

Innovations in Prevention:  
*Perspectives from an  
Integrated Child Health  
System*



Allison Gertel-Rosenberg  
Director, National Practice and Prevention  
January 29, 2014

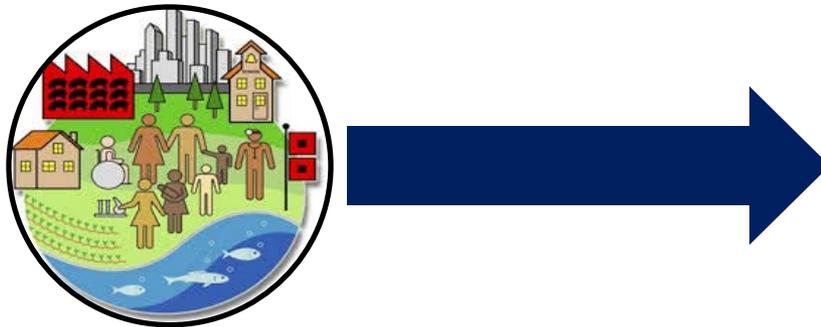


# Congratulations and Thank You!



# Approaches to Community-based Prevention

- Two ways to approach community-based prevention:
  - Start from the Community



- Start from Clinical Approach



# Nemours Integrated Child Health System

- Nemours is a non-profit organization dedicated to children's health & health care
- Nemours offers pediatric clinical care, research, education, advocacy, and prevention programs. Nationally, the goal is to improve child health and wellbeing, leveraging clinical and population health expertise
- Nemours operates Alfred I. duPont Hospital for Children and outpatient facilities in the Delaware Valley and a new state-of-the-art Children's Hospital in Orlando and specialty care services in Northern/Central Florida.
- Nemours focuses on child health promotion and disease prevention to address root causes of health
  - Preventing childhood obesity and emotional/behavior health were the first initiatives
  - Complements and expands reach of clinicians using broader, community-based approach



# Roots of Problem/Environmental Drivers

## Main Determinants of Health

- 40% Behavior (tobacco, alcohol, obesity, auto safety, etc.)
- 20% Environment and social circumstances
- 30% Genetics
- 10% Health care delivery



## High Cost

- In 2007, \$7,123 per person spent on health care in U.S.
- Below average life expectancy compared to 30 other developed countries
- Children: 26% of population, 13% of health care dollars
- 15% of children have chronic diseases accounting for 70%+ of pediatric health costs

McGinnis JM & Foege WH. Actual causes of death in the United States. JAMA 1993; 270(18):2207-12

McGinnis JM, Williams-Russo P, & Knickman JR. The case for more active policy attention to population health promotion. Health Affairs 2002; 21(2):78-93

