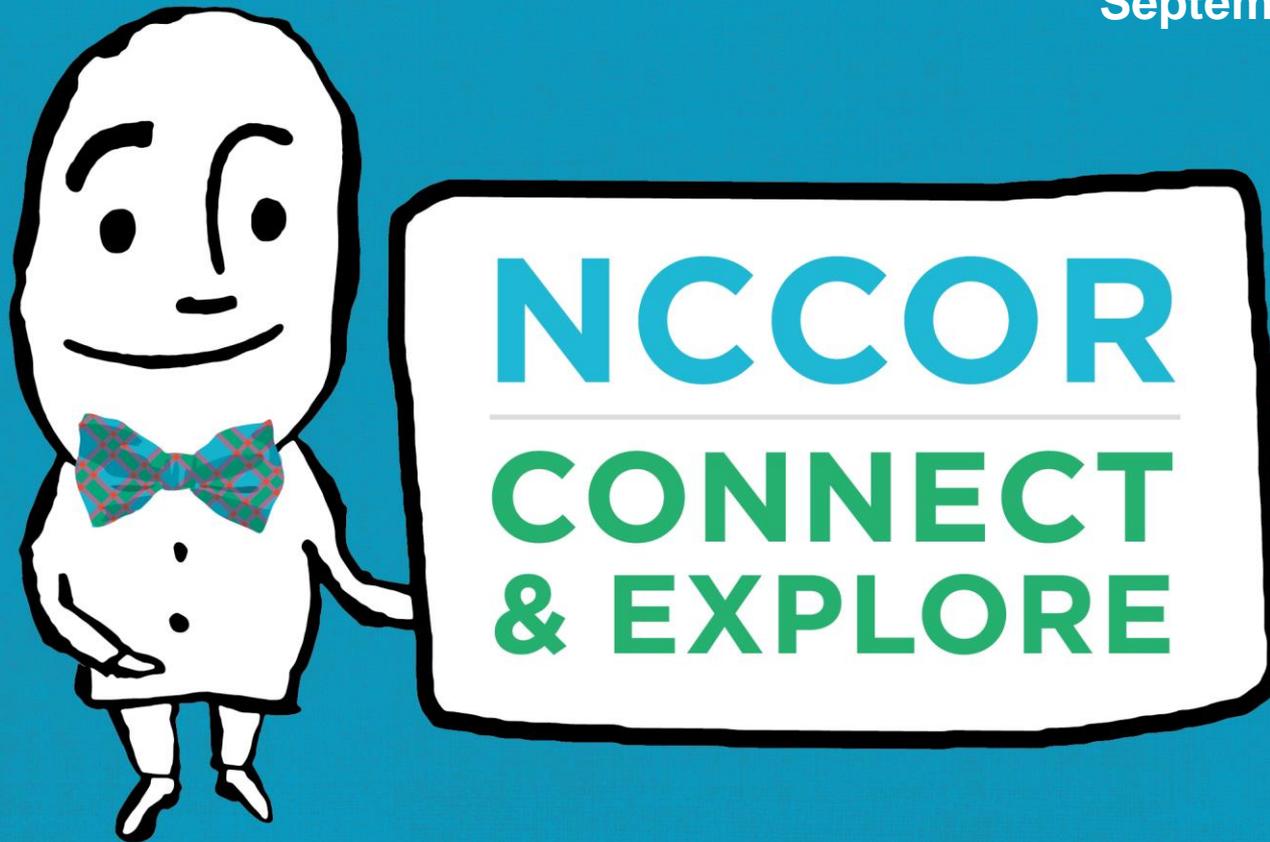


September 14, 2016



Connecting you with experts. Exploring the latest childhood obesity news and research.

We will begin at 1:05 to allow participants time to join the webinar.

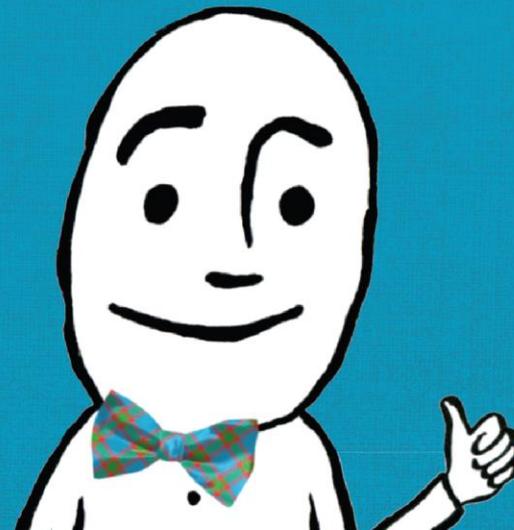
1. Spotlight

- Evaluating *Let's Go!* A Childhood Obesity Prevention Program of The Barbara Bush Children's Hospital at Maine Medical Center
- Integrating Clinical-Community Engagement Models: Nationwide Children's Hospital Primary Care Obesity Network

2. One on One

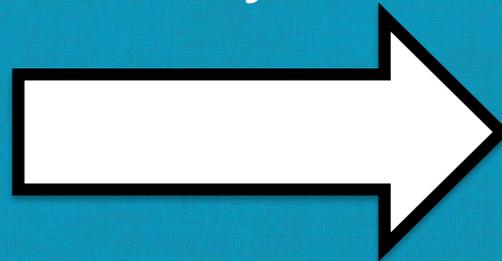
3. Upcoming Events

TODAY'S PROGRAM



Need technical assistance? Have a question for our speakers?

Type your question(s) in the chat box
located on the right and a representative
will respond shortly



Join the conversation on social media

#ConnectExplore



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Today's Speakers



Elaine Arkin

National Collaborative on Childhood
Obesity Research



Victoria Rogers, MD

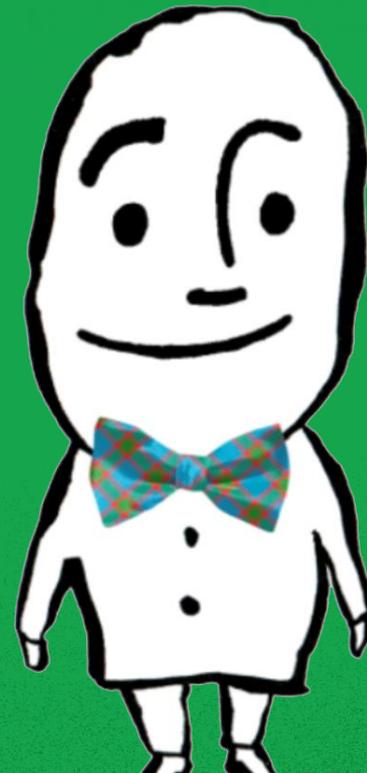
Director, *Let's Go!*
The Barbara Bush Children's Hospital
at Maine Medical Center



Ihuoma Eneli, MD, MS, FAAP

Professor of Pediatrics
The Ohio State University,
Director, Center for Healthy Weight and Nutrition
Nationwide Children's Hospital

INTERACTIVE POLL





Evaluating *Let's Go!* A Childhood Obesity Prevention Program of The Barbara Bush Children's Hospital at Maine Medical Center

Victoria W. Rogers, MD
Director, *Let's Go!*

Jackie Vine, MS
Program Manager, Evaluation & Research



Let's Go! Vision and Mission

VISION

- Improve the lives of the children and families we serve by increasing healthy eating and active living behaviors.

MISSION

- *Let's Go!* works to significantly decrease childhood obesity rates by increasing opportunities for healthy eating and active living where children and families live, learn, work, and play.

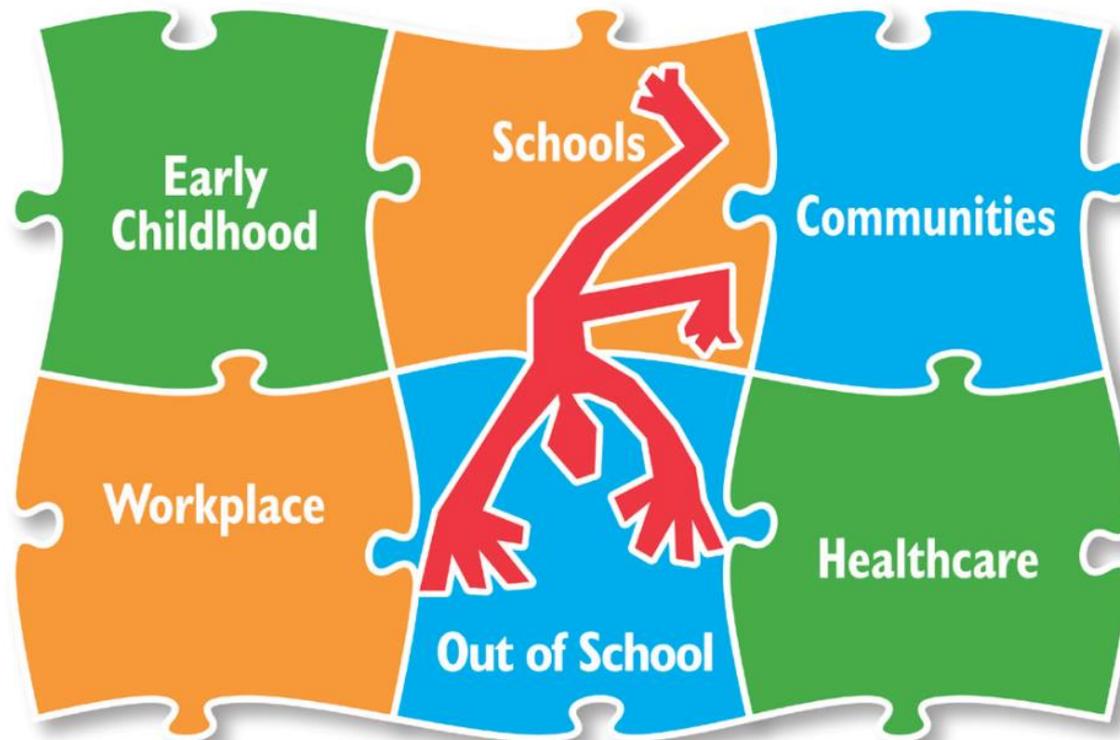
It's About Children and Their Families

Let's Go! reaches children ages 0–18.



It's About Changing Environments

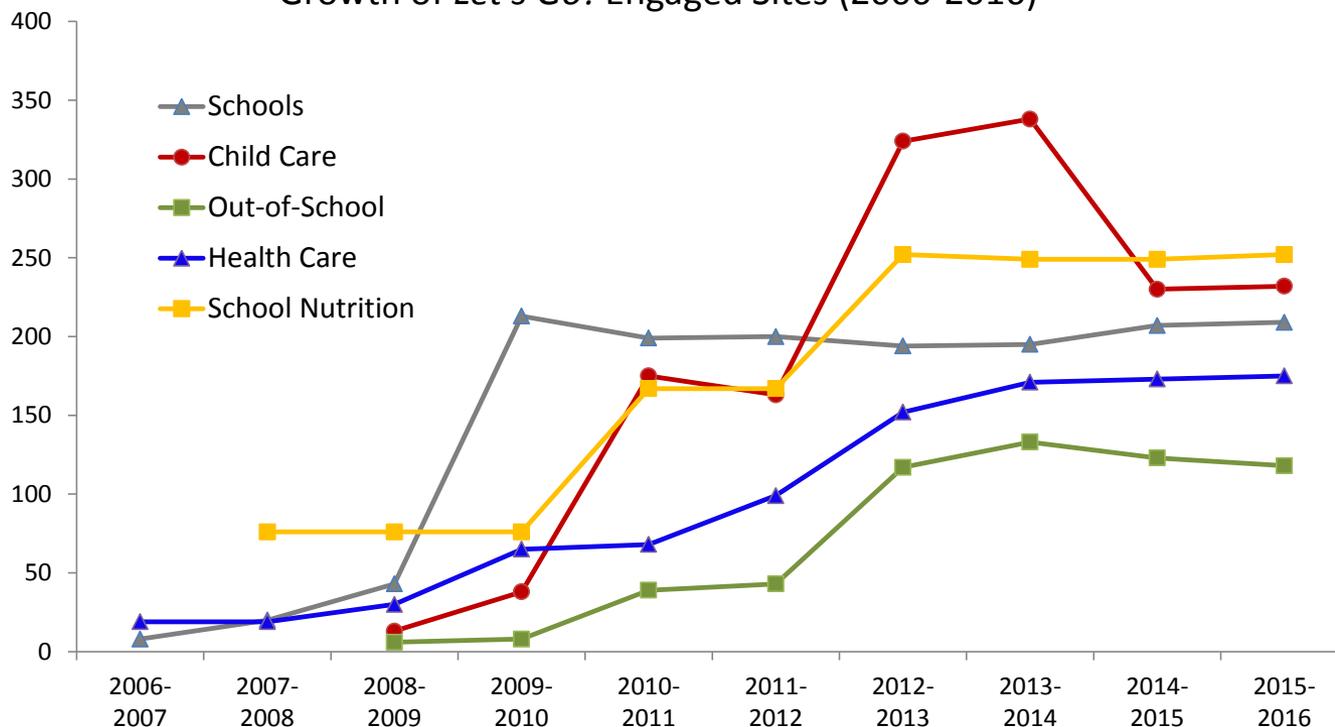
Let's Go! focuses on changing environments and policies wherever children and families live, learn, work, and play. The program works in six settings.



It's All About Collaboration

Let's Go! began in Greater Portland in 2006 and has expanded across Maine and into neighboring communities. *Let's Go!* currently works with nearly 1,000 sites.

