foundation
- Kelly Hunstman, Executive Director, Primary Health Care Inc.
- Amy Liechti, Worksite Wellness, Coordinator, Iowa Department of Public Health
- Suzanne Mineck, President, Mid-Iowa Health Foundation
- Jean Phillips, RN, Director of Health Services, Des Moines Public Schools
- Denise Swartz, Senior Program Officer, Mid-Iowa Health Foundation
- Kim Stewart, Director of Operations, Greater Des Moines YMCA
- Chris Espersen, Primary Health Care Inc.
- Cari Spear, BSN, MSN, Director of Maternal Child Services, Visiting Nurse Services

### ***What the experts say this priority means***

Experts believe that if successful, people will take more responsibility for their own health, with medical providers focusing more time on coaching prevention and wellness because of changes in the reimbursement process. A more coordinated approach to care will result in more efficient use of resources and better and more connected services for clients. Health care coaches will work with clients to encourage and support behavioral change. Neighborhoods will play an important role, with an emphasis on developing neighborhoods that encourage residents to “connect” personally with their neighbors, use readily available multi-use trails to move both within and outside their neighborhoods, increase the use of alternative transportation and have easy access to parks and green spaces. A focus on indoor pollutants that are particularly troublesome in Iowa will reduce negative health consequences for children and families. Increasing the mental health and substance abuse resources available to persons in the criminal justice system will enhance the likelihood of successful transition to a productive life outside detention facilities. To see the complete [definition of the elements](#) of this priority see page 5.

### ***The community assets identified by the experts***

A subset of the experts was gathered to identify the community resources (“assets”). They catalogued the substantial bodies of work in the community that are related to this priority. The experts also helped identify names and contact information for decision makers for the resources that were identified. The stakeholders who were identified also became the names on the invitation list for the [community gathering](#) (see description on p. 3 below).

More than 150 community resources were identified and categorized as:

- *grassroots*
- *non-profits*
- *support groups/coalitions/work groups*
- *for-profits*
- *education/school-based*
- *policy-based*
- *government programs*
- *faith based*

See the complete list of identified [assets](#), on pp. 6, below.

### ***Experts analyze the work in the community***

Following the identification of the assets, a second subset of experts was convened to perform an analysis of the assets. Through a facilitated process, these experts were asked *why isn't the current work taking place in the community enough to achieve the Healthy Polk 2020 priority*. The experts identified five key barriers to: *devoting additional resources to prevention and wellness*:

These are the key barriers that were identified by the experts:

- Existing societal norms require people to make an intentional decision (as opposed to the default decision) to make a healthy choice. Hence, the need for the label “healthy.”
- The built environment has a huge impact on the choices people can make. (Hard to walk without sidewalks or adequate police protection).
- Lack of coordination and fragmentation among providers, organizers and others makes it difficult to reinforce a message supporting holistic health.
- There are structural challenges to increased coordination and these must be addressed.
- More resources are necessary for key Mental Health transitions.
- The existing provider capacity (particularly for children’s social, emotional and mental health services) must be expanded.
- Peoples’ homes must be thought of as an “environment” which can support or discourage healthy choices.
- There needs to be a greater community investment in comprehensive wellness and prevention (oral health, mental health, social and emotional health, and physical health)
- From the barriers, a set of 9 proposals for new initiatives and policies designed to bring the community qualitatively closer to *devoting additional resources to prevention and wellness*. .

See the complete list of these [initiatives](#) for new initiatives and policies, on pp. 9, below.

## Stakeholders decide what happens next

### ***Community gathering***

The stakeholders identified during the asset identification process were invited to attend a community gathering that was held on the morning of March 2, 2012. This group included some of the individuals who had helped to form the proposed initiatives.

The goals of the gathering were to:

- Allow stakeholders an opportunity to network
- Provide stakeholders with an understanding of what the priority means
- Confirm, prioritize and advance the elements of the agenda proposed by the experts

### ***Priority Setting***

Approximately forty individuals participated in the community gathering, and were seated at tables of between 3 and 5 people. Each table discussed amongst its members, and was charged with the following:



- Is this list of initiatives complete? Is there something not on the list that is essential for the success of the priority?
- Is there a clearly identifiable person/organization that does this kind of work?
- Is there substantial work already going on, or resources devoted to this area (so we can build on it)?
- Would there be clear, immediate gains to beginning this work first?