Slide content borrowed from Dr. Bailey 10/26/10 LDI presentation

# Place Matters



# Expanding the Model: Promoting Health and Prevention

## Traditional Medical Model

Rigid adherence to biomedical view of health

Focused primarily on acute episodic illness

Focus on Individuals

Cure as uncompromised goal

Focus on disease



## Expanded Approach

Incorporate a multifaceted view of health

Chronic disease prevention and management

Focus on communities/ populations

Prevention as a primary goal

Focus on health

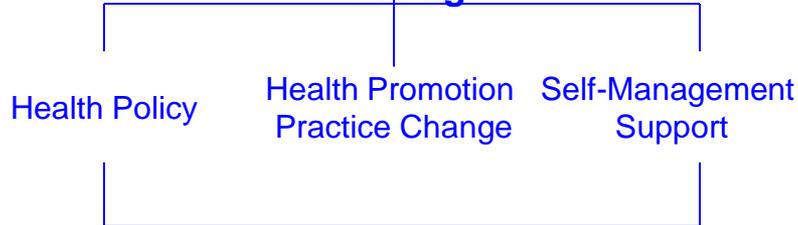


# Connecting Clinical Care and Population Health

## An Integrated Health System

Our Community

Resources, Policies and System Change



**Informed, Activated Patient, Family and Community Partners**

Our Health System

Health Care Organization



**Organized, Prepared, Proactive Health Team with patient/family**

Productive Interactions & Spreading Change

**Improved Health Among Patients**  
**Improved Health for Delaware's Children**

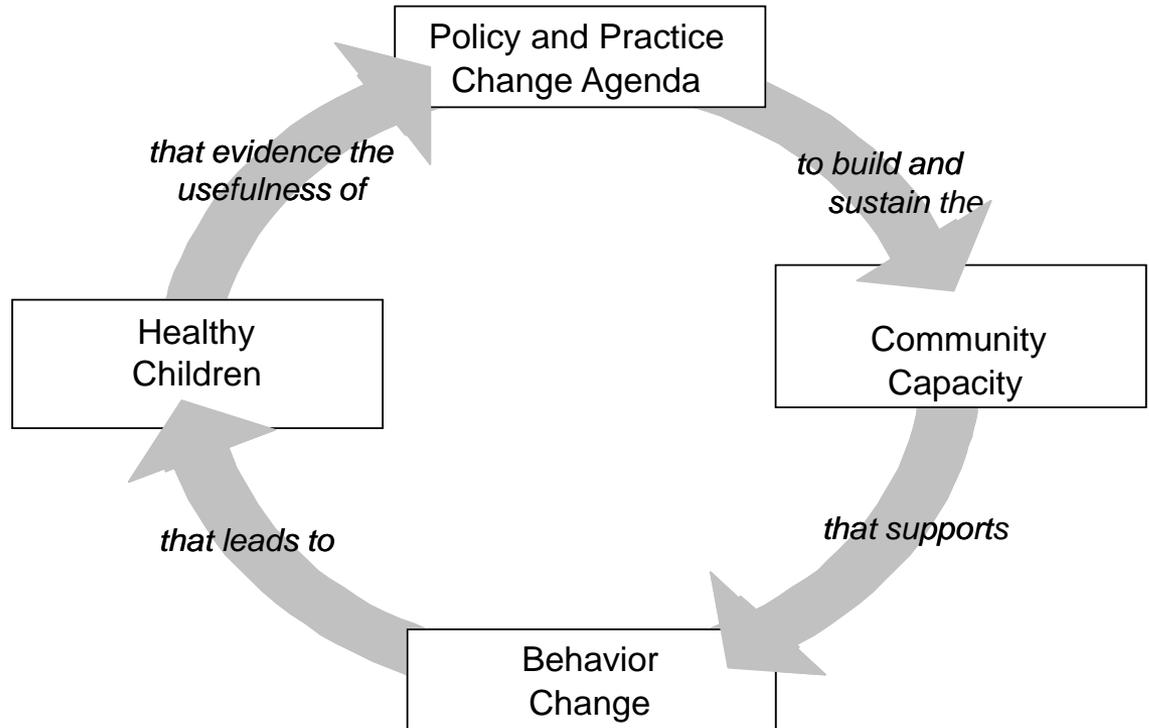
# Strategy

- A prevention-oriented child health system builds upon, and extends beyond, traditional prevention in primary care to look at the population level
- Strategy makes use of socio-ecological model, looks beyond the individual to examine a range of other factors that affect health outcomes at multiple levels
- Spreading policy and practice changes:
  - Population health-focused model: Defined program goals around reducing prevalence of overweight and obesity
  - Strategies in multiple sectors: Exposure to consistent healthy choices/environments for behavior change, all around 5-2-1-Almost None prescription
  - Strategic partnerships: Greatest potential impact, authority to make policy and practice changes, ability to leverage resources
  - Knowledge mobilization: Providing evidence-based materials and tools
  - Social marketing: Creating and accelerating social policy and behavior changes