Growth of *Let's Go!* Engaged Sites (2006-2016)



It's About Healthy Habits

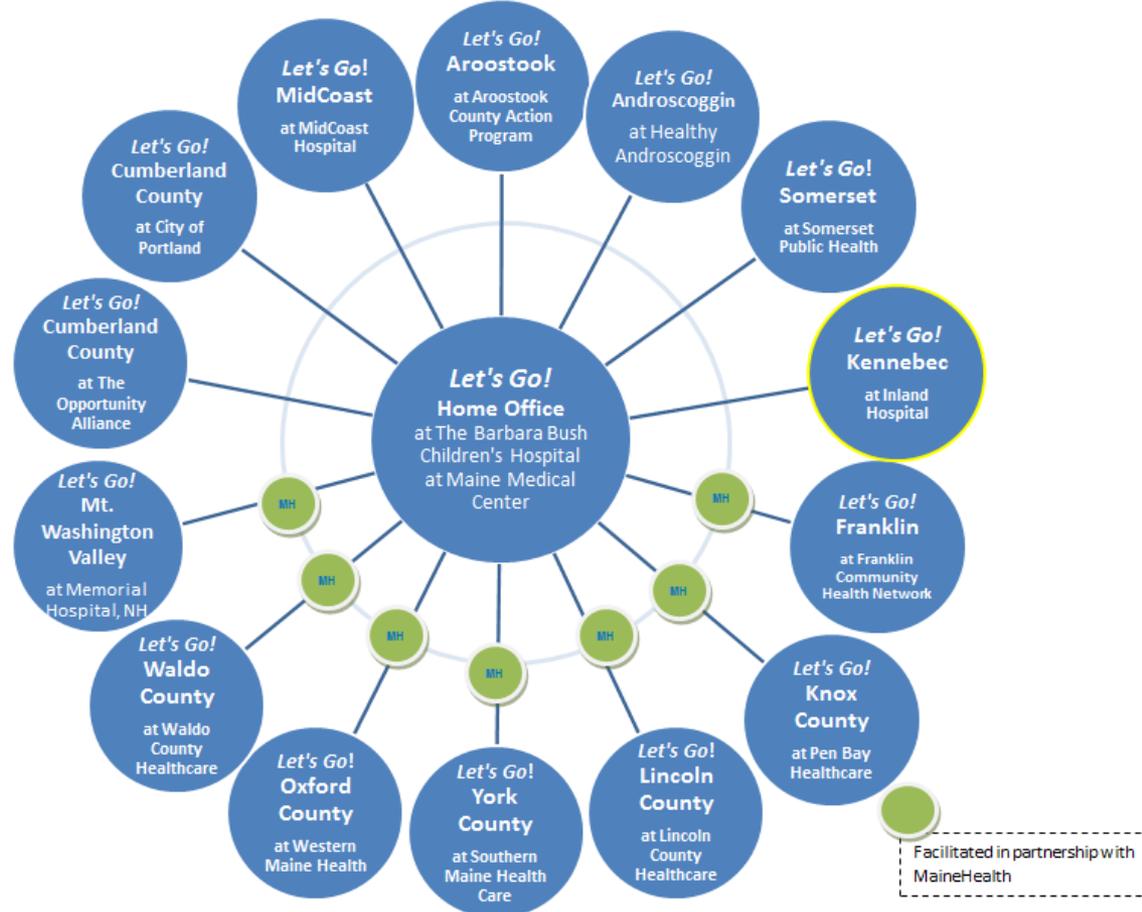
Let's Go! focuses on healthy eating and active living. The program's evidence-based message encourages behavior change.

- 5** or more fruits & vegetables
- 2** hours or less recreational screen time*
- 1** hour or more of physical activity
- 0** sugary drinks, more water

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.

Strategic Dissemination

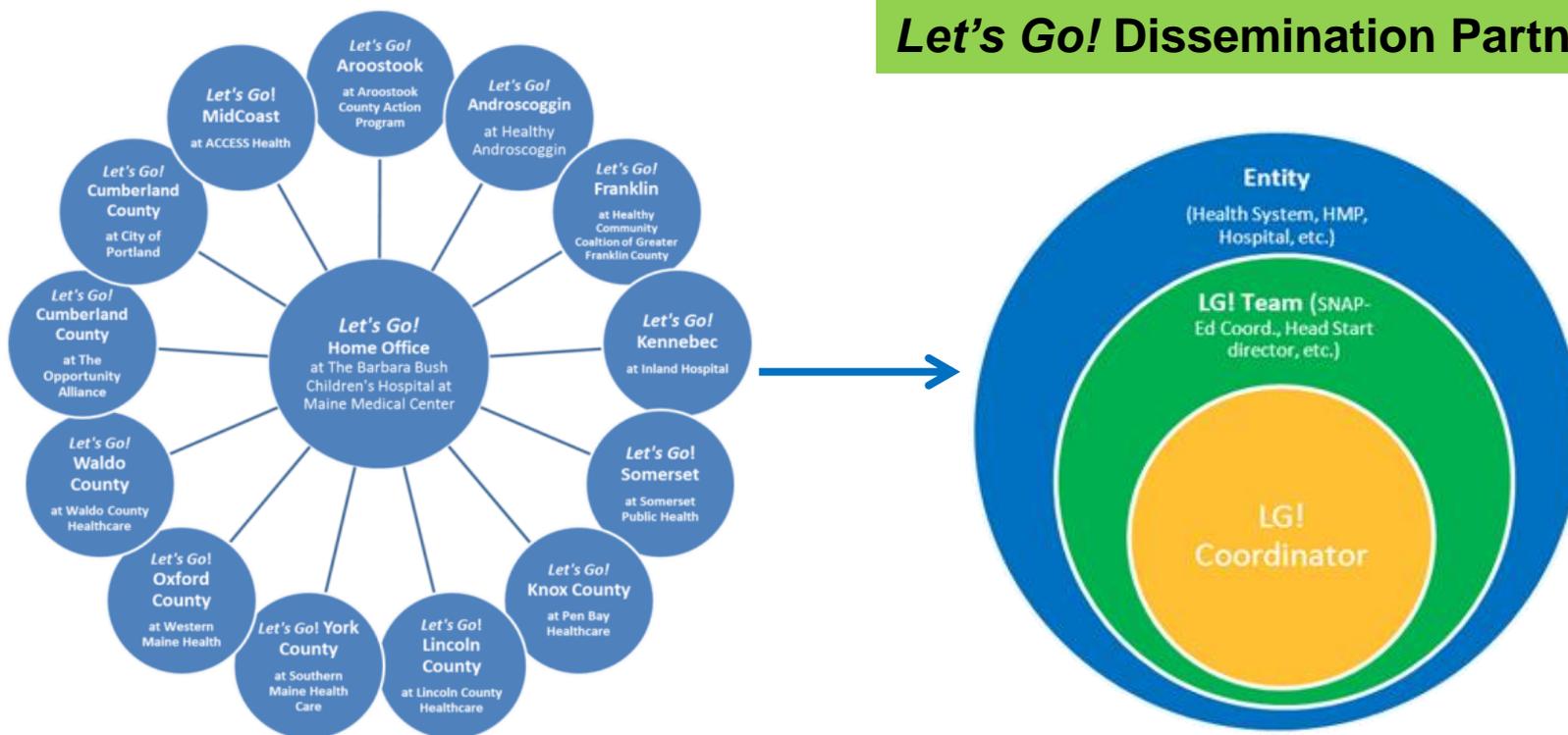
Let's Go! Dissemination Partners 2015-16



Backbone Organization for each Dissemination Partner noted in smaller font.

Let's Go! Dissemination Model

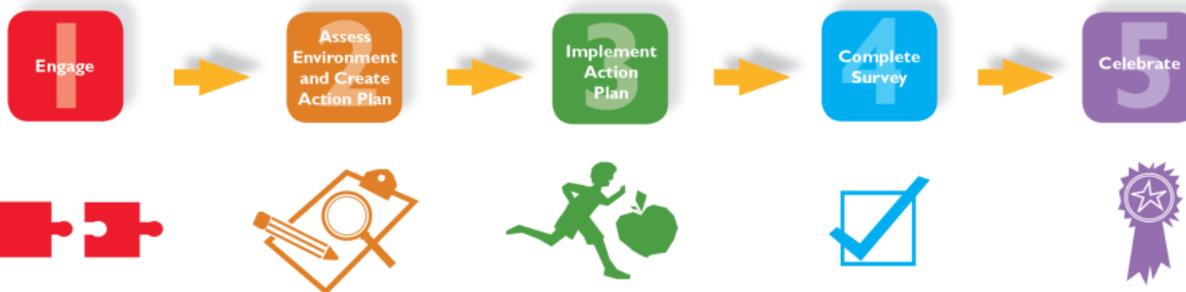
Let's Go! Dissemination Partner:



The 5 Step Path

The 5 Step Path is used by all registered *Let's Go!* school, child care, out-of-school, and healthcare sites.

5 *Increase Healthy Eating and Active Living Through Let's Go's* STEP PATH TO SUCCESS



New Sites:
Sign up with your local partner.
Returning Sites:
You will hear from your local partner. Program year begins July 1st. If applicable, (re-)assemble your team.

Assess your environment and practices and plan for the year by completing the *Let's Go!* Action Plan or by having a conversation with your local partner.

Implement the strategies you have chosen. Engage in one or more types of assistance as needed.

Complete the *Let's Go!* Survey each spring based on the policies and practices your site has in place.

Share your successes with other staff, children, parents, and the community.

5 Priority Strategies

1. Limit unhealthy choices for snacks and celebrations; provide healthy choices.
2. Limit or eliminate sugary drinks; provide water.
3. Prohibit the use of food as a reward.
4. Provide opportunities for physical activity everyday.
5. Limit recreational screen time.

5 Supporting Strategies

6. Participate in local, state, national initiatives that support healthy eating and active living.
7. Engage community partners to help support healthy eating and active living.
8. Partner with and educate families in adopting and maintaining a lifestyle that supports healthy eating and active living.
9. Implement a staff wellness program that includes healthy eating and active living.
10. Collaborate with Food and Nutrition Programs to offer healthy food and beverage options.

Tools and Resources

Registered Sites Receive:

- Hardcopy toolkit
- E-Newsletters
- Personalized assistance from their *Let's Go!* Coordinator

For Everyone:

- Website
 - Online toolkits
 - Resource pages



Let's Go! Highlights and Successes



Let's Go! Evaluation Framework

Evaluation activities provide evidence of progress and help inform decision making at *Let's Go!*:

- 1. Implementation of Program Strategies:** Survey sites and rely on self-reports to track implementation of environmental and policy strategies for increasing Healthy Eating & Active Living. *(Annual)* (Leads to recognition program.)
- 2. Change in Awareness:** Monitor parent awareness using market research firm's statewide telephone survey. *(Annual)*
- 3. Change in Behaviors:** Use Maine Integrated Youth Health Survey (MIYHS) data to track changes in 5-2-1-0 behaviors among Maine students. *(Biennial)*
- 4. Change in Weight Status:** Use MIYHS data to track obesity for students in K and grades 3, 5, and 7–12 (*grades 7–12 are self-report ht. & wt.*). *(Biennial)*
Also, use patient data to track obesity for children aged 2–19 (*measured ht. & wt.*). *(Annual)*

Tracking Implementation of Strategies

- Survey all registered sites annually and rely on their self-reports.
- Local and statewide results are reported back to *Let's Go!* Coordinators.
- Survey results don't always align with expectations.
- Results determine which sites achieve *Let's Go!* recognition.



Importance of the *Let's Go!* Survey

Builds evidence to support *Let's Go!* and helps secure funding to continue our work.

Data are presented to the public to educate community members about local progress and to promote *Let's Go!*

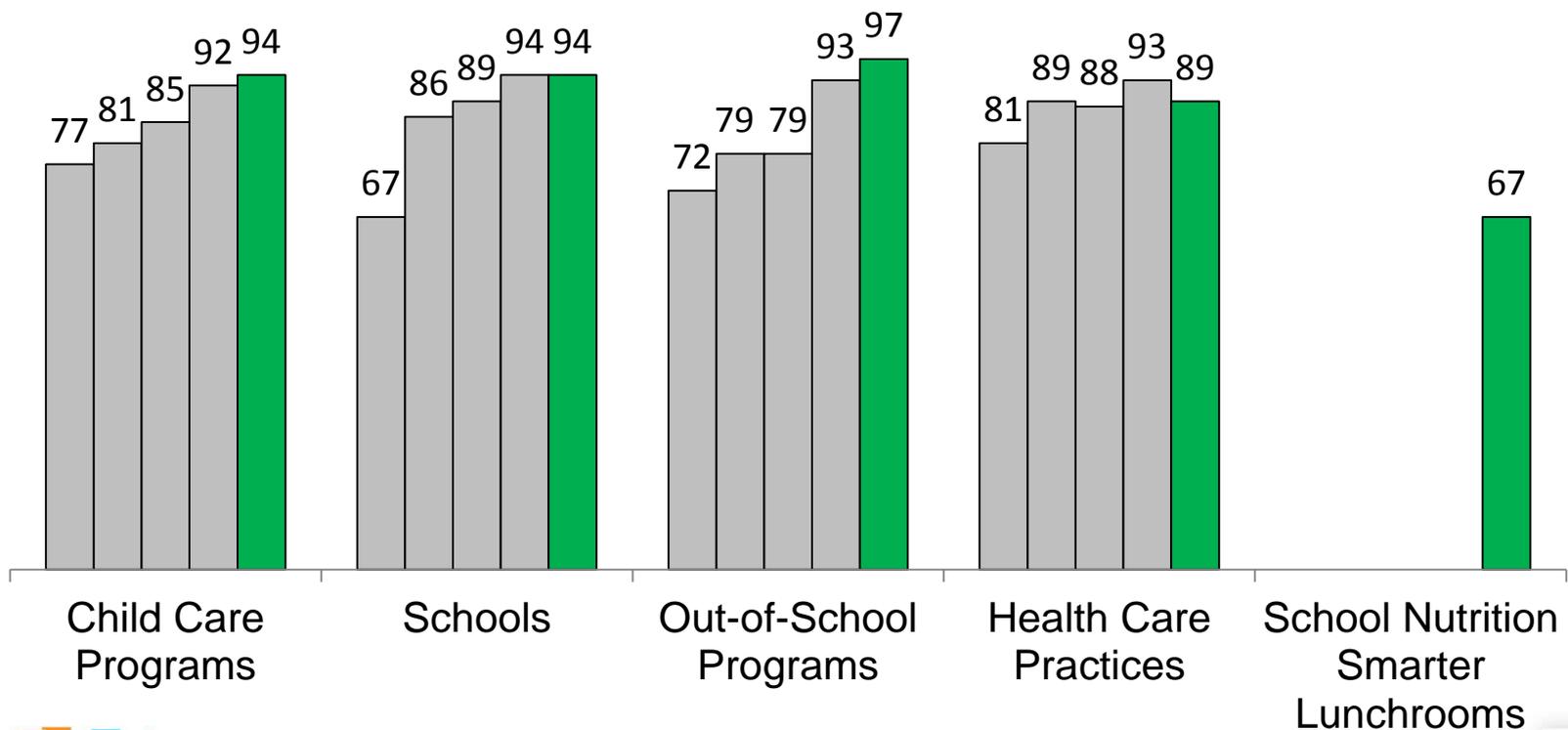
Results are used to determine which sites will be recognized.