After twenty-five minutes of discussion, the tables came together as a whole to share any initiatives that they felt needed to be added. Several were proposed but none gathered widespread support by the stakeholders. Those that were proposed were:

1. Coordinated consistent communication
2. Legislative connection to all health initiatives as part of infrastructure and coordination
3. Mental health coordination
4. Radio PSA and community awareness information
5. Money (where will it come from to further the priority)
6. Accountable Care Organization

Each individual was then asked to place his/her prioritization of the initiatives on a large wall chart representing the timeline of the work from 2012 to 2020. This visualization made it possible to see the collective sense of prioritization from all of the stakeholders.

The reason for discussion at the table level and voting at the individual level was to allow for the exchange of ideas and to have an open dialogue among the stakeholders, while still allowing everyone to have equal say and investment in the final prioritization.



### ***Two projects launched***

From the wall chart it was clear that the stakeholders felt that much of the work needed to happen immediately. The two initiatives that stood out as having consensus on starting in 2012 were:

- Build community support and increase understanding of the value of wellness and prevention (6<sup>th</sup> initiative)
- Develop the infrastructure that facilitates better coordination of clinical, community, and complementary health strategies (3<sup>rd</sup> initiative)

A representative from the Polk County Health Department agreed that PCHD would work to develop the Prevention Council described in the 6<sup>th</sup> initiative. After considerable discussion of the 3<sup>rd</sup> initiative, no stakeholder was able to make a commitment on behalf of their organization. Discussion of this topic will continue at future gatherings. The entire group of attendees, plus all additional stakeholders related to this priority, will gather again on June 8, 2012 to assess progress and determine next steps.

## **Broadening the reach and measuring results**

### ***Example of ways individuals/organizations can get involved***

During the asset analysis process, the experts also recommended the following ways for individuals and organizations to advance the prevention and wellness priority:

#### IN YOUR NEIGHBORHOOD

- Neighborhood networks can advocate for more resources devoted to safe streets, neighborhood parks, recreation programs in the neighborhood, etc.

#### TO ADVOCATE FOR OTHERS WITH MENTAL HEALTH ILLNESS WHO ARE INVOLVED IN THE CRIMINAL JUSTICE SYSTEM

- Advocate for sustainable funding sources to support expanded programming
- Advocate for legislative change to allow for data sharing between all partners

#### TO SUPPORT AND ENCOURAGE PEOPLE TO MAKE HEALTHY CHOICES

- Empower individuals and their families to develop and participate in health protection and health promotion programs
- Identify and help connect people to key resources for health care and education
- Offer accurate, accessible, and actionable health information in diverse settings and programs

#### TO IMPROVE ACCESS TO PREVENTION AND WELLNESS OPPORTUNITIES

- Advocate for expanded use of community health workers and home visiting programs
- Educate and inform people about the range of preventive services they should receive and the benefits of preventive services
- Support community based health workers, patient navigators, patient support groups and health coaches.

#### TO ENCOURAGE POLICY MAKERS TO MORE EFFECTIVELY ADDRESS INDOOR POLLUTANTS

- Advocate for changes to rental certification requirements to include testing and remediation of lead, mold and radon as part of a rental certification for properties and before a housing property can be sold
- Advocate for legislative change to require that testing for lead begin at 2 years of age rather than entry into kindergarten

Defining the Elements of the Priority  
“Devote additional resources to prevention and wellness”