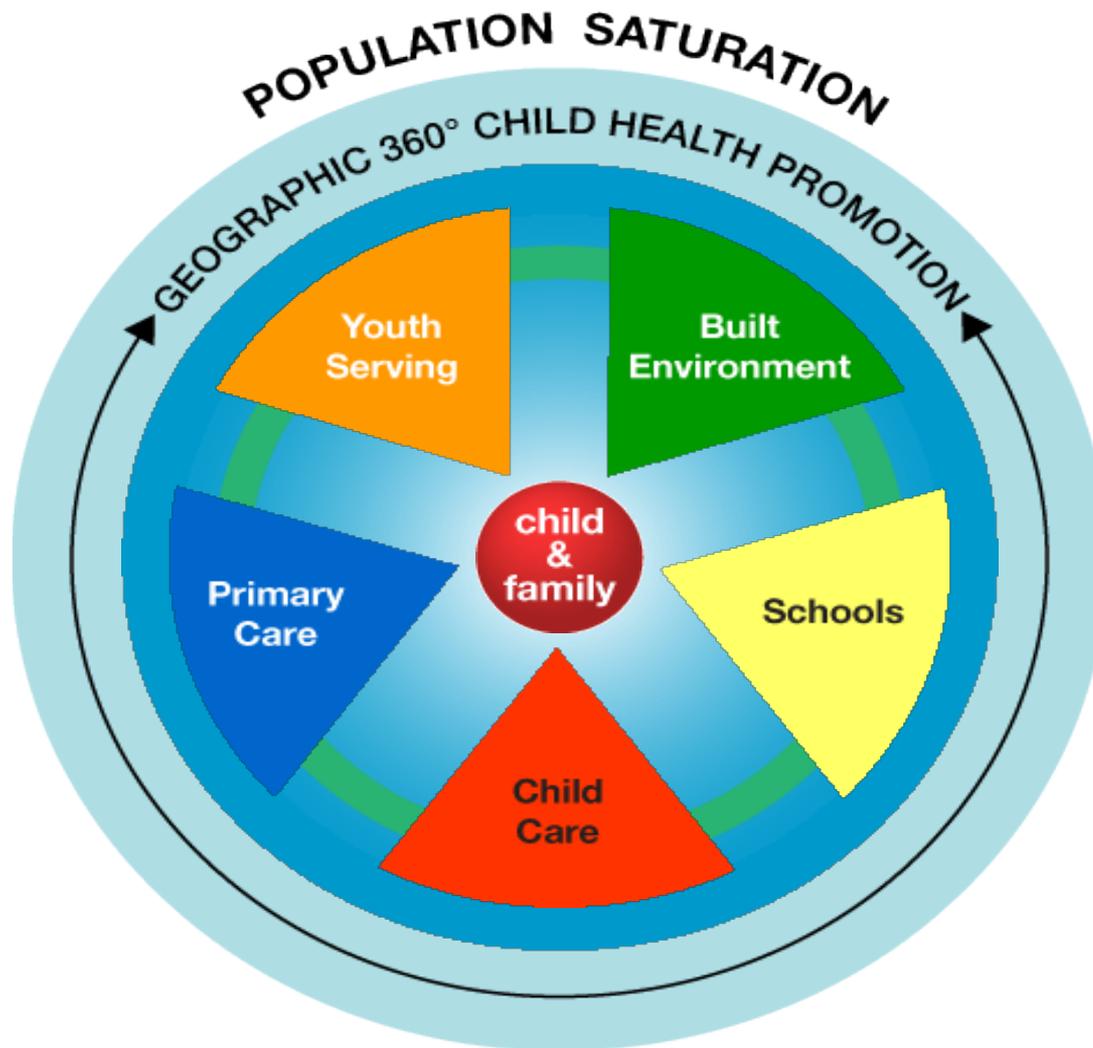


# The Model: Working with Over 200 Community Partners

Changing the health status and well-being of the most children possible through the deployment of evidence based policies and practices. Seeking the highest sustainable impact with the most efficient use of resources.