Results help Coordinators plan technical assistance to sites for the next program year.

Let's Go! Survey Response

■ 2012 ■ 2013 ■ 2014 ■ 2015 ■ 2016

% completed survey



www.letsgo.org

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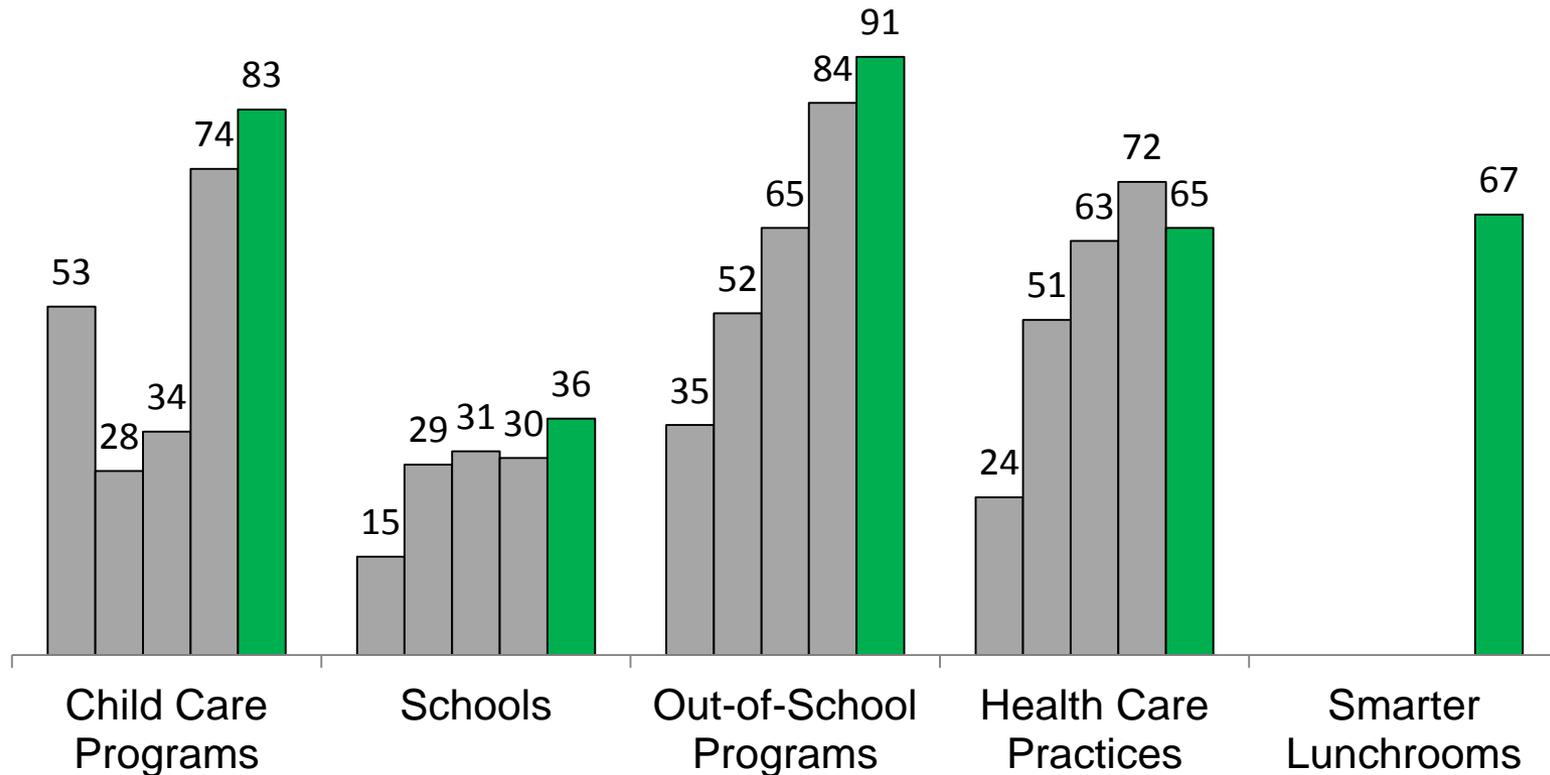
Program Reach, 2015–2016

Setting	# Sites	# Students; Patients	# Staff; Clinicians; School Nutrition Directors
Child Care Programs	232	8,217	1,747
Schools	209	63,902	10,672
Out-of-School Programs	118	10,256	759
Healthcare Practices	176	405,501	957
School Nutrition Workgroup Cafeterias	252	81,839	50



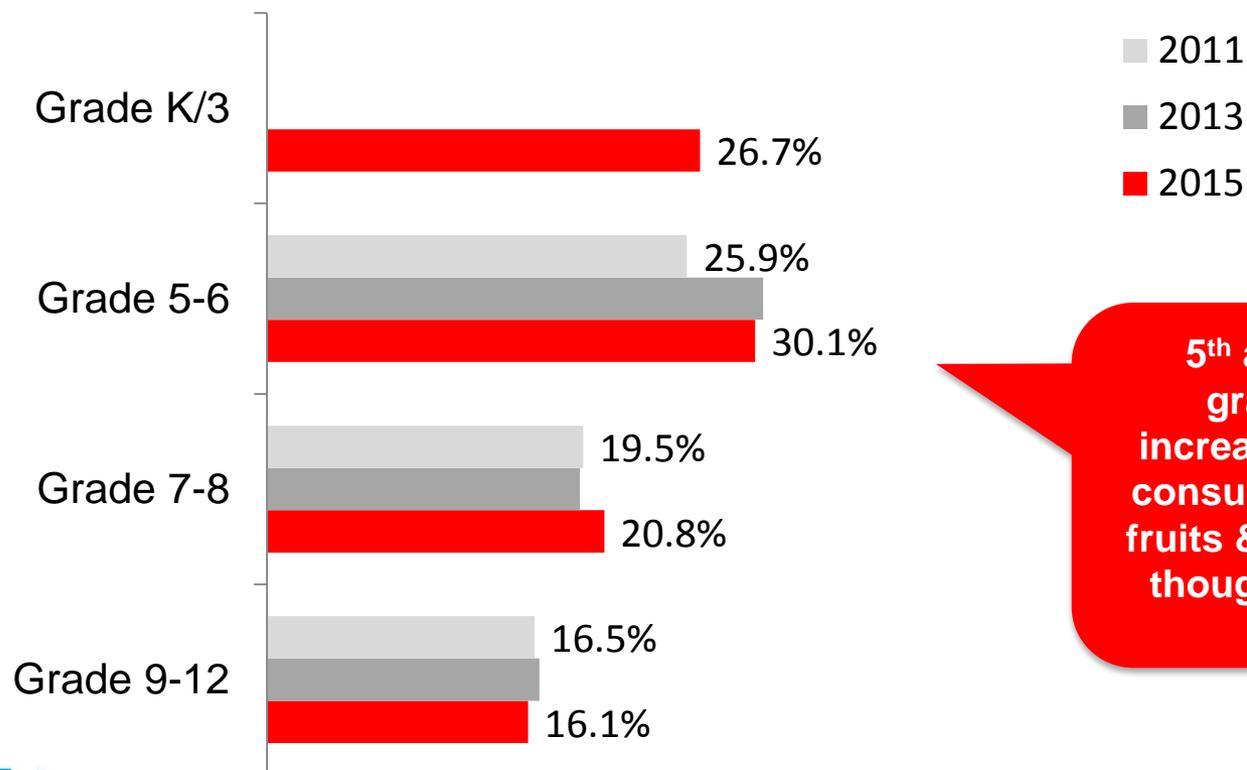
Percent of *Let's Go!* Sites Recognized

■ 2011-12 ■ 2012-13 ■ 2013-14 ■ 2014-15 ■ 2015-16



Changes in Behaviors

Consume 5 or More Fruits & Vegetables Daily Maine Students, 2011–2015

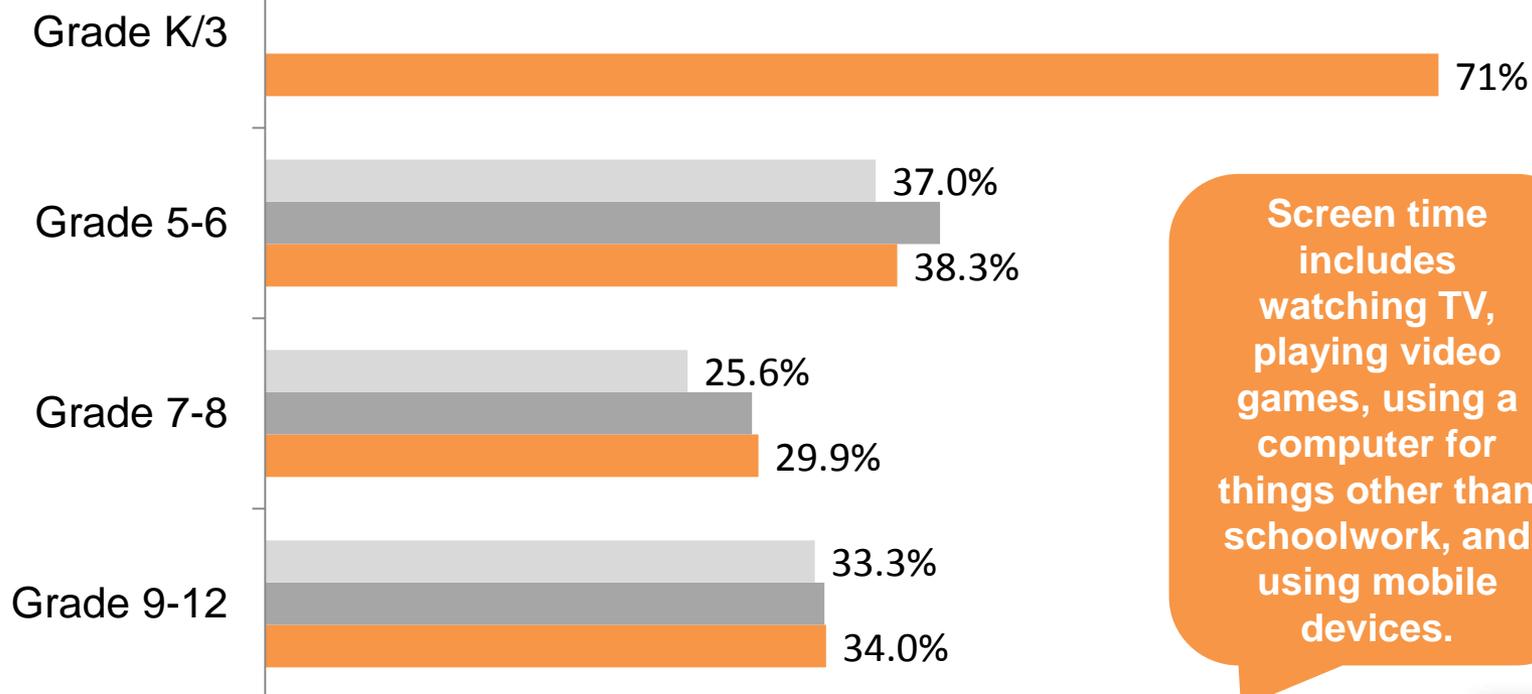


5th and 6th graders increased their consumption of fruits & veggies, though intake

Changes in Behaviors

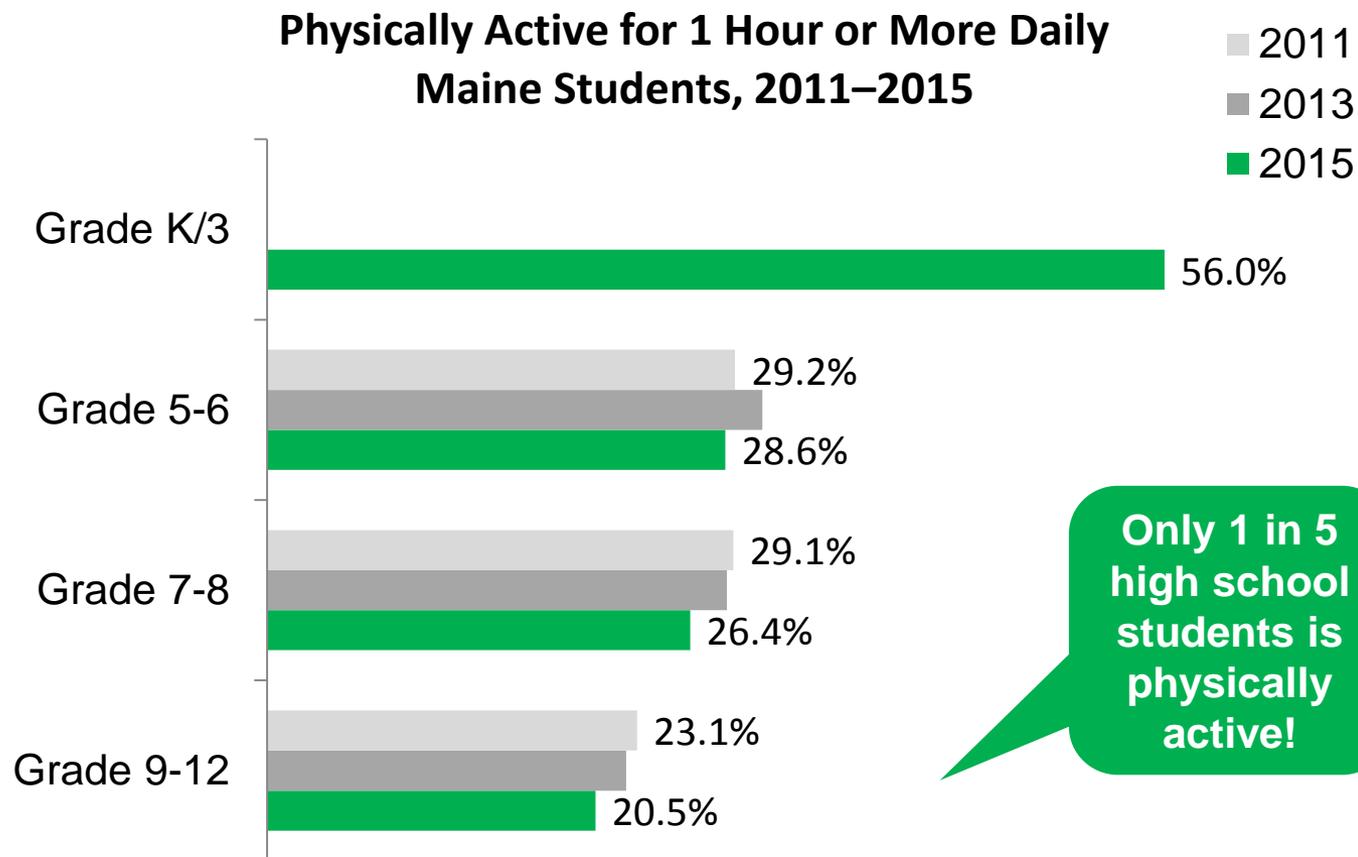
Watch 2 or Fewer Hours of Screen Time Daily Maine Students, 2011–2015

■ 2011
■ 2013
■ 2015



Screen time includes watching TV, playing video games, using a computer for things other than schoolwork, and using mobile devices.