<b>Additional Resources</b>	<b>Prevention</b>	<b>Wellness</b>
<ul style="list-style-type: none"> <li>• Money</li> <li>• People</li> <li>• Information-public awareness</li> <li>• Time</li> <li>• Linking agencies/people that have not traditionally been linked</li> <li>• Out of the box thinking</li> <li>• Increasing efficiencies while decreasing redundancies</li> <li>• Best practices</li> <li>• Learning how to reach and engage nontraditional populations</li> <li>• Consider culturally appropriate solutions and resources</li> <li>• Medical Community</li> <li>• Engaging both large and small employers to champion prevention/wellness</li> <li>• Technology/ media</li> <li>• Improving communication amongst groups doing similar work</li> <li>• Identifying the experts</li> <li>• Educational institutions</li> <li>• Engage neighborhood associations</li> <li>• Involvement of Parks and recreation and adult education resources</li> <li>• Supporting existing programs that have proven outcomes and success</li> <li>• Institutionalize access and knowledge of existing prevention and wellness programs that reside outside of the primary physician office so that they can refer patients into the programs</li> <li>• Integrating Care Coordination into PHC</li> </ul>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Healthy behaviors</li> <li>• Primary/early intervention to avoid the development of disease</li> <li>• Secondary prevention to diagnose and treat an existing disease in its early stages</li> <li>• Tertiary prevention treatments that reduce negative impact of established disease</li> <li>• Quaternary prevention activities to mitigate or avoid the consequences of unnecessary or excessive intervention of the health system</li> <li>• Encourage a healthy approach by providers</li> <li>• Shift the paradigm and reimbursement structure from treatment to prevention</li> <li>• Simplify the message on prevention to healthy choices</li> <li>• Health issues include mental and oral health through early identification/screening</li> <li>• Supportive environment which includes employers, schools, etc.</li> <li>• Incentives for healthy choices</li> <li>• Options that are age/sex appropriate</li> <li>• Access to good choices</li> <li>• Education on options for preventive behaviors</li> <li>• Engineer the environment in the community to make healthy choices the easy choices</li> <li>• Cultural shift to healthy behaviors</li> <li>• Building protective factors</li> <li>• 40 Developmental assets</li> <li>• Social norms</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy mind, body and spirit in which respondents are asked about the quality of their everyday emotional experiences</li> <li>• Connections to neighbors, the community, social networks, a sense of purpose</li> <li>• Mental, emotional health, managing stress</li> <li>• Support systems to help people address multiple challenges</li> <li>• Access to green spaces, walking/biking trails</li> <li>• A safe and secure environment</li> <li>• Financial health</li> <li>• Clean air, water, safe and healthy food</li> <li>• Clean air, water, safe and healthy food</li> <li>• Faith based</li> <li>• Culture and the arts</li> <li>• A sense of vitality and balance</li> <li>• Easy access to opportunities and providers</li> <li>• Permission of society and self to live well and healthy</li> </ul>

## Polk County Prevention and Wellness Assets

### ***Grass Roots***

- Running/biking/walking community events
- Arts/cultural events such as Art Fairs, heritage festivals, etc.
- Gay pride events
- Bike exchange programs
- Sports/exercise leagues/programs
- Volkspport
- Rowing Club
- Ski Club
- Citizens for Community Improvement (CCI)
- A Mid-Iowa Organizing Strategy (AMOS)

### ***Support groups/coalitions/workgroups***

- HIV Coalition – Aids Project of Central Iowa
- Bed Bug Task Force
- Herpes Support Group
- Hepatitis C Support Group
- Campaign to Build Resilient Children
- Project Launch Wellness Council
- Safe Kids Coalition
- National Children’s Study
- Iowa Chronic Care Consortium
- Polk County Substance Abuse and Awareness Workgroup
- Jumpstart Group
- Infant Mortality/Healthy Start Consortium
- Metro Trauma Committee
- Iowa Disaster Human Resource Council
- Multi-Jurisdictional Multi-Discipline Preparedness Planning Group
- Metro Planners (private/government preparedness)
- SafeGuard Iowa
- Central Iowa Tobacco Free Partnership (American Lung Association)
- Metro ED Committee (emergency room planning)
- Polk County School Nurse Consortium (Jean Phillips)
- Central Iowa Infection Control Nurses
- Iowa Immunization Coalition
- Camp Hertko Hollow

### ***Faith –Based***

- DMARC
- Faith based meal programs
- Catholic Charities
- Catholic Charities Mental Health Services and Outreach

- Coalition on Aging
- Latino/Hispanic Alliance for Tobacco Control and health Coalition
- Healthcare Coverage for Kids Coalition
- Polk Oral Health Work Group
- La Leche League
- Immunization Initiatives by various groups
- After school programs by various groups
- Corporate Wellness Committees
- Iowa Coalition Against Sexual Abuse (ICASA)
- Iowa Coalition Against Domestic Violence (ICADV)
- Homeless Shelters resource system
- Neighborhood groups/associations
- Cultural centers
- Green building programs
- Polk County Lead Coalition
- Polk County Suicide Prevention Coalition
- Summer meal site program
- Asian Alliance
- Free HIV & STD screenings
- Substance Abuse Community Coalition
- Network for LGBT Health Equity
- Iowa Care Givers Association
- Home Health Care organizations for seniors
- Alcoholics Anonymous
- Gamblers’ Anonymous
- Narcotics Anonymous
- Central Iowa Gambling Treatment Services

### ***Education/school-based***

- Physical Education for life Healthy Schools program
- Des Moines University
- Drake University
- Grand View University
- Mercy
- DMACC
- Other health care/science programs
- Head Start
- DARE program
- Basics program
- Des Moines Public and suburban public schools
- ISU Extension Service
- Polk County School Nurse Consortium
- Adult and Community Education
- Universal pre-schools
- Iowa Safe Schools
- 4-H programs
- Hy Vee nutrition programs
- Dowling Wellness Task Force