# 360 Degrees of Child Health Promotion



# Obesity Prevention in Delaware

## *Key Elements of the Strategy*

- **Defined the geographic population and a shared outcome**
  - Reducing prevalence of overweight and obesity by 2015 for children in DE, ages 2-17
- **Established multi-sector partnerships where kids live, learn and play**
  - Engaged child care, schools, primary care and other community settings
- **Pursued policy changes**
  - Systems changes, including capacity/infrastructure in multiple sectors
  - Licensing and regulation requirements – e.g. Child and Adult Care Food Program/child care licensing
- **Pursued practice changes to assist in implementation of policy changes**
  - Established learning collaboratives in various sectors (e.g. schools, child care and primary care)
  - Developed and/or adapted tools to promote practice change and adoption of new policies in multiple sectors
  - Provided tools and technical assistance to providers, and state professional associations, including train-the-trainer model



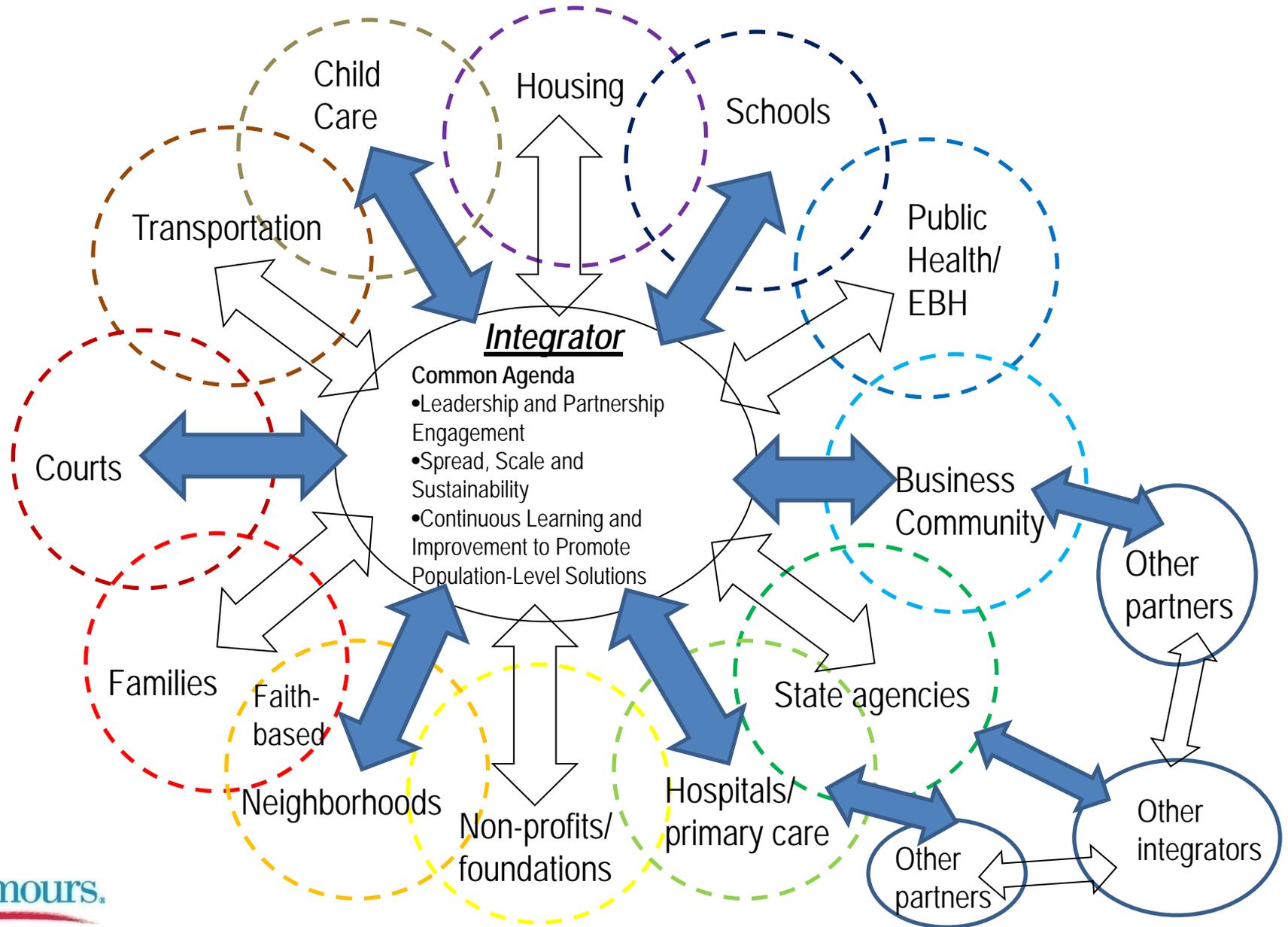
# Obesity Prevention in Delaware

## *Key Elements of the Strategy, Cont.*

- **Developed *5-2-1-Almost None* healthy lifestyles social marketing campaign**
  - Eating at least five servings of fruits and vegetables a day
  - Limiting screen time to no more than two hours a day
  - Getting at least one hour of physical activity a day
  - Drinking almost no sugary beverages
- **Leveraged technology**
  - Used our Electronic Health Record to establish a childhood obesity quality improvement initiative to alert users when a patient's BMI is above the healthy weight range and outline appropriate follow-up and counseling for families
- **Served as an “integrator” that works intentionally and systematically across sectors to improve health and well-being**
  - See full description at:  
[http://www.improvingpopulationhealth.org/Integrator%20role%20and%20functions\\_FINAL.pdf](http://www.improvingpopulationhealth.org/Integrator%20role%20and%20functions_FINAL.pdf)