Changes in Behaviors

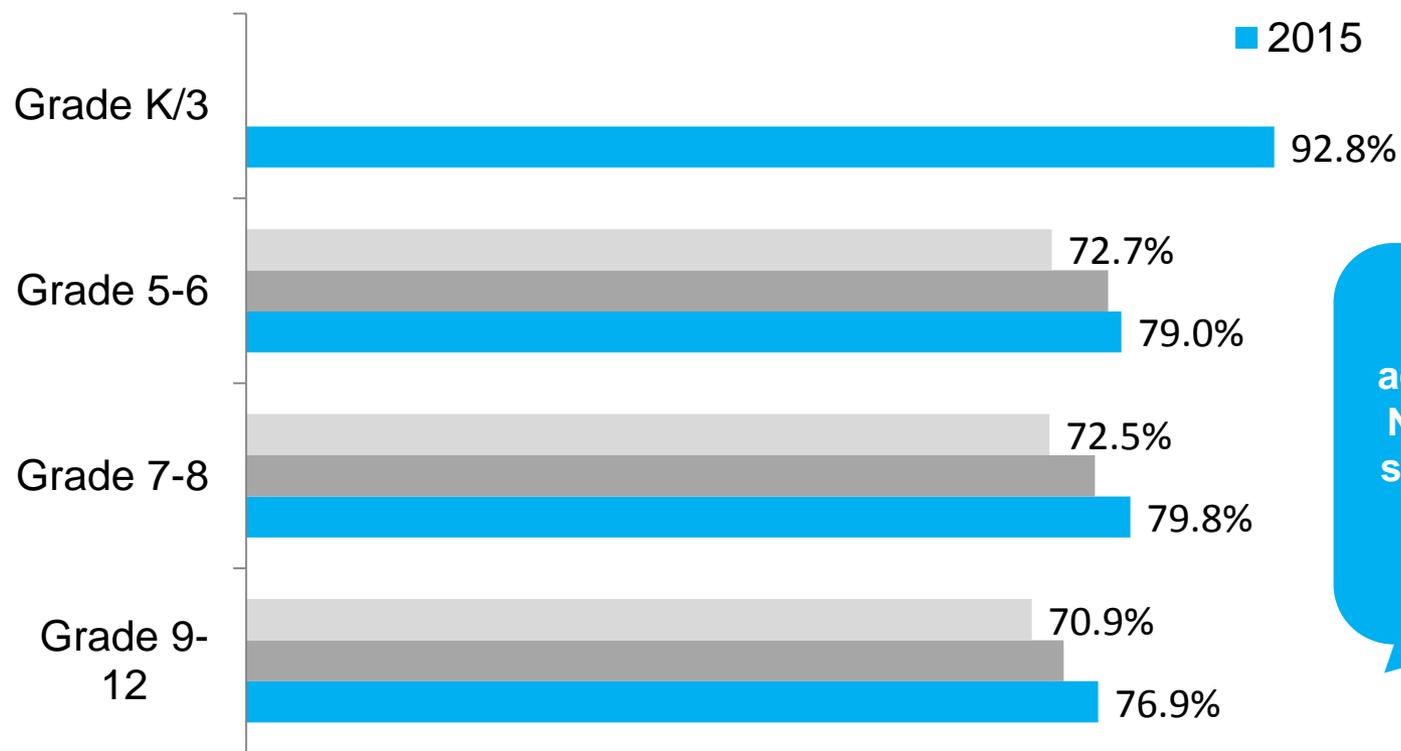


Only 1 in 5
high school
students is
physically
active!

Changes in Behaviors

Drink Zero Sugary Beverages Daily Maine Students, 2011–2015

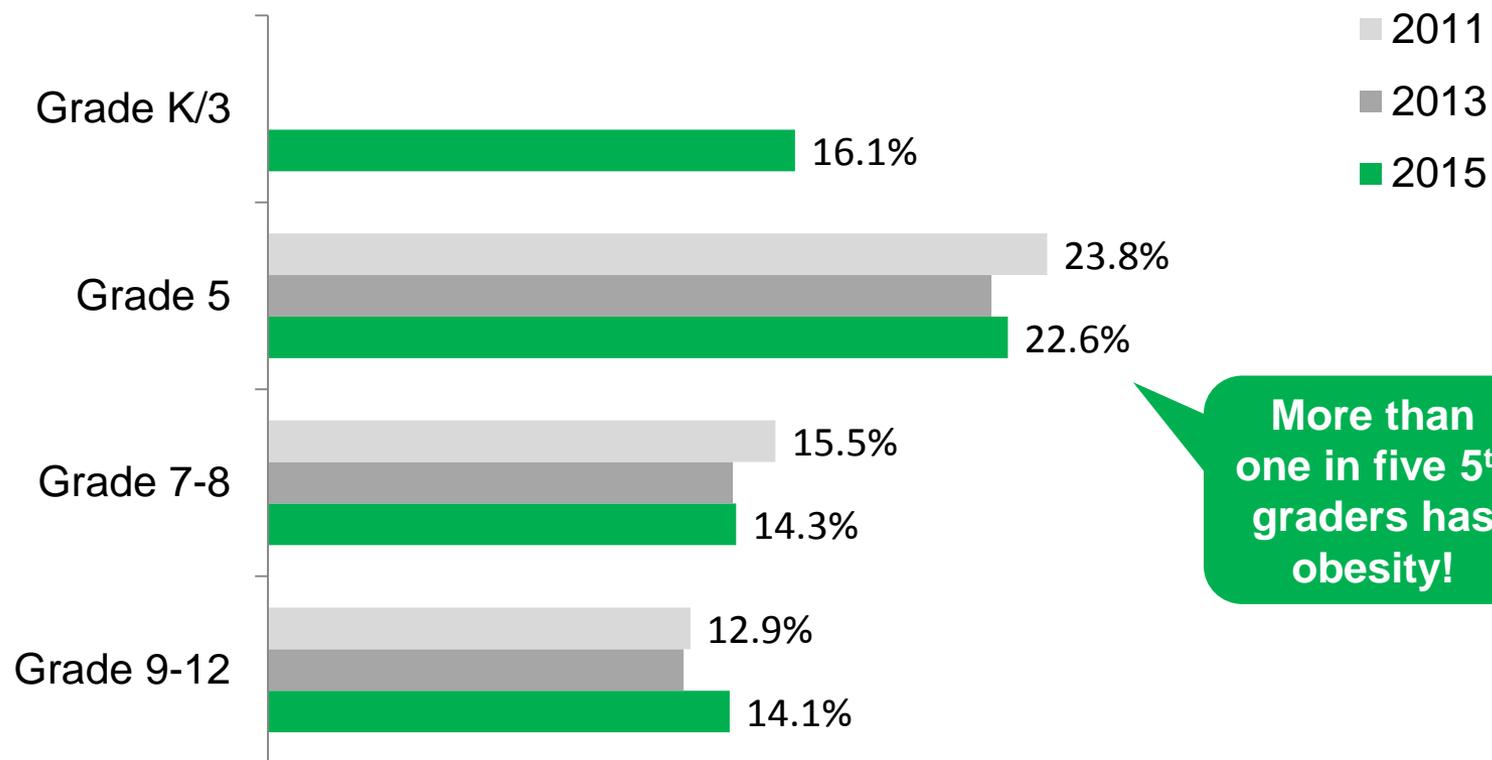
■ 2011
■ 2013
■ 2015



Significant increases across grades. Nearly 80% of students don't drink any sugary beverages.

Prevalence of Obesity

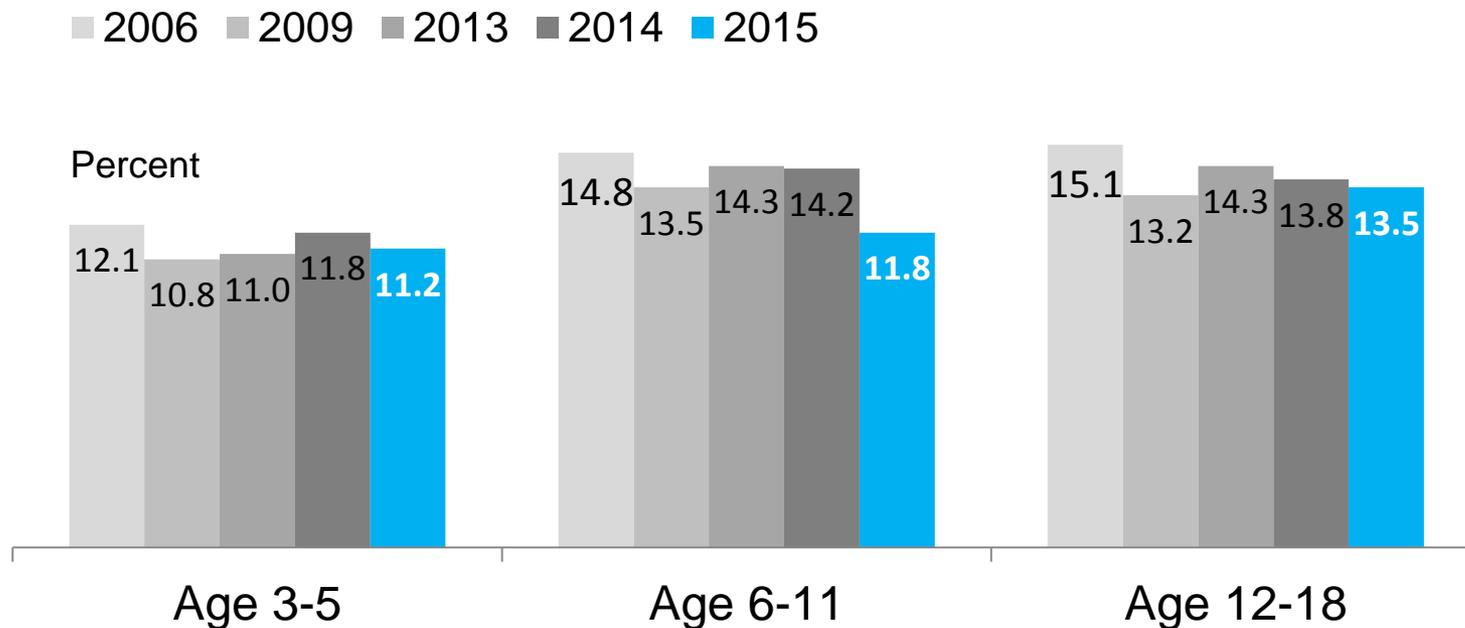
Maine Students, 2011–2015



More than
one in five 5th
graders has
obesity!

