

# Healthy Behavior through Lifelong Learning

*K-12 lays foundation; ages 0-5 & follow-up policies with adults TBD*

1

## Use Most Effective Approaches throughout Life

Strategy: financial (dis)incentives for adults reinforce training of parents & education of children.

Criteria: measured, evidence-based, behavior-changing, low cost, high effect size, practical, developmentally appropriate, demanding, systematic, well-implemented, and politically achievable, with a net tax reduction from ROI savings.

**Medical+  
w/Parents** → **Schools  
w/Children**

**Financial Incentives  
with Adults** →

**Medicare:** Prev. Incent.

**Medicare Tax:** Prevention Financial Incentives

**Employee Wellness:** Programs & Prev. Incentives

**Health Insurance:** Prevention Financial Incentives

**Medicaid/ACA:** Prevention Financial Incentives

**Sales Tax:** Stop Subsidizing Unhealthy Foods/Bevs.

**College w/Student:** TBD & Prevention Financial Incentives

**High School:** Health Ed & PE/aerobic alternatives w/Teen & Peers

**Middle School:** Healthy Behavior Ed & rigorous PE w/Child, Peers, Parent(s)

**Elementary School:** Behavior-changing Health Ed & rigorous PE with Child & Parent(s)

**Preschool:** with Child & Parent(s)

**Primary Care (Pediatric+WIC+):** with Mother & Child

**OB/GYN:** with Mother-to-be

-0.75    0    3    6    9    12    15    18    Working    Parent/Family    Senior

(Preg-  
nancy)

(Birth)

Age

Note: Rigorous PE includes high # MVPA (moderate-to-vigorous physical activity) minutes. Reference: Turner, 2013-16. Slide @10/16/2016