# Working Across and Within Systems in a Community



# Nemours' Evidence of Population Impact

- Delaware Survey of Children's Health (DSCH)
  - Rates of overweight/obesity among Delaware's children have leveled off since the survey was first administered in 2006
  - Overweight and obesity decreased among African-American males and white females
- This finding was supported by additional behavior change findings:
  - Over half (51.3%) of all Delaware children get the recommended five servings of fruits and vegetables per day
  - Declines in the consumption of sugar sweetened beverages among Delaware children were observed in all three iterations
  - Overall levels of physical activity increased - percentage of children who met the physical activity recommendation of an hour per day increased significantly from 38.9% in 2008 to 44.8% in 2011



# Nemours' Evidence of System Impact

- In **SCHOOLS** where we piloted 150 minutes of PA, students were 1.5 times more likely to achieve an indicator of physical fitness than students in the control group.
  - Recent data show a clear and consistent relationship between fitness and academic achievement and fitness and student behaviors.
- In **CHILD CARE**, 100% of participants in the first learning collaborative made significant changes in healthy eating or physical activity; 81% made significant changes in both.
- In **PRIMARY CARE**, Nemours EMR data indicate that lifestyle counseling related to healthy eating/physical activity was provided to 95% of our primary care patients
  - Almost double the national average of 54.5%.

Evaluation supported in part by the Robert Wood Johnson Foundation. Source: Chang D, Gertel-Rosenberg AS, et al. "A Statewide Strategy to Battle Childhood Obesity in Delaware." HEALTH AFFAIRS 29, NO. 3 (2010): 480–489



# Spread, Scale and Sustainability

## Multi-pronged strategy:

- Bringing together the right people - recognize and engage the multiple influences on child health and well-being
- Building expertise and harnessing the learnings
- Working across and within systems – think in terms of collective impact instead of isolated impact
- Spreading what works