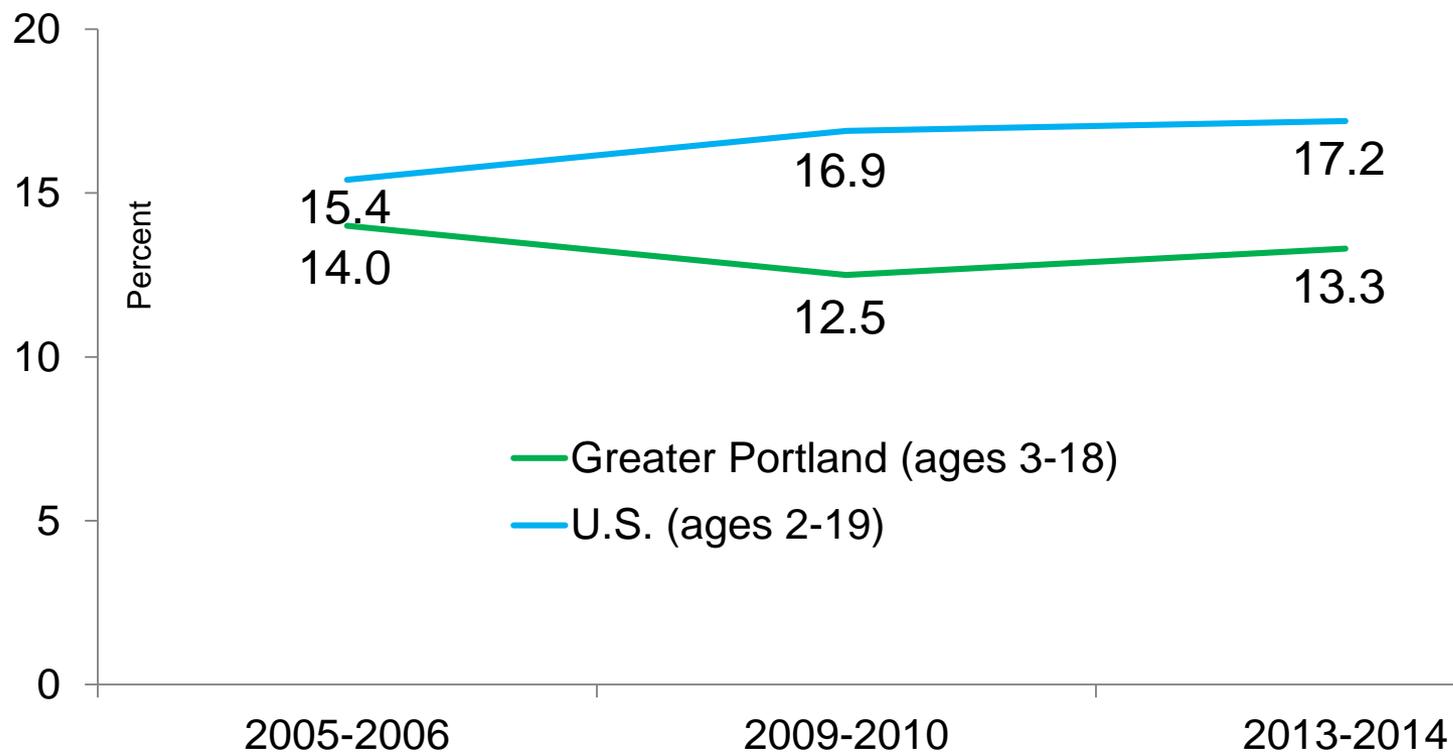
Greater Portland Obesity Prevalence Study

No significant change in the prevalence of obesity for all age groups among Greater Portland youth.



Greater Portland Obesity Prevalence Study

Since 2006, childhood obesity prevalence in Greater Portland has been lower than the national average.



Challenges

- Obesity is complex, multi-factorial, and stigmatizing.
- Lack of effective collective impact makes it difficult to demonstrate cause and effect.
- Local data is difficult to access or nonexistent.
- Matching funder/stakeholder expectations to reasonable outcomes can be challenging.



Key Learnings

- **Consistency in message** and approach is critical.
- **Working across a community** wherever kids and their families live, learn, work, and play is essential.
- **It's the environment**, not the activities, that matter most.
- **Partnerships and collaboration** are paramount.
- **Innovation and risk taking** are keys to our success.
- **Evaluation** plays a critical role in sustainability.

Contact Information



Victoria Rogers, MD

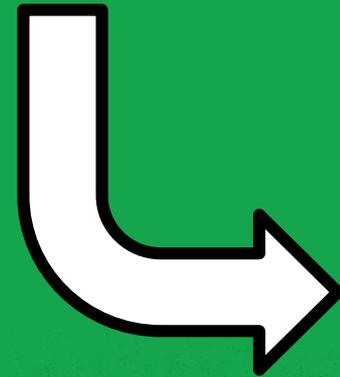
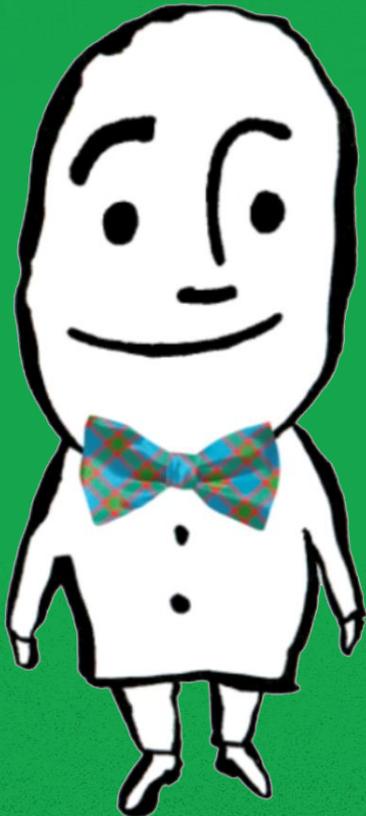
Director, Let's Go!

The Barbara Bush Children's Hospital at Maine Medical Center

Email: rogerv@mmc.org

QUESTIONS?

Please type your question(s) in the chat box located on the right.



INTEGRATING CLINICAL-COMMUNITY ENGAGEMENT MODELS: Nationwide Children's Hospital Primary Care Obesity Network

Ihuoma Eneli, MD, MS, FAAP

Professor of Clinical Pediatrics, The Ohio State University
Director, Center for Healthy Weight and Nutrition (CHWN)
Nationwide Children's Hospital (NCH)
Columbus, Ohio



The Ohio Healthy Choices for Healthy Children (HCHC) legislation

- The Healthy Choices for Healthy Children legislation, signed into law by Ohio Governor Ted Strickland on June 18, 2010, had 3 components:
 - Ban sugar-sweetened drinks in schools
 - Assess body mass index in schools
 - Increase physical activity during the school day
- NCH partnered with leaders in the business community to gain bi-partisan support for this legislation.
 - Led to collaborative effort with several community sectors



Stages for Childhood Obesity Management

Stage 4

Bariatric surgery, very low calorie diets, medications

Stage 3

Intensive care with Multidisciplinary Team

Stage 2

Primary care office with allied health provider (e.g., dietitian)

Stage 1
(Prevention Plus)

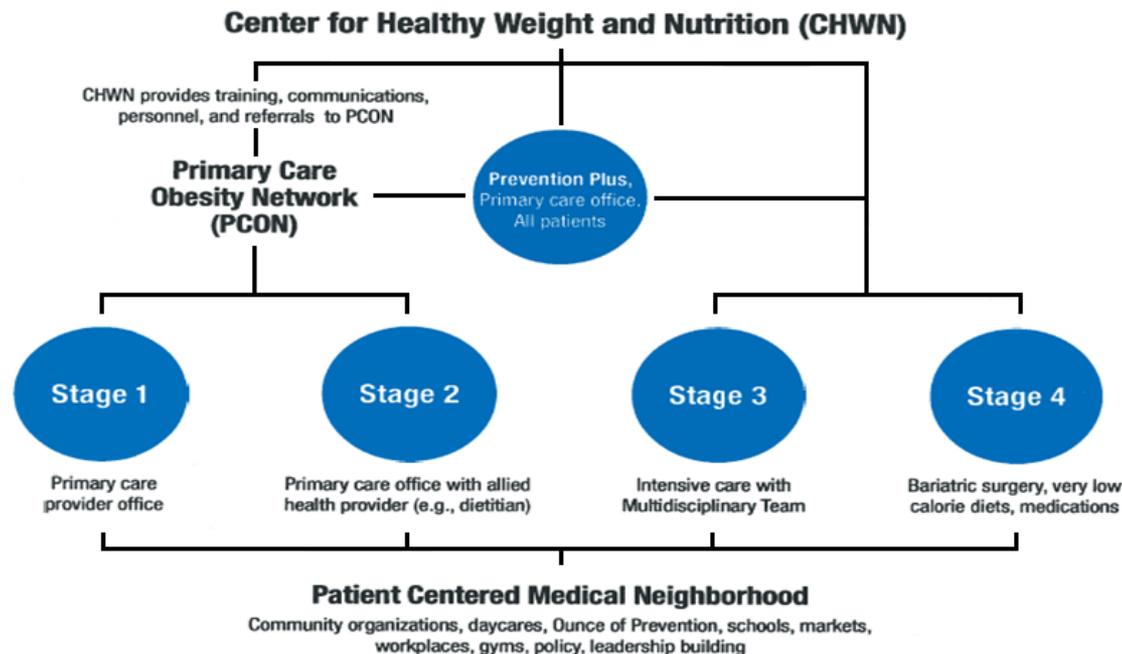
Primary care provider office

**Prevention Counseling
Primary care office
ALL patients**

Source: AHA Expert Committee

The Primary Care Obesity Network (PCON)

- A partnership between primary care pediatric offices and the CHWN to address childhood obesity in Central Ohio through a comprehensive approach



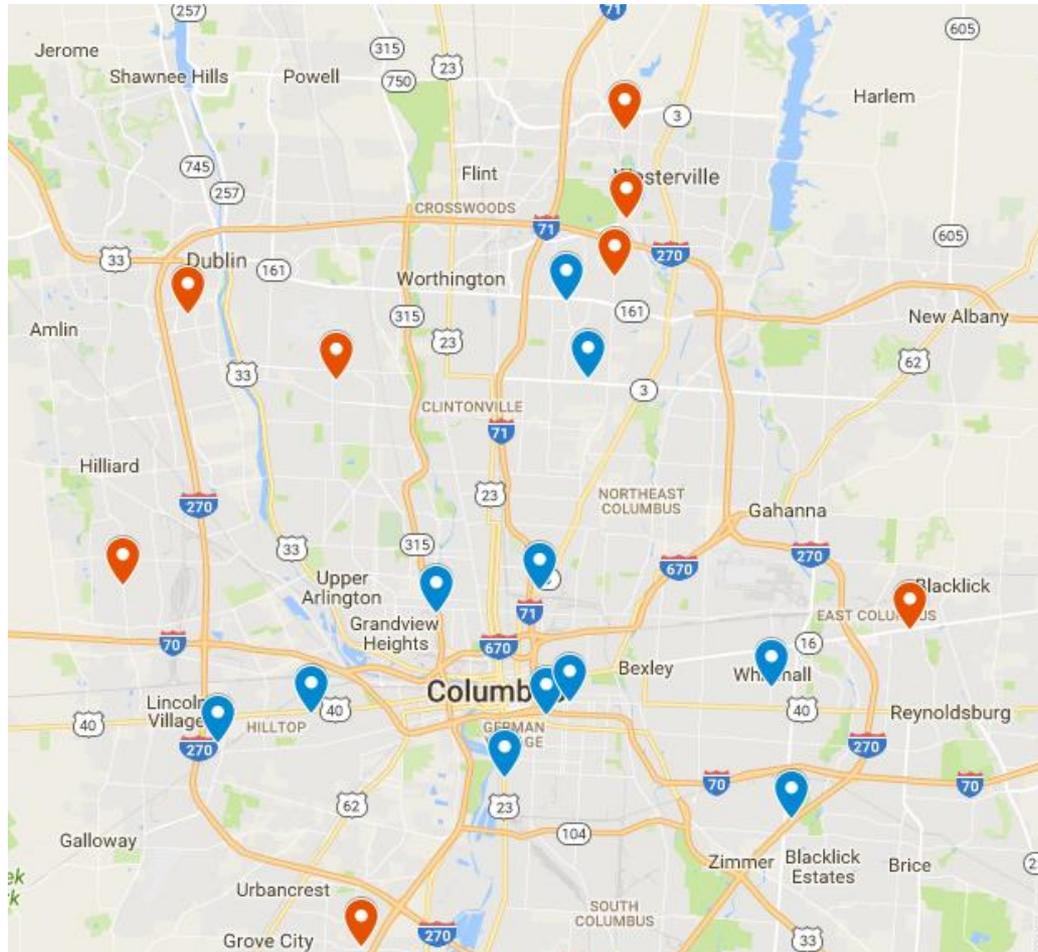
Policy: BMI screening in schools

The Primary Care Obesity Network (PCON)

- Twenty-four practices
- Components
 - Annual training 2–3 hours
 - Change packet
 - Webinar
 - Opportunity for MOC
 - Linkage to expert team
 - Linkage to community activities
 - Social support
- Visits 20–30 minutes, monthly visits

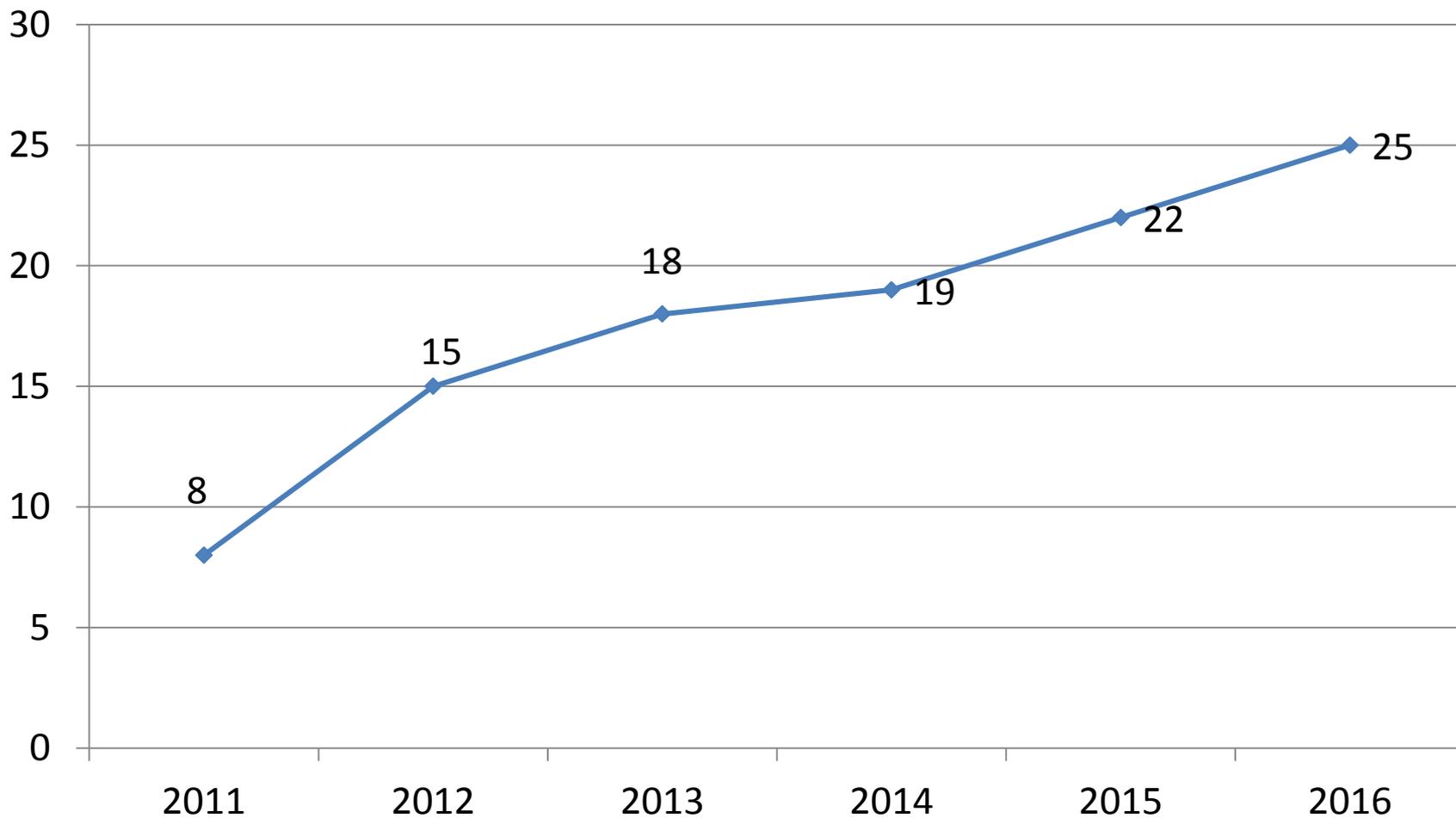
Source: Resnicow K et al. Pediatrics. 2015 Apr;135(4):649-57.

