FOUNDATION FOR AMERICAN HEALTH CARE LEADERSHIP℠

AN AFFILIATE OF WYE RIVER GROUP ON HEALTHCARE

A Strategic Discussion of Multi-Faceted Community-Based Interventions to Promote Healthy Behavior

August 3rd, 10:00am-4:00pm

KEY POINTS!

- We don't need to wait for new research or science but should translate/disseminate what we know from research now.
- Our common connection is not 'healthcare,' it is the improved health of the American people.
- We need a national campaign focused on the community as a source of health and well-being, not the individual and bring in key players (e.g. employers, health care, schools) in the community.
- We need to standardize messages, with supportive facts and education, and train local and national 'champions' to deliver the messages in customized ways relevant to diverse populations

PROPOSED GOAL/S

- Demonstrate that community activism can do something positive from the perspective of population/community health, broadly defined.
- Supply the 'glue' that motivates, empowers and shows communities what to do and how to 'connect the dots,' and links them to something bigger.
- Create momentum for the kinds of change that we as a society/nation need….success breeds success.
- This group should focus on impacting the national dialogue, and changing the norm of 'healthiness' (rather than support of a few more community pilots.)
- Develop a national campaign promoting the community as a primary source of well-being, bringing in employers and other allies with significant influence.

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CRITICAL SUCCESS FACTORS

LEADERSHIP

- There is a critical need for leadership at the national level; a visible spokesperson for 'health.'
- We need MANY 'champions' all giving the same message ('magnifiers') at both the national and local level.
- Personal leadership at the local level (respected 'champion' (s)) is critical

MESSAGES

- We cannot assume people know what 'health' is. Many think, "if I am not in the hospital, I must be well!"
- Focus on common messages that are simple, specific, actionable, culturally relevant and consistent, that is, the same message is heard from employers, healthcare providers schools, and families
- Look at the opportunity as promoting wellness, not just the absence of disease
- Public health messages must focus on general health and incentives to change behavior.
- Public health messages should change the social norms/values by shifting from an individual to a national perspective
- Messages should be broadly applicable, not limited to a single 'disease'. For example, framing the message around obesity is too narrow. Many people do not/cannot identify with the problem of obesity.
- General message targets CAN be defined: those things that are creating ill health and killing us.
- People need simple, user friendly information to overcome all the 'noise' in their lives and help them to make good choices.
- Get the target audience to help design the message and decide how it should be delivered.
- Use positive, 'can-do' messages and don't mix a health message with entertainment. It is seen as dishonest.
- Be extremely attuned to the 'language' of messages.
- 'Motherhood and apple pie messages' are a hard PR sell.
- Look to non-traditional stakeholders to help develop health related messages that are fun and engaging…in other words, make healthy COOL and FUN!
- There are no new ideas, but they can be packaged more effectively. We clearly are not framing the dialogue optimally today!
- Learn from consumer products marketing on how to create demand and create value.
- Make communications professionals (PR/advertising agency) full-blown partners, not as a pro bono adjunct at the end, and make them a part of the discussion from the beginning.
- To overcome the siloed 'cultural' view of individuals and organizations, hone in on market research on the consumer mindset. Some partners, e.g., pharma and the food industry, know a lot about this. Get partners to agree in advance that this

research will be used to guide efforts collectively, versus advancing individual perspectives.
- We need to use hard metrics when it comes to media, etc.
- Strategies must be re-evaluated continuously over time.
- There is still some tension between the traditional public health approach of “selling" health by telling people what’s good for them, and the social marketing approach that promotes physical activity and nutritious eating in a way that is emotionally resonant with the target audience. It is entertaining and does not preach or even mention “health".
- We need to move beyond “health education messages” and learn to promote healthy behaviors for whatever motivation people might have for adopting them--- vigor, appearance, concern for their family, fun, competitiveness, etc.

INTERVENTIONS
- "Think globally; act locally."
- We must be explicit about goals when working with a group to select their priorities: "Our focus is on health, not on housing or education."
- Use focused, science-based outcome objectives that everyone can agree on, combined with community methods……and stick to them!
- Recognize that not everyone progresses directly through 'stages of change.' Some backslide; some are 'seasonal.'
- Recognize there is no 'high risk' group and design a campaign with elements for all. Personalize messages for each target group by identifying relevant incentives for the positive behavior.
- Bring interventions to people, where they live and work
- Ensure 'trialability'--let people know if they 'get on board' they can still get off! (Example: try it for 6 weeks, as opposed to committing to some new behavior forever)
- Focus on small steps that are not overwhelming; instant feedback helps.
- Create a demand for health and make it 'cool' by relating to a specific market segment’s goals/values and help them achieve something of importance, (e.g., for older adults independence; for kids, better looks or athletic ability; for employers, lower health care costs.) Make benefits clear and tangible.
- Pilots are important but they must be self-sustaining, measurable, replicable and 'scaleable.'
- Think very broadly in considering and designing interventions: urban planning, transportation, safety, etc. Environment is extremely relevant, as evidenced by the variations among states and cities in the prevalence of obesity.
- While 'freebies' as incentives work, it is more important to ensure interventions provide the information and tools to empower individuals to ACT (i.e., the biblical idea "don't just feed me, teach me to fish…")
- Communities must determine their own priorities, however,) a community assessment/survey to supply local data/information should precede the effort to assist those selecting their priorities to make informed decisions

- Some programs about health don't mention "health" (e.g. VERB campaign)—it talks about how the target group will get what they want by doing the recommendations (which we know will impact health)—they need to be positive/can-do messages.
- For kids: they are "color-blind", they don't need ethnic segmentation (according to research by the VERB campaign.)