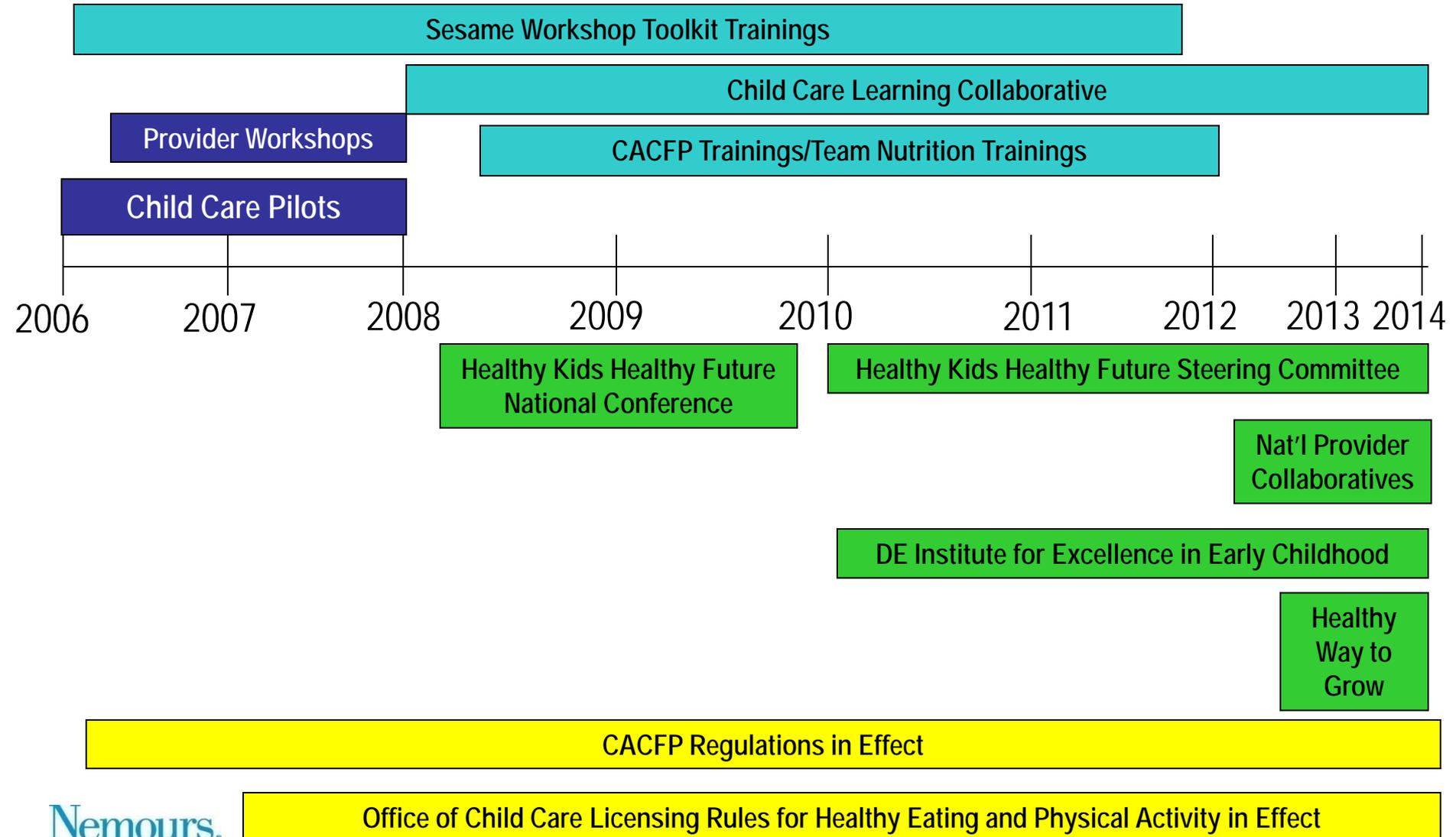
# Bringing Together the Right People

## Healthy Kids, Healthy Future

- Began laying the national groundwork for supporting obesity prevention in child care in 2009
- Co-chaired by Nemours and Centers for Disease Control and Prevention (CDC)
- Approximately 40 ECE and obesity prevention *experts bringing two siloed sectors together to be a catalyst for positive changes*
- Discuss and act on key issues including practice change, policy, and research and keep attention and momentum going