Columbus PCON Sites

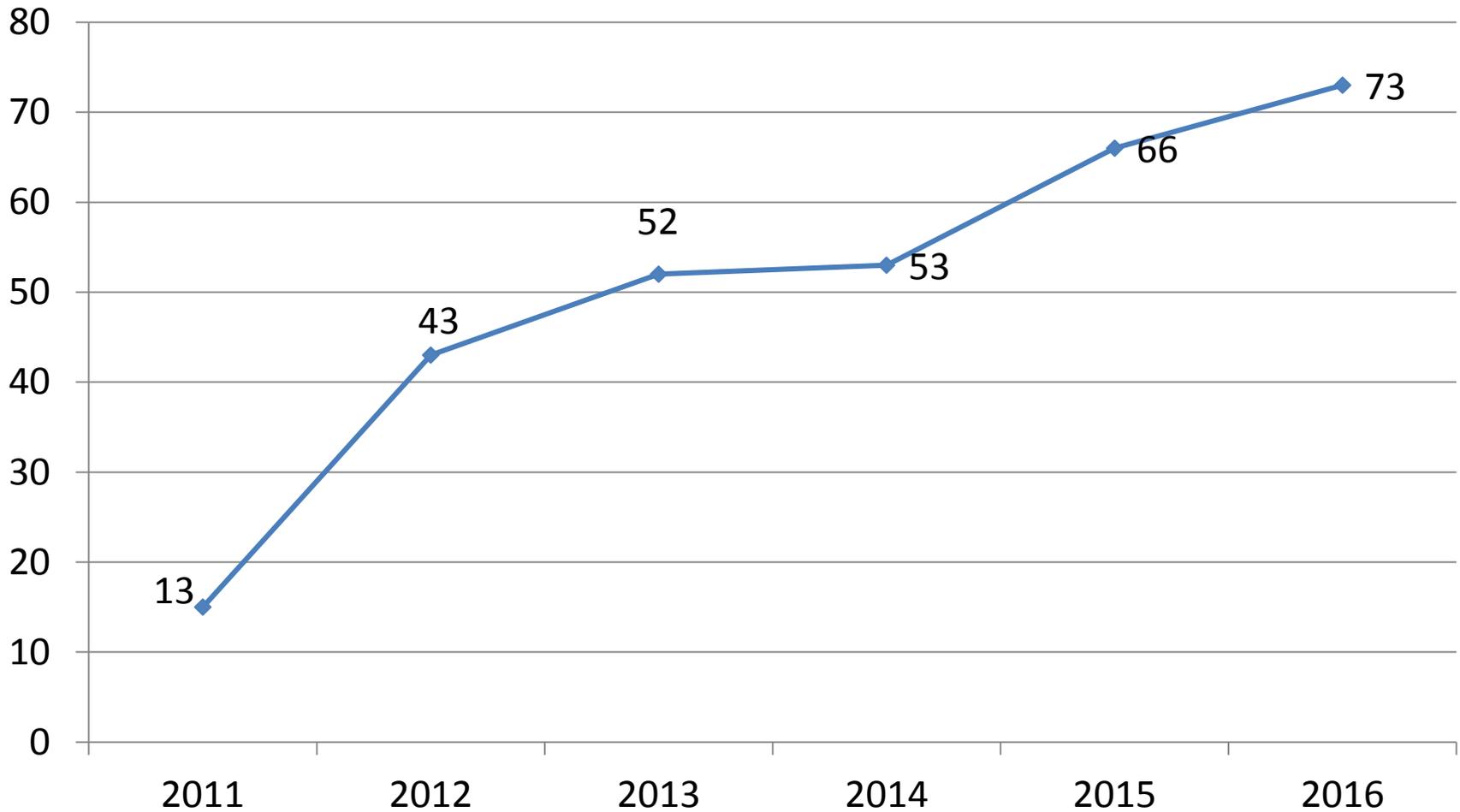


-  **11 NCH Sites (Blue)**
-  **8 Community Sites (Red)**
-  **4 Practices outside Central Ohio (not shown)**
 - Mary Rutan - Bellefontaine
 - Marietta Memorial Hospital
 - Mansfield (in progress)
 - Morrow County

Growth of Clinics—Trained Sites

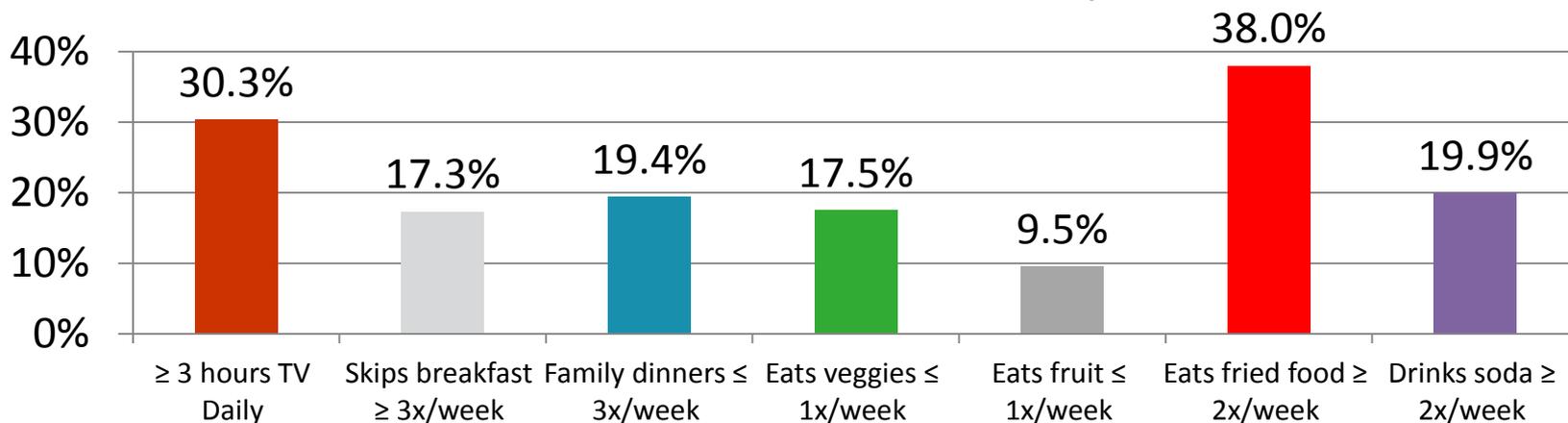


Growth of Clinics—Trained Providers

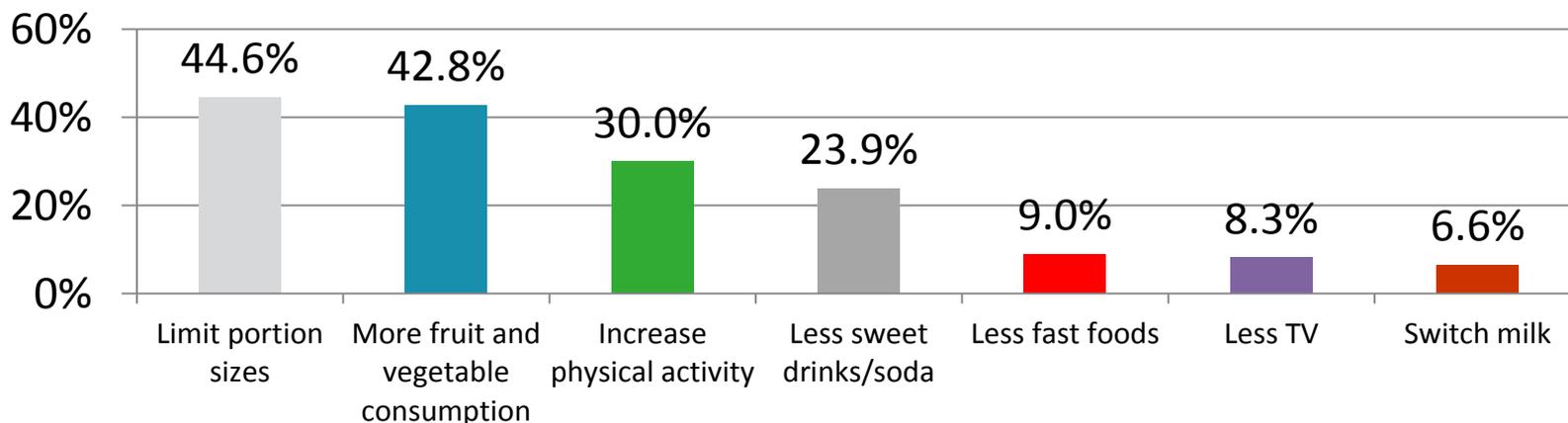


Behavioral Risk Factors and Goals

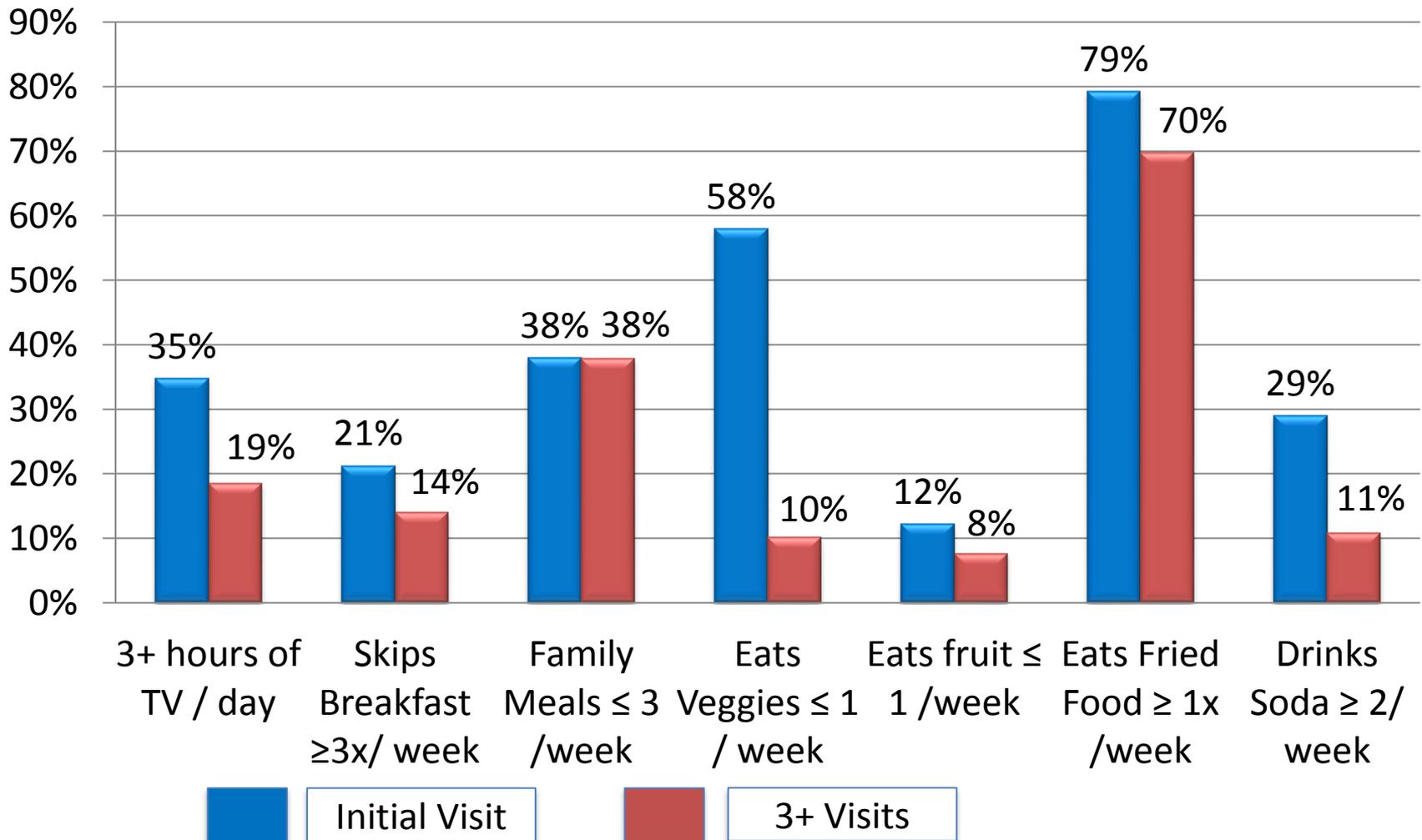
Behavioral Risk Factors at Initial Visit, 2012-2015