### ***For profit***

- Health/fitness/recreation centers with various sports/exercise programs
- Farmer's Markets
- Hy Vee Dieticians New Values program
- Neighborhood newspapers for communicating/connecting
- Insurance companies—health resources
- Clinical Health Coach Training
- Pharmacies

### ***Non Profits***

- Aids Project of Central Iowa
- Planned Parenthood
- Des Moines Health Center – Dental Services and Outreach
- Urban Dreams
- Central Place Family Resource & Community Education Center (Cathy Beck Cross)
- Hispanic Education Resource and Referral Center
- LaClinica
- Visiting Nurse Services
- YMCA with various sports/exercise, etc programs
- Food pantries
- United Way
- Hospital Systems
- Primary Health Care Screenings and clinics
- Wellness Council
- Live Healthy Iowa
- American Cancer Society
- Heart Association, Diabetes Association, Alzheimer's etc.
- Special Olympics
- Adaptive Sports Iowa
- Senior Olympics
- Blank Hospital Outreach
- Iowa games
- Kid Strong program
- Mentoring programs
- Council for International Understanding
- Back to school health fairs
- Free Clinics of Iowa
- Iowa Lung Association
- After school programs by various non profits
- Shriners
- Kiwanis
- Chrysalis Foundation
- Urbandale Community Action Network –human services
- EFR (substance abuse prevention)
- MECCA (gambling prevention)

## ***Government***

- Polk County Health Department Prevention, Health Education and Care Screenings, Clinics and Outreach
- Broadlawns Medical Center – WIC Clinics and Dental Services
- DCAT
- Empowerment Board
- Polk County Air Quality
- Healthy Homes
- Healthy Polk
- Diabetes Education Program
- Criminal Justice Coordinating Council
- Johnston Partnership for a Healthy Community
- Metropolitan Advisory Council
- Cities Readiness Initiative
- Polk County Health Services
- Family Enrichment Center
- Polk County Community Family & Youth Services
- Polk County EMA
- Polk County Health Department
- WIC program
- Just Eliminate Lies
- Meals on Wheels
- Meal site programs
- Area Agency on Aging
- Iowa Department of Health
- I-Smiles program
- First 5 program
- Healthy Start and Empowerment Family Support projects
- Early Access program
- Teen pregnancy programs
- Community Adolescent Pregnancy Prevention program/grants
- Polk County Conservation Commission – recreational programming
- Local park and recreation departments – recreational programming/community ed
- City planning departments
- Parenting programs
- ISU Extension Services
- Peer to Peer programs
- Breast/cervical cancer programs
- Wisewoman Program
- Scope it Out
- Blind/deaf resources
- Safety City
- Matter of Balance/Chronic Disease Management
- Metropolitan Partnership for Lead Safe Housing
- Hawk-I program
- HIV screenings
- Law Enforcement

## ***Policy***

- Polk County Board of Health Advisory Committee
- Polk County Board of Health/Polk County Board of Supervisors
- Child and Family Policy Center
- Metropolitan Advisory Committee
- Wellness Council
- Greater Des Moines Partnership Visioning Capitol Crossroads Health component
- Local and national legislators
- Iowa Task force for Young Women
- United Way of Central Iowa

## **Healthy Polk Priority #1 Potential Initiatives**

*Devote additional resources to prevention and wellness*

**1. Work to change norms and provide incentives and support to encourage people to make healthy choices by:**

- Hosting focus groups to develop a better understanding of the challenges people face in making healthy choices,
- Providing wellness information that is culturally and linguistically appropriate and matches health literacy skills
- Using positive messaging and reinforcement to encouraging people to be physically active, eat healthier, and reduce stress
- Using media strategies that take into consideration the age, culture and education of the targeted audience to promote healthy behaviors (mass & social media, other methods)
- Engaging people in the planning and implementation of prevention programs, and in planning, developing, implementing, disseminating and evaluating health and safety information.
- Ensure oral health is included in physical health.
- Increase peoples' understanding of the impact of adverse childhood events in their health.

