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
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#ConnectExplore

Follow @NCCOR
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
SPOTLIGHT
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.
Let’s Go! focuses on changing environments and policies wherever children and families live, learn, work, and play. The program works in six settings.
*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)](chart)
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
- **10 sugary drinks, more water**

*Keep TV/Computer out of the bedroom. No screen time under the age of 2.
Let’s Go! Dissemination Partners 2015-16

Let’s Go! MidCoast at MidCoast Hospital
Let’s Go! Aroostook at Aroostook County Action Program
Let’s Go! Androscoggin at Healthy Androscoggin
Let’s Go! Somerset at Somerset Public Health
Let’s Go! Kennebec at Inland Hospital
Let’s Go! Franklin at Franklin Community Health Network
Let’s Go! Knox County at Pen Bay Healthcare

Let’s Go! Waldo County at Waldo County Healthcare
Let’s Go! Oxford County at Western Maine Health
Let’s Go! York County at Southern Maine Healthcare
Let’s Go! Lincoln County at Lincoln County Healthcare

Backbone Organization for each Dissemination Partner noted in smaller font.
Let’s Go! Dissemination Model

Let’s Go! Dissemination Partner:

- Let’s Go! Aroostook at Aroostook County Action Program
- Let’s Go! Androscoggin at Healthy Androscoggin
- Let’s Go! Franklin at Healthy Community Coalition of Greater Franklin County
- Let’s Go! Kennebec at Inland Hospital
- Let’s Go! Somerset at Somerset Public Health
- Let’s Go! Oxford County at Western Maine Health
- Let’s Go! York County at Southern Maine Care
- Let’s Go! Lincoln County at Lincoln County Healthcare
- Let’s Go! MidCoast at ACCESS Health
- Let’s Go! Waldo County at The Opportunity Alliance

Entity
- (Health System, HMP, Hospital, etc.)
- LG! Team (SNAP-Ed Coord., Head Start director, etc.)
- LG! Coordinator

NCCOR CONNECT & EXPLORE

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

**5 STEP PATH TO SUCCESS**

1. **Engage**
   - 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.

2. **Assess Environment and Create Action Plan**
   - 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.

3. **Implement Action Plan**
   - Implement the strategies you have chosen. Engage in one or more types of assistance as needed.

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

5. **Celebrate**
   - Share your successes with other staff, children, parents, and the community.

Increase Healthy Eating and Active Living Through Let’s Go!’s
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.
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
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

<table>
<thead>
<tr>
<th>Builds evidence to support <em>Let’s Go!</em> and helps secure funding to continue our work.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data are presented to the public to educate community members about local progress and to promote <em>Let’s Go!</em></td>
</tr>
<tr>
<td>Results are used to determine which sites will be recognized.</td>
</tr>
<tr>
<td>Results help Coordinators plan technical assistance to sites for the next program year.</td>
</tr>
</tbody>
</table>
Let’s Go! Survey Response

- Child Care Programs
- Schools
- Out-of-School Programs
- Health Care Practices
- School Nutrition Smarter Lunchrooms

% completed survey

- 2012: 77, 81, 85, 92, 94
- 2013: 86, 89, 94, 94, 81
- 2014: 89, 79, 79, 89, 88
- 2015: 93, 97, 93, 89
- 2016: 94, 94, 93, 89, 67
# Program Reach, 2015–2016

<table>
<thead>
<tr>
<th>Setting</th>
<th># Sites</th>
<th># Students; Patients</th>
<th># Staff; Clinicians; School Nutrition Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Programs</td>
<td>232</td>
<td>8,217</td>
<td>1,747</td>
</tr>
<tr>
<td>Schools</td>
<td>209</td>
<td>63,902</td>
<td>10,672</td>
</tr>
<tr>
<td>Out-of-School Programs</td>
<td>118</td>
<td>10,256</td>
<td>759</td>
</tr>
<tr>
<td>Healthcare Practices</td>
<td>176</td>
<td>405,501</td>
<td>957</td>
</tr>
<tr>
<td>School Nutrition Workgroup Cafeterias</td>
<td>252</td>
<td>81,839</td>
<td>50</td>
</tr>
</tbody>
</table>
Percent of *Let’s Go!* Sites Recognized

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Programs</td>
<td>53</td>
<td>28</td>
<td>34</td>
<td>74</td>
<td>83</td>
</tr>
<tr>
<td>Schools</td>
<td>15</td>
<td>29</td>
<td>31</td>
<td>30</td>
<td>36</td>
</tr>
<tr>
<td>Out-of-School Programs</td>
<td>35</td>
<td>52</td>
<td>65</td>
<td>84</td>
<td>91</td>
</tr>
<tr>
<td>Health Care Practices</td>
<td>24</td>
<td>51</td>
<td>63</td>
<td>72</td>
<td>65</td>
</tr>
<tr>
<td>Smarter Lunchrooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>
5th and 6th graders increased their consumption of fruits & veggies, though intake.