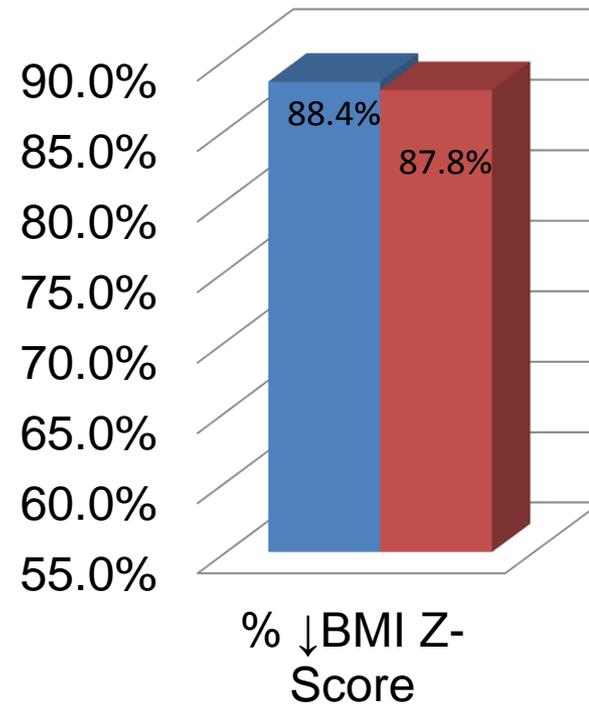
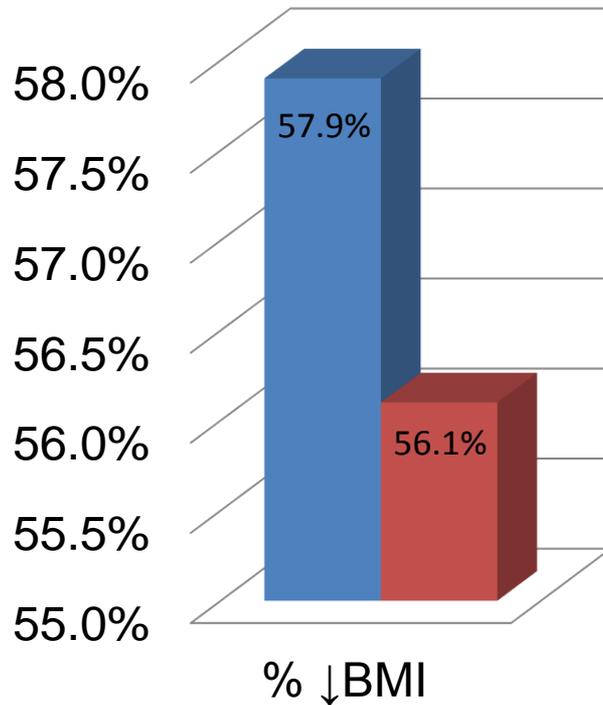
Behavioral Goals at Initial Visit, 2012-2015



Family-Reported Behavioral Risk Factors



PCON Characteristics and Outcomes

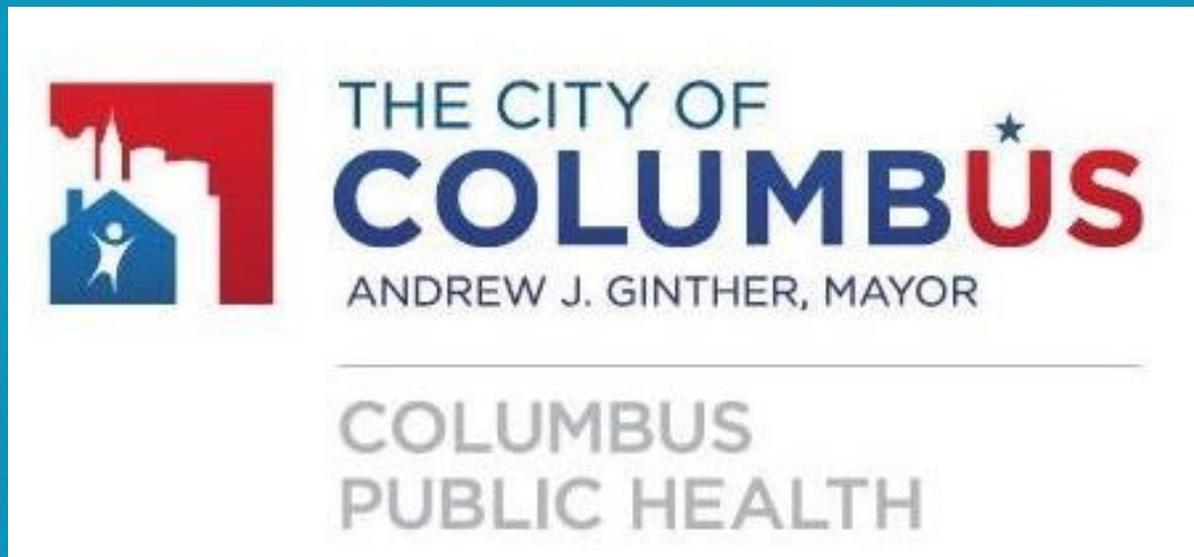


■ ≥ 4 visits in first 6 months

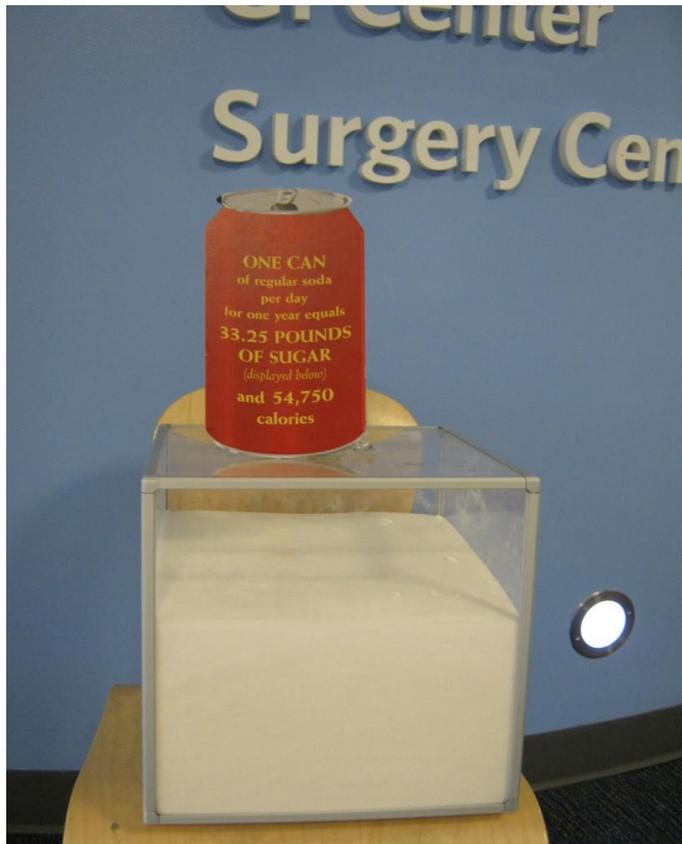
■ ≥ 4 visits in first 12 months

Collaboration: Healthy Choices Healthy Choices: Ban on Sugar Sweetened Beverages

Water First for Thirst: schools, childcare, business organizations, community organizations

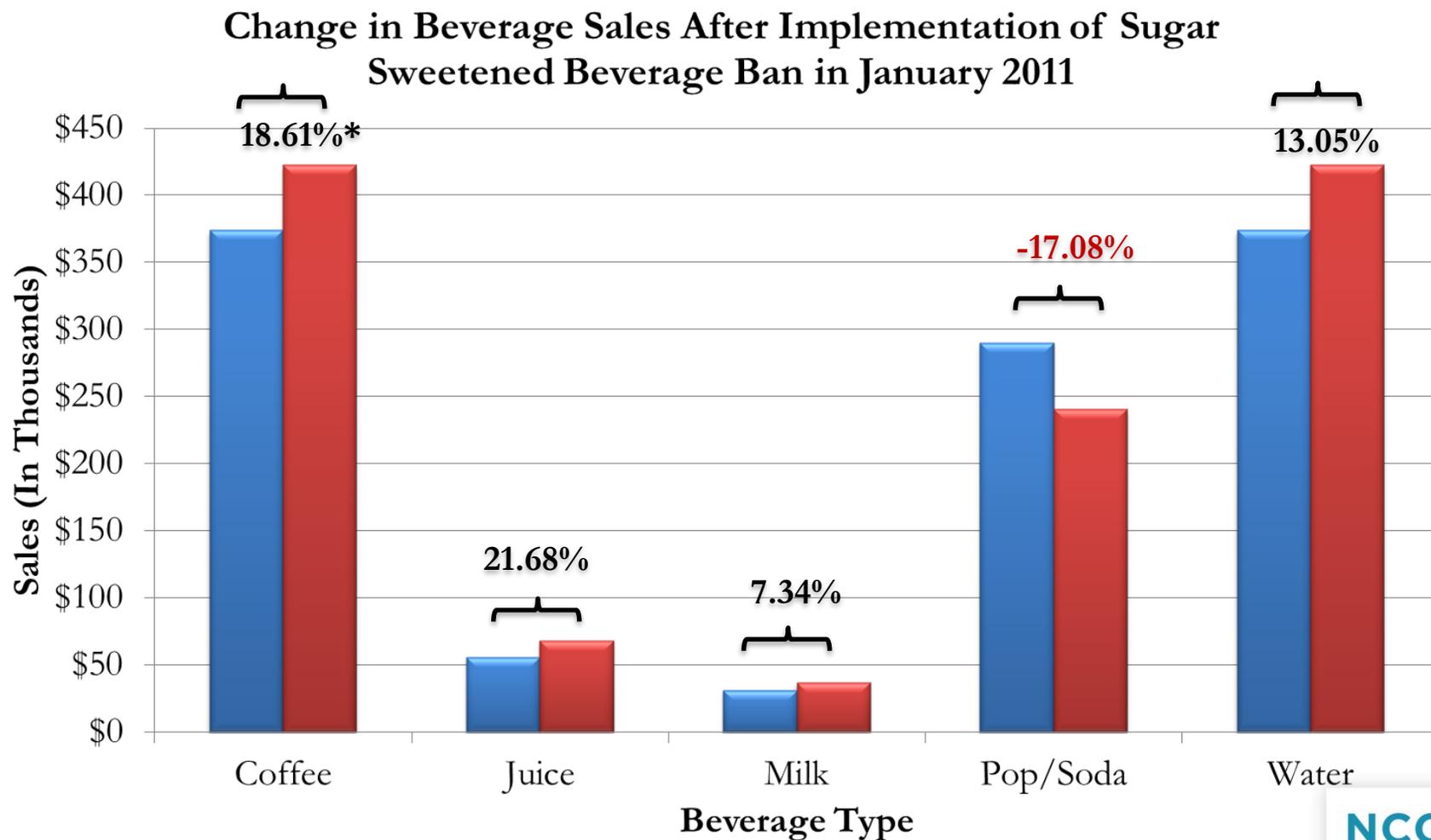


Instituting a Sugar-Sweetened Beverage Ban Experience from a Children's Hospital



Ihuoma U. Eneli, Reena Oza-Frank, Kathryn Grover, Rick Miller, and Kelly Kelleher. Instituting a Sugar-Sweetened Beverage Ban: Experience From a Children's Hospital. American Journal of Public Health: October 2014, Vol. 104, No. 10, pp. 1822-1825.
doi: 10.2105/AJPH.2014.302002

Policy: Sugar Sweetened Beverage Ban at Nationwide Children's Hospital



* Percent Change 2010 to 2011

■ 2010 ■ 2011

Healthy Choices for Healthy Children: Increase daily physical activity

- Free fitness program featuring a series of 5- to 10-minute exercise videos
 - Schools
 - Childcare
 - Homes
 - Community organizations



Ohio | Department
of Health

Ohio | Department
of Education

 **Karen W. Kasich**
OHIO'S FIRST LADY

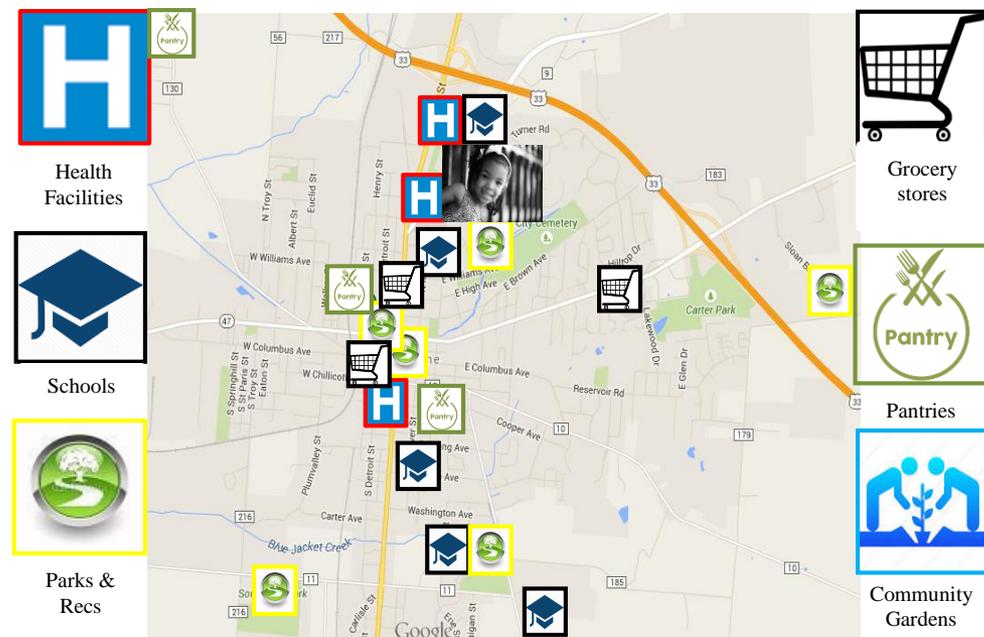
**TIME
FOR 10!**


**NATIONWIDE
CHILDREN'S**
When your child needs a hospital, everything matters.™

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Patient-Centered Medical Neighborhood (PCMN)

- The PCMN is a set of relationships around the medical home
- Links patients to pertinent resources within their own community
- Defining feature: Care is coordinated with medical home
 - Personalized, redundant, and consistent messaging and care
 - Links *ALL* patients



From Policy to Prevention

Serving as leaders in their communities and nationally, what has Nationwide Children's Hospital done?