PARTNERING

- Involve everyone at the community 'grassroots' level, a broad coalition of public and private sector; business; non-traditional allies, e'g', faith-based groups ~~will~~ can enhance outcomes.
- Leverage ALL existing assets of partners (including relationships and 'brands')
- Engage the media (tools, techniques, technologies) at both the national and local level to build capacity.
- The 'arts add joy to health and relieve stress. Arts partners (artists, designers, architects) can help deliver messages and engage the public in creative ways.
- Nurses' roots are in public health, yet training and practice have moved them into 'sick care.' They represent a natural and largely untapped asset in communities.
- The religious right has a great deal of power that should be appreciated and enlisted, along with engagement of all faith-based groups.
- Partners engaged in health promoting initiatives should promote the same health behaviors for their employees as they do externally to avoid the perception of the 'shoemakers' children.'
- Build in accountability!
- Buy- in to shared credit.
- Don't argue about whose 'standards' are right!

INCENTIVES

- The right incentives for individuals, organizations and systems, are key to success. Programs must address the question, "What's in it for me?" They must find a way to communicate data that is meaningful to communities and to individuals.
- We must find out what motivates different groups: men, the elderly, different ethnic groups, etc. and understand their VALUE systems and show how the recommended behaviors will help them achieve what they want.
- Incentives for partnerships must be complementary.

RESOURCES

- There is need for adequate funding/resources to sustain a LONG-TERM campaign, because cultural change generally takes 7-10 years
- Consider as resources all of the expertise and relationships resident in partner organizations, not just financial assets.

CHALLENGES

- People tend to think 'positively' about themselves and their loved ones and fail to see their problems. Some do not want to know. Some perceive 'the message' to be an intrusion of the healthcare system.

- Public health must get over the notion that it must be 'all things to everyone' and engage non-traditional interests in helping achieve public health goals.
- Those in the business of making a profit cannot embrace an initiative that undermines their financial survival. It is critical to find a way to align their interest to profit with an interest in benefiting society and show how a healthier workforce, family and retirees, will have lower healthcare costs and be more productive at work.
- We get tripped up by limiting our focus to the 'science' in public issues. We also need to understand and appreciate the compelling nature of 'art.'
- How de we engage people who are focused on basic survival to respond to health messages?
- How do we define 'community' today?
- Our communities today are weak and fractured.
- Economics and policy are overarching factors that impact on community efforts and must be addressed.

NEXT STEPS: CONSIDERATION OF A MULTI-PRONGED COMMUNICATION & SUPPORT STRATEGY

Partnership for America's Future!

Premise: There is a great opportunity to improve the health of the nation by employing the talents of a broad-based multi-stakeholder effort by organizing and aligning the short and long term interests of traditional and non traditional stakeholders. It is not necessary or advisable, however, to re-invent the wheel. Rather we should build on current programmatic activity (pilots, demonstrations, and national programs) underway.

WRGH/FAHCL propose organizing the following in conjunction with CDC:

DEPTH OF EFFORT: Defined by current community pilots/demonstrations projects. Utilize existing pilots as test sites for tools created by the NEW partnership, rather than simply add more pilot sites. Build on national efforts, e.g., America On the Move.

BREADTH OF EFFORT: Organize and formalize a structure that expands the scope of engagement, actively involving non-traditional interests as partners focused on:

COMMUNICATION

- We need a national campaign focused on the community as a source of health and well-being, not the individual and bring in key players (e.g. employers, health care, schools) in the community.
- Standardize messages (with supportive facts and education) to be delivered by lots of people (champions) and said in different ways for different market segments

- Identifying and supporting national and local spokespersons and champions ('magnifiers')
- Developing a process to train 'magnifiers' to get the message out
- Monitoring/compiling results of current community-based efforts (e.g., Steps, Reach, etc.) to create opportunity for knowledge transfer

EXPERTISE/TECHNICAL SUPPORT

- Developing a resource directory of pilots/demonstrations and their status/outcomes.
- Identifying the universe of technical expertise among partners that can be tapped to assist communities in determining what to do and how to do it. (e.g., making marketing expertise, 'programmatic'.)
- Assessing the 'reach' and relationships of partners that can be utilized to augment efforts, promote, or disseminate messages, etc. (e.g., food and beverage companies and other large businesses have relationships with entities not connected to healthcare.)
- Developing a 'toolbox' for communities contemplating multi-faceted health-related interventions:
  - Checklists (e.g., 'capacity' assessment-who needs to be involved; what needs to happen, etc);
  - Templates for community surveys/assessments;
  - Indices for a 'healthy community.' (Review and disseminate what has already been done--see http://www.ncl.org/cs/services/healthycommunities.html)
  - Resource directories, as above.
- Structure a process for determining partnership values, incentives, shared investment and trade-offs.

COMPETITION/AWARDS

- Developing criteria for a series of highly publicized awards for community groups that are working to improve the physical or social properties of their communities in support of 'health.'
- Creating a 'social movement' of people, organizations, and businesses investing in their own community and publicize.
- Challenging national/multi-national corporations to improve the communities that are home to their facilities, (e.g., General Mills pilots), creating the opportunity to talk to top leadership about the importance of community action to improve health and productivity and protect our human capital. Consider working through the US and local chambers of commerce.