# Start Local – Spread and Scale



# Building Expertise in Early Care and Education (ECE)

- Nemours Health and Prevention Services (NHPS) developed the Child Care Learning Collaborative (2008-present)
  - Empowers child care providers with the tools to increase opportunities for healthy eating and physical activity for children in their care
- **Positive Results**
  - 100% of participating centers made changes to **either** healthy eating or physical activity practices and policies
  - 81% of participating centers made changes to **both** healthy eating and physical activity practices and policies
- **Examples of practices and policies changed:**
  - Making self-serve water available to children at all times
  - Replacing whole milk with 1% or skim milk, and
  - Creating a policy that devotes at least 60 minutes per day to active play



# Spreading What Works: Early Care and Education Learning Collaboratives (ECELC)

- 5 Year Cooperative Agreement (2012-2017)
  - Centers for Disease Control and Prevention
    - Y1: 6 pilot states (AZ, FL, IN, KS, MO, NJ)
      - 30 ECE programs per collaborative
      - Pre-determined number of collaboratives/state
        - » 27 collaboratives total
      - Initial target:
        - » High-capacity programs
        - » Low-income, high-risk
    - Out Years:
      - Spread within existing states/expand to additional states
        - » Family Child Care settings
        - » Tribal programs
- CDC/Nemours partnering with State Health Departments and other organizations to implement
- Initial evaluation data available in Summer 2014



# ECELC Evaluation

- Train-the-Trainer Post Survey
- Learning Objectives Pre-Test
- Learning Session Feedback Forms
- *Let's Move!* Child Care (LMCC) Registration and Quiz (Pre and Post)
- Go NAP SACC (Pre and Post)



# Key Principles and Lessons Learned

- Focus on child well-being outcomes for a geographic population and intervene early to prevent problems;
- Coordinate programs and connect services so that program silos are eliminated and children are better served;
- Develop a shared measurement system focused on improving child and family outcomes;
- Consider sustainability at front end and throughout the life of the project;
- Reach children where they live, learn and play;



# Key Principles and Lessons Learned

- Create policy and systems change/development to impact populations with sustainable change - essential elements of a comprehensive children's system in addition to practice changes;
- Be intentional about harnessing lessons learned to inform spread, scale and sustainability;
- Identify the integrators and support them; and
- Devote time to developing community partnerships
  - Be clear about the mutual benefit of the partnership
  - Understand how the partnership enhances, leverages, and accelerates the current work of partners
  - Ensure that you invest time and energy in the “right” partners – may not be traditional partners.



# Intersections with *Promoting Healthy Weight for Young Children*

Areas of shared focus:

- Expand evidence-based and evidence-informed strategies for healthy eating and physical activity in child care centers
- Pre-service and continuing education for early care and education providers
- Create a voluntary recognition program
- Expand the focus of state agencies to include focus on early childhood health, nutrition and physical activity
- Improve the collection of BMI
- Promote breastfeeding



# Answering the Charge: Building on the Momentum

- Build on past success
- Capitalize on energy in the room and across the field
- Focus on continuing to innovate
- Consider how to accelerate the work
- Understand how we can all work together to make this happen
  - What can be leveraged nationally and in NC?
  - Let's Move! Child Care, other initiatives



# Acknowledgements and Disclaimers

Nemours is currently funded by the Centers for Disease Control and Prevention (CDC) under a five-year Cooperative Agreement (1U58DP004102-01) to support states in launching ECE learning collaboratives focused on obesity prevention.

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**Allison Gertel-Rosenberg**

Director, National Prevention and Practice  
Nemours National Office of Policy and Prevention

(p) 302.444.9171

(e) [agrosenb@nemours.org](mailto:agrosenb@nemours.org)

[www.nemours.org](http://www.nemours.org)

[www.HealthyKidsHealthyFuture.org](http://www.HealthyKidsHealthyFuture.org)