Healthy Hospital Practice to Practice (P2P)

Issue #13

Addressing Community Health in Schools, Early Care and Education, and the Clinic

CDC supports making the healthy choice the easy choice in key community settings, including hospitals.

IN THIS ISSUE...

Read how Nationwide Children's Hospital in Columbus, Ohio, improved the health of its communities by conducting a community needs assessments, engaging partners across sectors, and supporting systems-level changes that provide community benefit.



Measures

- Process and quality improvement measures
 - utilization, show rate
 - identification of obesity on problem list
 - utilization of dietitian
 - attendance at training sessions, webinars
 - linkages with partners
- Outcome measures
 - diet and PA behaviors
 - anthropometric
 - laboratory studies
 - Population dose

2016 Primary Care Obesity Network

PCMN Key Driver Diagram

Global Aims

Provide high quality evidence-based obesity care at primary care clinics to increase number of patients who decrease/maintain BMI from 52% to 55% percent by Q4 2016

PCMN Sub Aims

Establish and sustain 5 clinic community partnerships at collaboration level for 2016

Improve clinic-based BMI z-Score by 5% by 4th Quarter 2017

Grade the reach and intensity of all PCMN activities for 2016

Primary Drivers

Provide high quality evidence-based obesity care at all levels

Improve provider & patient outcomes

Identify community resource characteristics

Strengthen clinic-community relationships

Improve patient-community resource relationships

Interventions

Ban sugar-sweetened beverages in school & hospital

Provider training & resources

Link afterschool program (FAN Club)

Advisory groups

Link with BMI screening in schools

Develop mechanism for referrals

School health training

Assess level of interrelationships

Link information technology

Establish grocery store tours

Identify opportunities for partnerships:

Create resource database

Community garden/activities

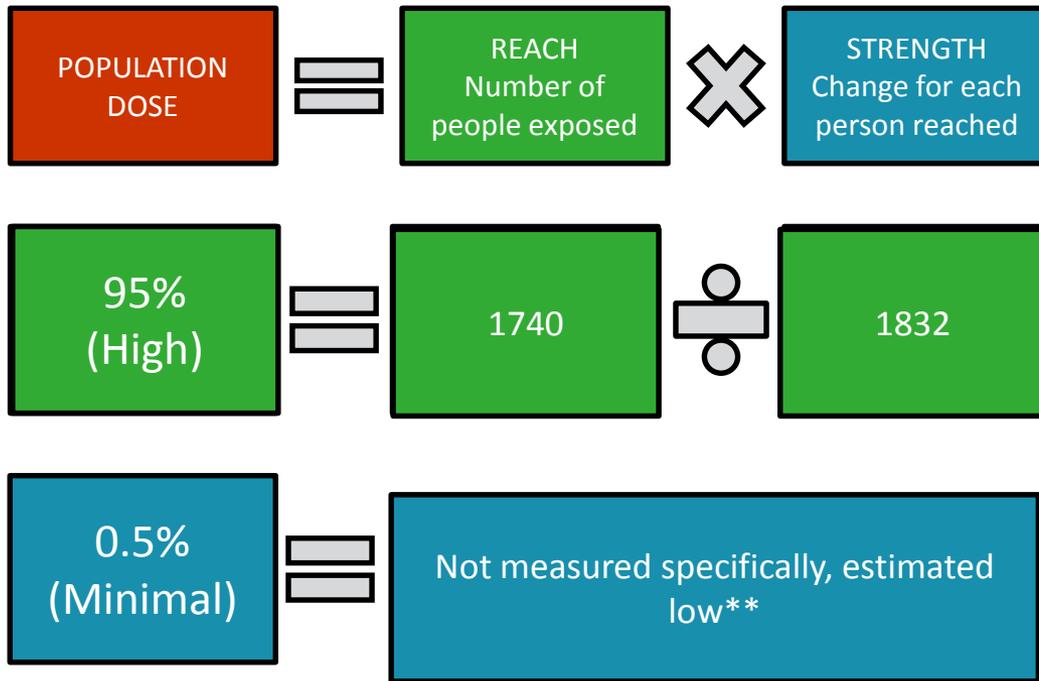
Scripts that are accepted by participating organizations for free service

Maintain database

Community events

■ Sustained
 ■ In progress
 ■ Proposed

Population Dose: MyPlate Placemats



Estimated population dose
95% x 5% = 0.48%

Opportunities for Growth

- “Know thine self” vs. Opportunistic
- Evaluating and appreciating our capacity
- Remaining relevant to community and healthcare system
- Strengthen quality improvement and standardize practice
- Maintain engagement of all parties



Center for Healthy Weight and Nutrition



MyHealth Family Fit Series 2016

June 11 | July 9 | August 13 | September 10



Thank you NCH Community Garden



**NATIONWIDE
CHILDREN'S**

When your child needs a hospital, everything matters.™

NCCOR
**CONNECT
& EXPLORE**

Contact Information

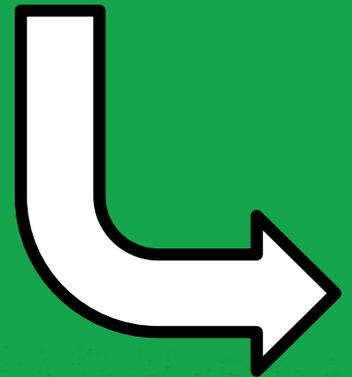
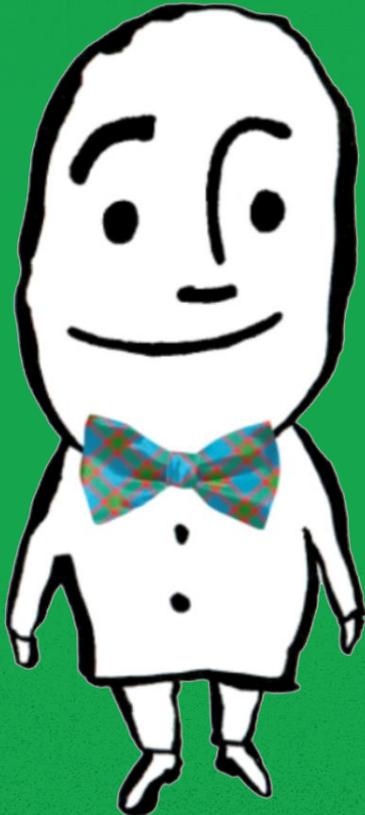


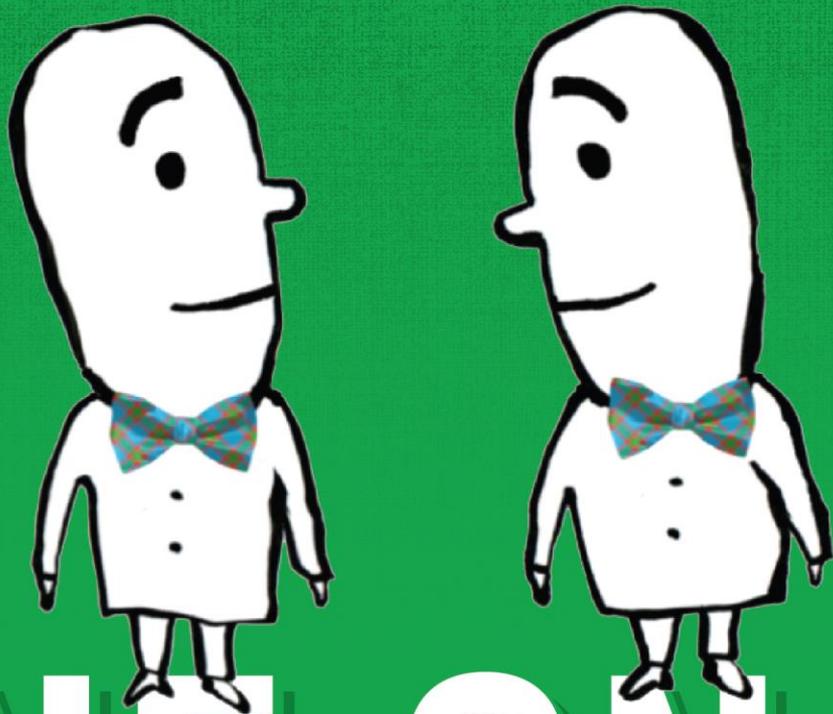
Ihuoma Eneli, MD, MS, FAAP

Professor of Clinical Pediatrics, The Ohio State University
Director, Center for Healthy Weight and Nutrition (CHWN)
Nationwide Children's Hospital (NCH), Columbus, Ohio
Email: Ihuoma.Eneli@nationwidechildrens.org

QUESTIONS?

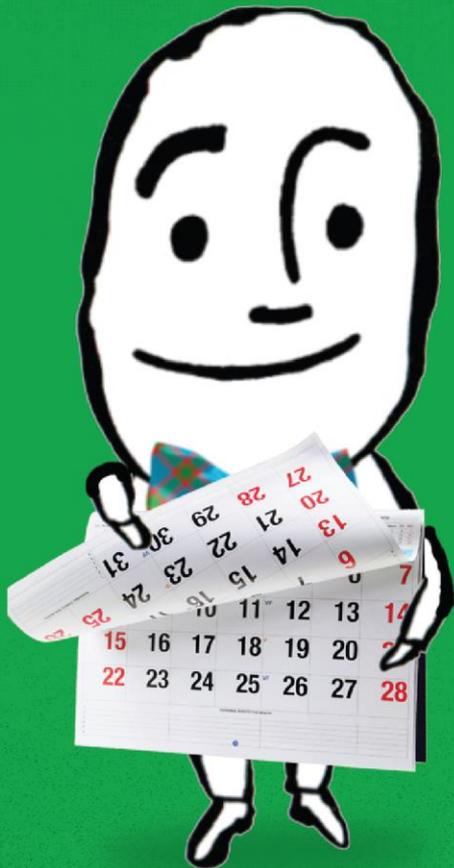
Please type your question(s) in the chat box located on the right.





ONE ON ONE

UPCOMING EVENTS

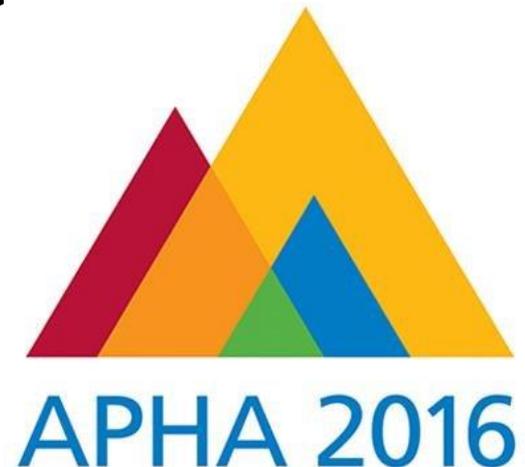


Next Connect & Explore: November 10

- **Evaluating healthcare Community Collaborations:
Part 3**
 - November 10, 2016
1:00–2:00 p.m. ET / 10:00–11:00 a.m. PT
- **Guest speakers include:**
 - Emma Sirois and Susan Briddle-Fitzpatrick, PhD, healthcare Without Harm
 - Book Belay, MD, MPH and Daniel Kidder, PhD, Centers for Disease Control

Meet NCCOR at APHA

- **American Public Health Association
Annual Meeting**
 - Denver, Colorado
 - October 30–November 2
 - Booth 802



Support Our Thunderclap

Celebrate **#NCOAM** this
September by learning
how **#NCCOR** is
accelerating progress
to reduce
#ChildhoodObesity



FURTHER QUESTIONS?

Other questions about NCCOR or
upcoming activities?

Email the NCCOR Coordinating Center at
nccor@fhi360.org



NCCOR RESOURCES

- NCCOR Communications
- Infographics
- NCCOR Videos
- NCCOR Webinars**

RESOURCES FROM MEMBERS

- Interventions
- Surveillance
- Research and Evaluation
- Leadership
- Non-Health Partners
- Other Resources

NCCOR Overview Booklet

Learn about the National Collaborative on Childhood Obesity Research and its activities.



HAVE SOMETHING TO SAY? JOIN THE **CONVERSATION**



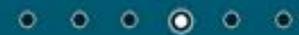
READ AND SIGN UP FOR OUR E-NEWSLETTER

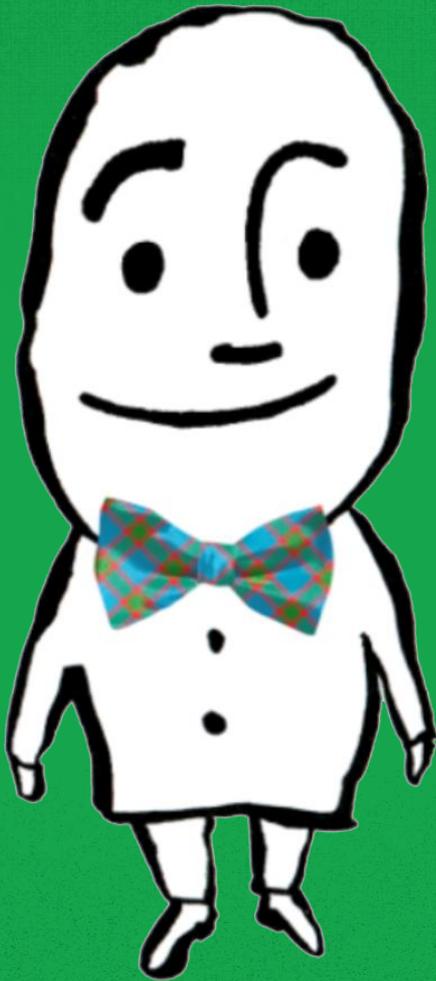


CHECK OUT OUR BLOG



READ ABOUT OUR UPCOMING FUNDING OPPORTUNITIES





THANK YOU!