Changes in Behaviors

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td></td>
<td></td>
<td>26.7%</td>
</tr>
<tr>
<td>Grade 5-6</td>
<td></td>
<td>25.9%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>19.5%</td>
<td></td>
<td>20.8%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>16.5%</td>
<td></td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Source: Maine Integrated Youth Health Survey (MIYHS).
Watch 2 or Fewer Hours of Screen Time Daily
Maine Students, 2011–2015

<table>
<thead>
<tr>
<th>Grade</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td></td>
<td></td>
<td>37.0%</td>
</tr>
<tr>
<td>Grade 5-6</td>
<td></td>
<td>37.0%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td>25.6%</td>
<td></td>
<td>29.9%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td>33.3%</td>
<td></td>
<td>34.0%</td>
</tr>
</tbody>
</table>

Source: Maine Integrated Youth Health Survey (MIYHS).
Changes in Behaviors

Physically Active for 1 Hour or More Daily Maine Students, 2011–2015

<table>
<thead>
<tr>
<th>Grade</th>
<th>2011</th>
<th>2013</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade K/3</td>
<td></td>
<td></td>
<td>56.0%</td>
</tr>
<tr>
<td>Grade 5-6</td>
<td>29.2%</td>
<td></td>
<td>28.6%</td>
</tr>
<tr>
<td>Grade 7-8</td>
<td></td>
<td>29.1%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Grade 9-12</td>
<td></td>
<td>23.1%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

Only 1 in 5 high school students is physically active!

Source: Maine Integrated Youth Health Survey (MIYHS).
Changes in Behaviors

Drink Zero Sugary Beverages Daily
Maine Students, 2011–2015

Grade K/3

Grade 5-6

Grade 7-8

Grade 9-12

Source: Maine Integrated Youth Health Survey (MIYHS).

Significant increases across grades. Nearly 80% of students don't drink any sugary beverages.
More than one in five 5th graders has obesity!

Maine Students, 2011–2015

- **Grade K/3**: 16.1% (2011), 23.8% (2013), 14.1% (2015)
- **Grade 5**: 15.5% (2011), 22.6% (2013), 14.3% (2015)
- **Grade 7-8**: 12.9% (2011), 14.3% (2013), 14.1% (2015)

Source: Maine Integrated Youth Health Survey (MIYHS).
No significant change in the prevalence of obesity for all age groups among Greater Portland youth.

Source: Greater Portland study sample included ~ 1,900 patients per year from 7 healthcare practices. Represents about 35,000 youth or 15% of Maine's population aged 3–18.
Since 2006, childhood obesity prevalence in Greater Portland has been lower than the national average.

Source: U.S. data from CDC/NCHS, National Health and Nutrition Examination Survey. Greater Portland study sample ~ 1,900 patients per year.
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.
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

<table>
<thead>
<tr>
<th>Stage 1 (Prevention Plus)</th>
<th>Primary care provider office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 2</td>
<td>Primary care office with allied health provider (e.g., dietitian)</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Intensive care with Multidisciplinary Team</td>
</tr>
<tr>
<td>Stage 4</td>
<td>Bariatric surgery, very low calorie diets, medications</td>
</tr>
</tbody>
</table>

**Prevention Counseling**
- Primary care office
- ALL patients

Source: AHA Expert Committee
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

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

- 2011: 8
- 2012: 15
- 2013: 18
- 2014: 19
- 2015: 22
- 2016: 25
Behavioral Risk Factors at Initial Visit, 2012-2015

- ≥ 3 hours TV Daily: 30.3%
- Skips breakfast ≥ 3x/week: 17.3%
- Family dinners ≤ 3x/week: 19.4%
- Eats veggies ≤ 1x/week: 17.5%
- Eats fruit ≤ 1x/week: 9.5%
- Eats fried food ≥ 2x/week: 38.0%
- Drinks soda ≥ 2x/week: 19.9%

Behavioral Goals at Initial Visit, 2012-2015

- Limit portion sizes: 44.6%
- More fruit and vegetable consumption: 42.8%
- Increase physical activity: 30.0%
- Less sweet drinks/soda: 23.9%
- Less fast foods: 9.0%
- Less TV: 8.3%
- Switch milk: 6.6%
Family-Reported Behavioral Risk Factors

- 3+ hours of TV/day: 35% (Initial Visit), 19% (3+ Visits)
- Skips Breakfast ≥3x/week: 21% (Initial Visit), 14% (3+ Visits)
- Family Meals ≤3/week: 38% (Initial Visit), 38% (3+ Visits)
- Eats Veggies ≤1/week: 58% (Initial Visit), 10% (3+ Visits)
- Eats Fruit ≤1/week: 12% (Initial Visit), 8% (3+ Visits)
- Eats Fried Food ≥1x/week: 79% (Initial Visit), 70% (3+ Visits)
- Drinks Soda ≥2/week: 29% (Initial Visit), 11% (3+ Visits)
PCON Characteristics and Outcomes

% ↓BMI

% ↓BMI Z-Score

≥ 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

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

Change in Beverage Sales After Implementation of Sugar Sweetened Beverage Ban in January 2011

- Coffee: 18.61%
- Juice: 21.68%
- Milk: 7.34%
- Pop/Soda: -17.08%
- Water: 13.05%

* Percent Change 2010 to 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
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
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
1. Provide high quality evidence-based obesity care at all levels
2. Improve provider & patient outcomes
3. Identify community resource characteristics
4. Strengthen clinic-community relationships
5. 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 **

\[ 95\% \times 5\% = 0.48\% \]

** Swartz et al., 2015, Discussion paper, NAS **
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
Thank you NCH Community Garden
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.
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
THANK YOU!