**2. Focus on enhancing the coordination of clinical, community and complementary health strategies to improve the access to prevention and wellness opportunities.**

(Concepts to include: Holistic - Screening, referral, care coordination/health coaching/system navigation, access to services, cultural competence, feedback )

- Implement for all/other vulnerable populations the care coordination model of Title 5 which addresses the need for comprehensive services.
- Develop and implement a program to educate health and wellness professionals and community leaders about one another's' work to expand understanding /awareness of available resources (to access and/or refer)
- Develop a referral , care coordination, system navigation tool kit to help providers inform consumers on the benefits of preventive services and to connect consumers with services.
- Improve coordination of children's social, emotional and mental health services.
  - Support, promote and expand existing initiatives (Project LAUNCH) that are building a comprehensive early childhood system of care to promote positive development for young children and families. This includes (but is not limited to) efforts that support the incorporation of social, emotional, and behavioral health practices into primary care settings and efforts to develop a better trained workforce that can address the social-emotional needs of young children.
  - Ensure early detection services are available, coordinated and designed to prevent or intervene early in the process of mental illness and/or intellectual disability, specifically enhancing the development of or at-risk infants and toddlers.
  - Ensure service providers utilize evidence-based best practices in providing early detection and intervention services.
  - Assess whether Polk has adequate and accessible services (family training, counseling and home visits, health, medical, psychological screenings and evaluations; nutrition, occupational therapy, speech-language pathology, vision screening)

- Identify strategies to support sustainability of Project Launch to ensure systems of care coordination and evidence-based practices.
- Convene provider/consumer groups to identify and address the needs of the transitioning populations.
- Develop a networking and navigation framework to ensure close collaboration between the criminal justice, mental health and other service systems, ensuring aftercare continuity with referral resources and mechanisms upon release. Adjust language to encompass any transitioning population vs. only criminal justice.

**3. Develop the infrastructure that facilitates better coordination of clinical, community and complementary health strategies.**

- Develop a method to electronically share health and human services records, while protecting privacy rights, to enhance the linkage of holistic services.
- Create and/or connect systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical and preventive services and other social services.
- Develop a common intake form.
- Create mechanisms that increase reimbursement for improving patient outcomes.
- Advocate for policies that provide payment for prevention and wellness services without cost sharing.
- Create a reimbursement mechanism to increase the use of health care coaches, system navigators and care coordinators to facilitate access and use of preventive and wellness opportunities.

**4. Promote and sustain healthy and safe indoor, natural and built environments**

- Convening partners such as urban planners, architects, engineers, developers, law enforcement, public health, etc. to gain commitments to consider health impacts when making transportation or land use decisions
- Advocating for community design and development that supports physical activity so that homes, workplaces, shopping and community services are within close proximity to neighborhoods and safe neighborhood design that include sidewalks, traffic slowing devices, adequate lighting, multi-use walkways, bike lanes, etc.
  - Work to help local policy makers adopt active living principles in community design such as mixed land use, compact design, and the inclusion of safe and accessible parks and green space.
- Develop and sustain effective neighborhood based programs that deter criminal behavior and promote community safety to encourage residents to engage in a more active life style.
- Strengthen and sustain existing efforts that address lead, mold, radon, water and air quality.
  - Data, asset and gaps analysis.
  - Target a public awareness campaign to low income households and households with children to emphasize the impact that indoor pollutants have on health emphasizing the impact that mold and other indoor pollutants have on the incidence of asthma in children.
  - Advocate for legislation requiring testing for lead to begin at nine months of age; include enforcement provisions.

- Advocate for legislative funding to support expansion of the Healthy Homes assessments.
- Advocate for sustainable funding for lead remediation (tax on every gallon of paint sold).

**5. More resources are necessary for mental health transitions**

- Devote additional resources to meet the mental health needs of children and adults during critical transitions, for example: childhood systems (pre-school to kindergarten) (home to foster care) (foster care to independent living) and criminal justice system.
- Develop and implement a 23-hour crisis and observation center to, when appropriate, divert persons with mental illness before admission to jail or the emergency room.
- Develop, and advocate for sustainable funding for, community programs targeting mentally ill individuals at high risk for criminal behavior with early intervention and prevention efforts.

**6. Build community support and increase understanding of the value of wellness and prevention.**

- Build partnerships to develop holistic care coordination models. *Establish connections between mental health and primary health care providers*
- Initiate a multi discipline “Prevention council” of providers which will meet to share information and explore opportunities for collaboration, linkage and integration of services.
- Advocate for policies that provide payment for prevention and wellness services without cost sharing
- Recruit community champions for wellness and prevention
- Develop and implement a program to educate health and wellness professionals and community leaders about one another’s work to expand understanding/awareness of available resources (to access and/or refer)